

1987; Folkman and Lazarus 1980; McCrae 1982; Rook, Dooley, and Catalano 1991). As for education, there was a weaker correlation between reporting distress and less education; this finding is inconsistent with the literature, Pearlin and Schooler found that women and people with low education and income were more likely to employ coping strategies which are relatively inefficacious in reducing role-related emotional distress. Thus, they suggest that "the groups most exposed to hardship are also least equipped to deal with it" (Pearlin and Schooler 1978:18). In the study by Aliviado (2003) significant differences in perceived social support were found for respondents who recognized that their education may affect the kind and amount of social support they may obtain and so is the variable of education: these groups perceived less social support than their counterparts. Besides, social workers reporting a greater amount of stressful work and life events used more emotion-focused coping, problem-focused coping, and seeking social support to cope with these events. This supports Lazarus and Folkman's (1984) assertions that individuals are likely to use both emotion-focused and problem-focused coping strategies (seeking social support functions as both an emotion-focused and a problem-focused coping strategy). In addition, female social workers who are married reported more stressful work and life events, and more levels of distress. This is consistent with previous research by Jackson (1992) who found that support received from spouses did not buffer the relationship between marital and parental stress because spouses were implicated in these situations. As well, support received from spouses also buffered the negative effects of work stress. Results of the present study suggest that for this sample of social workers, experiencing a greater number of life events is a stronger predictor of well-being than the number of work events social workers and especially females experience. It may be that life events, such as family and health-related situations, have a more important role on well-being for officers than events experienced within the workplace.

Pearson Correlation coefficient was 0.73 at the 0.05 significance level ($df = 231$) for assessing the relationship between psychological distress and work events, while it was 0.77 at 0.05 for life events.

As for the hypothesis indicating a relationship between psychological distress and coping strategy in its three types, findings of Pearson correlation indicated a positive relationship; the following table sums up the findings:

Table (5)

Pearson correlations for the relationship between psychological distress and coping strategies

Coping strategy	Pearson correlations
Emotion-focused coping	0.66
Problem-focused coping	0.71
Seeking social support	0.69

All values are significant at 0.05, $df = 231$

Discussion

This study sums up a research study done on social workers to tap into the effects of coping strategies problem-focused, emotion-focused, and seeking social support on distress amongst social workers in sample Kuwaiti primary schools. Therefore, the study sought to invigorate the main effect of coping (emotion-focused, problem-focused, and seeking social support) on distress, the main effect of work and life events on distress, the relationship between work events and distress, and the relationship between life events and distress. Derived from this objective, were the hypotheses which were based on several hypotheses such as the main effects model or the buffering hypothesis. Though some demographic variables such as gender and gender mattered, others, i.e., education were not correlated with a higher psychological distress against expectations or what is reviewed in the literature. As for age, older social workers were less frequent to report distress, which may be attributable to experience and work load; however, to date, there are no reliable findings with respect to age differences in coping responses (Folkman et al.

psychological distress assessed by the SRRS rated moderate while it was major for the younger group.

There are statistically significant differences between age group 10 yrs to 15 yrs and age group more than 15 yrs to the good of the younger generation (10 yrs to less than 15 yrs) where their SRRS rating was mild whilst moderate in the older generation.

As for the variance in psychological distress according to marital status, the Scheffé multiple comparisons test was also used the result are given in talbe (4):

Table (4)

the Scheffé multiple comparisons of marital status variations

Marital Status (I)	Marital Status (J)	Mean Difference (I-J)
Percent never married	Percent married	.6075
	Percent separated	1.0125
	Percent divorced	3.0625*
	Percent widowed	.2572
Percent married	Percent separated	1.6200
	Percent divorced	2.4550
	Percent widowed	.3503
Percent separated	Percent divorced	4.0750*
	Percent widowed	1.2697
Percent divorced	Percent widowed	2.8053

* The mean difference is significant at the .05 level.

The table above shows that the following:

1. there are statistically significant differences between non married and non divorced subjects to the good of never married subjects; those were rated low on their psychological distress assessments.

2. there are statistically significant differences between subjects reported as separated and those reported with divorce to the good of divorced subjects; those were rated major on the SRRS assessments, while divorced subjects were moderately rated.

As for the relationship between psychological distress and education, the results indicated no positive correlation between the subjects attributable to education differences.

The table above shows that there are statistically significant differences between males and females with female at an advantage; the mean total scores for the events liable to psychological distress on the SRRS is over 300, indicating major susceptibility to illness and bad mental health in males than in females whose rate was moderate.

The following table shows the variance in psychological distress according to experience using Scheffé multiple comparisons test in order to identify the direction of significant differences:

Table (3)

the Scheffé multiple comparisons of experience variations

Experience (I)	Experience (J)	Mean Difference (I-J)
Less than 2 yrs	2 yrs to 5 yrs	.1662
	5 yrs to 10 yrs	.1422
	10 yrs to 15 yrs	2.5738
	More than 15 yrs	.3462
2 yrs to less than 5 yrs	5 yrs to less than 10 yrs	0.0024
	10 yrs to less than 15 yrs	2.7400*
	More than 15 yrs	.1800
5 yrs to less than 10 yrs	10 yrs to less than 15 yrs	2.7160*
	More than 15	.2040
10 yrs to less than 15 yrs	More than 15	2.9200*

* The mean difference is significant at the .05 level.

The above table shows the following:

There are statistically significant differences between subjects falling in the age group of 2 – 5 years and those falling in the age group of 10 to less than 15 to the good of the older groups who showed more control of their psychological distress, as assessed by the SRRS with their mean scores ranging between 150-200, indicating a mild status of distress. It is less than the score of the younger group who were rated major.

There are statistically significant differences between age group 5 yrs to less than 10 yrs and age group 10 yrs to less than 15 yrs with the alder generation at advantage. In addition, their

dependent variable throughout the analysis, whilst the control variables and independent variables were demographic variables influencing exposure to stressful events, gender, education, experience and marriage.

Results:

Pearson correlation coefficients for measuring the association between the demographic variables, work events, life events, coping and psychological distress have been calculated to verify the hypotheses of the study: The first hypothesis stating that there is a relationship between psychological distress and age among the subjects of the study has been verified: Pearson correlation measured was 0.65, a value of higher significance at 0.05 and $df = 231$. The Results of the stressful work events experienced by social workers during their job was measured using the Social Readjustment Rating Scale (SRRS) (Holmes & Rahe, 1967). Developers indicated that the psychological distress experienced by the social workers due to stressful work events was major (The observed range was 2–27 (M= 16.8, S.D. = 6.5) and the a reliability was .79), whilst the results of the social readjustment rating scale was major (< 300). The hypothesis going that psychological distress varies according to experience, married status, gender and education has been verified.

To verify the hypothesis, ANOVA was used; the findings are summed up in the following table:

Table (2)

ANOVA results for calculating the variance between psychological distress and demographics of subjects of the study

Source of variance	sum of squares	df	Mean squares	F
Gender	512.937	1	512.937	28.74
Experience	634.881	4	158.720	8.89
Education	45.503	2	22.751	1.27
Marital status	655.529	4	163.882	9.18
Error	3944.258	221	17.847	
Total	248804.000	233		

the number of stressful work event participants experienced within the previous school semester using a dichotomous scale (0 = no, 1=yes). The KR-20 reliability coefficient was .83.

Life events

The social readjustment rating scale (Holmes & Rahe, 1967) including items such as “change in sleeping hours” and “trouble with boss”, “work more than 40 hours per week”. was used to measure the number of stressful life events the participants experienced within the previous year prior to instrument our study, a computerized version where participants filled in a username and a password to tick whether the event applied or not was.

Psychological distress

Psychological distress was measured using the Centre for Epidemiological Studies' Depression Scale (CES-D) (Radloff, 1977). This scale measured distress reactions the participants experienced within the previous year. Reliability of the scale was assessed using KR-20 and reached .69.

Coping

Coping responses were assessed using the sixty six- item Ways of Coping Questionnaire (WAYS) (Folkman & Lazarus, 1988). The WAYS used a four-point Likert scale. Coping as such was classed into three types: problem-focused coping, emotion-focused coping, and seeking social support. The responses were manipulated to extracted measurements of these dimensions of coping. Reliability was assessed using Alpha-Cronbach; the α reliability was .79.

Analysis

To examine the direction and strength of the relationship between the independent variables and psychological distress, Pearson correlations were utilized, the findings of which are shown in table (2). Examining main the effects and interaction effects between the variables of the study was conducted using analysis of variance ANOVA, with psychological distress as the

As Table 1 shows, the demographic characteristics of the sample are similar to the population within the social workers in the different primary schools of Kuwait in terms of age, years of social care work experience, nationality, education, and marital status.

Procedures:

Being voluntary in nature, the study employed individuals who agreed to participate in this research; they were provided the questionnaire in a training workshop organized by Committee of Evaluating the Performance of Social Care at the Ministry of Social Affairs & Labour at Kuwait. The Demographic variables shown in prior research to be associated with psychological well-being in both work and nonwork domains as shown in the conceptualization of this study were used as control variables in this study. These variables included marital status (Jackson, 1992; Thoits 1984; Turner and Marino 1994), gender (Folkman and Lazarus 1980), and age (Turner & Marino, 1994). Years of experience (Cohen and Wills 1985; Cohen 1988; Ensel and Lin, 1991), education (Pearlin and Schooler 1978; Veroff, Kulka, and Douvan 1981), and nationality (Riessman 1990; Mirowsky and Ross, 1989) studies have shown that variables were associated with exposure to stressful work events.

To verify the first hypothesis of the study, the researcher used Pearson Correlation Coefficient whereas ANOVA was used to verify the second hypothesis. Pearson Correlations were also used to verify the third and fourth hypotheses.

Work events

Stressful work events experienced by social workers during their job were measured using a modified version of the Critical Life Events Scale (Sewell, 1983) which was adapted to the working conditions of social workers in Kuwaiti primary schools. Examples included “handling classroom disputes”, “treating dropouts”, “solving student high absence rates”, etc. This scale measured

3. There is a statistically significant relationship between the level of psychological distress, life events and work events among the subjects of the study.
4. There is a statistically significant relationship between the level of psychological distress and coping in its three manifestations (problem-focused coping, emotion-focused coping, and seeking social support) among the subjects of the study.

Methodology:

Subjects of the Study

The Participants in this study were social workers from sample primary schools in Kuwait. A total of 421 surveys were distributed to the social workers, and of these surveys, 233 social workers returned completed surveys, resulting in a response rate of about 55 % .

Table 1 presents additional demographic characteristics of the sample as compared with the population from which they were selected.

Table 1

Demographic characteristics of the sample as compared with the population

Variable	Characteristics	Subjects
AGE	Less than 30	10
	30 - 35	28
	35 - 40	115
	40 - 45	60
	More than 45	20
	Total	10
EXPERIENCE	Less than 2 years	13
	2 – 5 years	25
	5 – 10 years	120
	10 – 15	55
	Total	233
GENDER	Males	33
	Females	150
	Total	233
EDUCATION	Percent BA in social sciences	140
	Percent BA in other disciplines	63
	Percent MA holders	30
MARITAL STATUS	(1) Percent never married	80
	(2) Percent married –	50
	(3) Percent separated	30
	(4) Percent divorced –	40
	(5) Percent widowed	33

by 45 children's social workers (CSWs) employed by the Los Angeles County Department of Children and Family Services (DCFS) and the type of coping strategies often utilized to cope with burnout. The results indicated that CSWs experienced low to moderate levels of burnout. There was a significant association between burnout levels and coping strategies. As burnout levels increased, so did avoidant coping strategies. The coping strategies most often utilized were problem solving as opposed to seeking social support and avoidance. In addition, the study results indicated that older children's social workers had significantly lower levels of depersonalization as opposed to younger workers. Gender was significantly associated with personal accomplishment and seeking social support.

Objective and hypotheses:

The main objective of the current study is to investigate the effects of coping whether it is problem-focused or emotion-focused and seeking social support, on distress amongst social workers in sample Kuwaiti primary schools.

Objectives of the study included:

1. the relationship between coping (emotion-focused, problem-focused, and seeking social support) and distress.
2. the relationship between life events and distress.
3. the relationship between work events and distress.
4. the relationship between distress marital status, gender and education and age.

Derived from this objective, the following hypotheses were formulated:

1. There is a statistically significant relationship between the level of psychological distress and age among the subjects of the study.
2. Psychological distress level varies in subjects of the study according to experience, marital status, gender and education.

experience within their place of work. Generally, respondents felt supported by both bilingual and English-speaking colleagues, but were neutral in their perceptions of support from supervisors and administration. Most respondents strongly or moderately agreed that they wished their agencies would be more supportive of them as bilingual social workers and that there were numerous things their agencies could be doing to this end. As to ethnicity and education level, significant differences in perceived social support were found for respondents who recognized that their ethnicity may affect the kind and amount of social support they may obtain and so is the variable of education: these groups perceived less social support than their counterparts.

Furthermore, Beverly (2003) studied the social support by kinship and its effect on social workers. He proposed empirical differentiation of perceived social support from psychological kinship in that differentiation of these two constructs might help social workers, researchers, and educators better understand and apply both. An anonymous convenience sample of 71 adult consumers diagnosed with mood disorders, receiving publicly funded community mental health services, completed Procidano and Heller's Perceived Social Support Scales from Friends and Family, and the Family Love Factor subscale of Nava and Bailey's Revised Psychological Kinship measure using biologically-related and non-biologically-related closest other as cognitive set stimuli. A within-subjects, repeated measures analysis of variance (ANOVA) between the two social support subscales and the two different psychological kinship cognitive sets was statistically significant, revealing scale differences. Correlational analysis revealed that psychological kinship with closest others (both biological and non-biological) differed from perceived social support from family more so than from social support from friends.

Gilma Polano (2004) examined the burnout levels experienced

and self-esteem than those with little support.

Turner (1983) also reviewed studies that found support for both the main effects hypothesis and the buffering hypothesis. He reported that even if main effects could not be distinguished from buffering effects, it was still important to examine whether coping strategies and social support were statistically significant in situations where individuals were exposed to higher levels of stress. Fried and Tiegls (1993) examined the buffering effects of social support provided to rank-and-file autoworkers by union shop stewards on burnout and psychosomatic complaints; however, they did not find support for the main effect model of social support. Among a sample of nurses, Boumans and Landeweerd (1992) found more support for the main effect model than the buffering effect model. Interestingly, yet paradoxically to previous research findings, some researchers found that social support was associated with greater distress, implying that support had the opposite effect on work stress, actually increasing rather than cutting down on its negative effects on wellbeing (Chrisholm, Kasl, & Mueller, 1986; Kaufmann & Beehr, 1986). However, Fletcher (1991) and Thoits (1995), in contradiction to these mixed findings, maintain that exposure to stressful work events does not always result in distress because social support buffers the negative effects of work stress on well-being.

Social support and coping studies among social workers:

Literature and previous research of pertinence investigating coping and social support among social worker in the Arab environment is scarce, but generally utilizes the general stress and coping literature and identified some behaviors (e.g. aloofness, authoritarianism, cynicism, depersonalization, emotional detachment, and suspiciousness) as maladaptive coping.

In a study by Aliviado (2003) to examine the perceived level of social support that bilingual Spanish-speaking social workers

individuals to cope with stress, thus protecting individuals against the negative impact of high levels of stress, and improving the ability to cope with the stressor (Ogden, 2000). This protective function is effective only or mainly when the person encounters a strong stressor (of high intensity or repulsive nature). In this way, there are at least two ways in which buffering works (Cohen, 1985): one way involves the process of cognitive appraisal or evaluation. When people encounter a strong stressor, those individuals with high levels of social support may be less likely to appraise the stressful situations than those with low levels of support. Thus, those who are experiencing a crisis might be better able to cope if they know others who can give advice or even provide a solution to the problem (Strobe and Strobe, 1995). As a result, they judge that they can meet the demands and decide that the situation is not very stressful (Pierce, et al, 1996). The second way social support can buffer the effects of stress is by modifying people's response to a stressor after they have appraised the situation as stressful. People with little social support are much less likely to have any advantages from what might be expected from having a support – so the negative impact of the stress is greater for them than for those with high levels of support.

The Main effect Hypothesis:

According to the main effect hypothesis, social support itself is beneficial to health and well-being regardless of the amount of stress people experience and that the absence of social support is itself stressful. The beneficial effects of social support are similar under high and low stressor intensities. This suggests that social support mediates the stress-illness link, with its very presence reducing the effect of the stressor and its absence itself acting as a stressor (Ogden, 2000). There are other ways by which beneficial effects may work (Cohen, 1985). People with high levels of social support may have a greater sense of belonging

coping strategies that people use in response to stressors (e.g., Folkman 1984).

Of a rigid treatment in the literature is also the relationship between social support and stress. Though social support, by definition, is a positive influence in an individual's life, social relationships are not necessarily positive. The latter may be negative or nonexistent, and as a result, may have very different impacts on health outcomes. Greller, et al (1992) argue that family and coworkers do not fundamentally change the effects of stressors, but may add or subtract from the experienced strain. Likewise, Shumaker and Hill (1991) regard social networks as sources of social support for women as well as sources of added demands that could deplete their resources. By the same token, Auslander and Litwin (1991) arrive at the conclusion that not all social networks are supportive, and some may even be sources of stress.

Hypotheses Underpinning the Relationship between Social Support, Coping and Stress:

Generally, a large number have found that social support is a very important part of the coping process (Schreurs & de Ridder, 1997). Cohen and Wills (1985 in Schreurs and de Ridder, 1997) have established two major avenues through which social support can affect health: Firstly social support has a positive impact on health in all people, regardless of state of health. This hypothesis is called the 'main effect hypothesis'. On the other hand, it may only be of advantage to people who have to deal with stress. This is referred to as the 'buffering hypothesis' and it is the one that has received most attention in the literature on social support and coping.

The Buffering Effect Hypothesis:

According to the buffer hypothesis, social support helps

contribute to a better understanding of adaptation strategies.

Stress, Social support and coping:

The relationship between stress and social support is very well-documented in the literature. Coping refers to the cognitive, emotional and behavioural strategies that one utilises to manage or reduce the stress and its effects (Toilettes, 1991). Coping is a process that includes the appraisal of the stress and of own possibilities to deal with it and the strategies to handle it. Defense mechanisms are intrapsychic mechanisms which alter or reduce the impact of the stressors. They are commonly viewed as subconscious or unconscious processes, automatically used as an answer to internal and external stressors. Protective factors are competencies and characteristics of the individual, family or community that buffer or modify the impact of the stressors. Protective factors facilitate competent adaptation and enhance the development of individuals and families. As long as stress and protective factors are in balance coping is manageable (Losel and Bliesener, 1991).

The effects of stress are directly linked to coping. The study of coping has evolved to encompass large variety of disciplines beginning with all areas of psychology such as health psychology, environmental psychology, neuro-psychology and developmental psychology to areas of medicine spreading into the area of anthropology and sociology. Dissecting coping strategies into three broad components, (biological/physiological, cognitive, and learned) will provide a better understanding of what the seemingly immense area is about. However, coping resources fall into two types. The two personal coping resources most frequently studied by sociologists are a sense of control or mastery over life (i.e., an internal or external locus of control orientation) and, somewhat less commonly, self-esteem.' These coping resources are presumed to influence the choice and/or the efficacy of the

1985) lead to three major conclusions. First, measures of social integration are directly and positively related to mental and physical health, including lower mortality, but social integration does not buffer the physical or emotional impacts of major stressful life events or chronic difficulties in people's lives. Second, perceived emotional support is associated directly with better physical and mental health and usually buffers the damaging mental and physical health impacts of major life events and chronic strains. Third, the simplest and most powerful measure of social support appears to be whether a person has an intimate, confiding relationship or not (typically within a spouse or lover; friends or relatives function equivalently but less powerfully). Having a confidant significantly reduces the effects of stress experiences on physical and psychological outcomes (Cohen and Wills 1985). These conclusions generally hold for more recent studies of the effects of structural and functional support (e.g., Cohen 1988; but see Ensel and Lin [1991] for an exception with respect to stress-buffering).

Moreover, the source and the type of social support are important determinants of coping effectiveness. Sources of support include coworkers, friends, spouses, and supervisors. Jackson (1992) found that support received from spouses did not buffer the relationship between marital and parental stress because spouses were implicated in these situations, whereas friends provided a buffer in response to marital stress because they were less implicated in these situations. Support received from spouses also buffered the negative effects of work stress.

According to Schreurs (1997), four ways to study the relationship between coping and social support can be distinguished: (a) seeking social support as a coping strategy; (b) social support as a coping resource; (c) social support as dependent on the way individual patients cope; and (d) coping by a social system. It is argued that all four ways of integrating coping and social support

Social Support

Social support is considered a coping resource--in this case, a social "fund" from which people may draw when handling stressors. Social support has been the most frequently studied psychosocial resource. Social support usually refers to the functions performed for the individual by significant others, such as family members, friends, and coworkers. Significant others can provide instrumental, informational, and/or emotional assistance (House and Kahn 1985). These various supportive functions usually are highly correlated and often form a single underlying factor (House 1981; House and Kahn 1985), summarized as perceived or received social support.

The effects of perceived social support have most frequently been examined in the literature, especially the effects of perceived emotional support (i.e., beliefs that love and caring, sympathy and understanding, and/or esteem and value are available from significant others).

The perception that emotional support is available appears to be a much stronger influence on mental health than the actual receipt of social support (Dunkel-Schetter and Bennett 1990; Wethington and Kessler 1986). Most investigators agree that structural and functional aspects of social support are different phenomena and should be assessed and examined as such (Barrera 1986; House and Kahn 1985). Structural support refers to the organization of people's ties to one another--in particular, to the number of relationships or social roles a person has, to the frequency of his/her contact with various network members, to the density and multiplicity of relationships among network members, and so forth. Network measures often capture the individual's level or degree of social isolation/integration or social embeddedness.

Current reviews of the social support literature (Berkman 1984; Cohen and Wills 1985; House et al. 1988; Kessler and McLeod

illness, interpersonal problem), or perhaps on some combination of both aspects. Far more work will be needed to identify the types of coping which reliably reduce distress or ill health in response to particular types of situations.

A key question for sociologists is whether coping techniques and/or coping styles are distributed unequally by social status. In this sense, gender has produced an affirmative reaction to one's susceptibility to stress and / or the ability to cope with its consequences; studies consistently suggest that men have an inexpressive, stoic style of responding to stressors and women have an emotional, expressive style. Men more often report controlling their emotions, accepting the problem, not thinking about the situation, and engaging in problem-solving efforts. Women more often report seeking social support, distracting themselves, letting out their feelings, and turning to prayer. Women's greater propensity to seek social support is especially consistent across studies. But there are a number of exceptions in the literature with respect to gender differences in problem-focused coping (e.g., Folkman and Lazarus 1980). This may be because men's and women's use of problem-focused coping may depend upon perceiving control or power in a role domain-for example, men in the occupational arena and women in the family arena (Folkman and Lazarus 1980; Menaghan 1982; Pearlin and Schooler 1978).

Consistent with previous status patterns, however, are that married individuals report higher perceived support than the unmarried, and perceived support decreases with age and increases with indicators of socioeconomic status (Thoits 1984; Turner and Marino 1994). Some studies indicate that highly educated individuals are more likely to use or prefer problem-focused strategies, if thinking through the situation is treated as a problem-solving tactic (Veroff, Kulka, and Douvan 1981).

Brown and Harris 1978; Eckenrode and Gore 1981; Lin, Dean, and Ensel 1986; Thoits 1982, 1984; Turner et al. 1995).

Coping Processes:

Coping processes consist of behavioral and/or cognitive attempts to manage specific situational demands which are appraised as taxing or exceeding one's ability to adapt (Lazarus and Folkman 1984). Coping efforts may be directed at the demands themselves (problem-focused strategies) or at the emotional reactions which often accompany those demands (emotion-focused strategies).⁸ Most investigators assume that people high in self-esteem or perceived control are more likely to use active, problem-focused coping responses; low esteem or perceived control should predict more passive or avoidant emotion-focused coping. A related concept is that of coping styles, which are habitual preferences for approaching problems; these are more general coping behaviors that the individual employs when facing stressors across a variety of situations (e.g., withdraw or approach, deny or confront, become active or remain passive) (Menaghan 1983).

Research indicates that coping effectiveness depends importantly on the type of stressful situation that the individual confronts. Mattlin and associates (1990) found that efforts to cope with chronic difficulties were much less likely to reduce anxiety and depression than efforts to cope with acute life events. Like Pearlin and Schooler (1978) and Menaghan (1983), they also showed that specific coping strategies which reduced psychological symptoms in one stressful domain were ineffective or even detrimental when used to combat other problems. Generally speaking, the effectiveness of any one strategy or coping style may depend on abstract properties of a stressor (e.g., chronic versus acute, controllable versus uncontrollable), on specific subtypes of stressors (e.g., death of a loved one,

amount of life change in a given period of time would overtax the physical resources of individuals and leave them vulnerable to illness or injury. Subsequent research consistently demonstrated that events that were negative or threatening and major or highly disruptive precipitated psychological distress and more serious forms of psychiatric disorder (especially anxiety and depressive disorders); positive or benign events and minor events were only weakly related to psychological disturbance (Thoits 1983).

Chronic strains or difficulties have been less frequently studied than life events, but the literature consistently shows that strains are also damaging to both physical and mental health (e.g., Avison and Turner 1988; Brown and Harris 1978, 1989; House et al. 1979, 1986; Liem and Liem 1978; Newmann 1986; Pearlin and Johnson 1977; Pearlin et al. 1981; Verbrugge 1989; Wheaton 1991). Findings differ regarding whether negative life events or chronic strains are more predictive of physical and mental health problems (e.g., Avison and Turner 1988; Brown and Harris 1978; Eckenrode 1984; Wheaton 1991).

Others indicate that negative events which occur in a domain that has been continuously stressful or conflicted can produce an onset of psychological symptoms (e.g., Brown, Bifulco, and Harris 1987). Still others show that losing a role which has been a source of ongoing difficulty (e.g., divorce, job loss) relieves, rather than exacerbates, psychological symptoms (e.g., Wheaton 1990a).

Although most investigators have supposed that lower status, disadvantaged groups experience more negative events and ongoing strains in their lives, the evidence indicates that only ongoing strains are consistently and inversely distributed by social status (e.g., Brown and Harris 1978; McLeod and Kessler 1990; Pearlin and Johnson 1977; Pearlin and Lieberman 1978; Turner, Wheaton, and Lloyd 1995). Lower status persons are not always found to experience more undesirable events (e.g.,

intestinal or alimentary adjustment. External stressors emanate from the outer environment like spouse troubles, divorce, separation or death. Whatever the causes of stress may be and whatever the categories are, stressors are conducive to serious psychological or physiological changes that may be sustained over loner periods of time.

Stress theory generally holds that stressors motivate efforts to cope with behavioral demands and with the emotional reactions that are usually evoked by them (Lazarus and Follunan 1984). Due to job demands, stressors may accumulate, with the individuals' abilities to cope or readjust possibly becoming overtaxed, thus depleting their physical or psychological resources, and, in turn, increasing the probability that illness, injury, or disease or that psychological distress or disorder will follow (Dohrenwend and Dohrenwend 1974; Lazarus and Folkman 1984; Pearlin 1989).

An exhaustive review of pertinent literature revealed three major forms of stressors: life events, chronic strains, and daily hassles. Life events are acute changes which require major behavioral readjustments within a relatively short period of time (e.g., an accident or a severe social event such as divorce). Chronic strains are persistent or recurrent demands which require readjustments over prolonged periods of time (e.g., disabling injury, poverty, marital problems). Hassles (and uplifts) are mini-events which require small behavioral readjustments during the course of a day (e.g., traffic jams, unexpected visitors, an unexpected quarrel with a stranger).

It is now well-established that one or more major negative life events experienced during a 6 to 12 month period predict subsequent physical morbidity, mortality, symptoms of psychological distress, and psychiatric disorder (Cohen and Williamson 1991; Coyne and Downey 1991; Creed. 1985; Kessler, Price, and WoRman 1985; Tausig 1986). It is relevant to note that Homes and Rahe (1967) originally proposed that the total

Introduction:

Social workers are human beings vulnerable to stressors as they are involved in their jobs which are extremely psychologically demanding. About half of social workers are involved in some way with supporting and protecting children and young people as well as their families. In a school environment, the role of the social worker is to offer a broad range of services from emotional support to referrals for community resources that can assist in enhancing adaptation to environmental or social conditions appropriately. Social workers may intervene by providing individual, or family counseling, offering group education or support, and by working with community groups in the development of resources to assist patients in meeting their own needs. That is why they are, in their work, apt to suffering from stress.

Stress:

Stress has become a commonly used concept in public, non-jargon use, and more intricately in specialized literature of social work and health as well as in psychology. But, it was originally borrowed from geometry and physics. Therefore, terms such as strain, press or load are relatively synonymous or manifestations of stressors. "Stress" or "stressor" refers to any environmental, social, or internal demand which requires the individual to readjust his/her usual behavior patterns (Holmes and Rahe 1967). In this fashion, stress may be defined as any internal or external change that may potentially induce a sustained severe emotional reaction.

Stress can originate internally or from external or environmental factors. Physiological and biological adjustment problems are conducive to stressors; these stressors may not fall into Thoits' categories of stress, as they may belong to life events stress (like pregnancy and labour) or to chronic strains such as disabilities or to daily hassles like eating a meal that results in exhausting



تأثير الضغوط النفسية في أثناء العمل في أداء الأخصائي الاجتماعي

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الملخص

تتناول هذه الدراسة تأثير الضغوط النفسية في أثناء العمل في أداء الأخصائيين الاجتماعيين العاملين في مدارس المرحلة الابتدائية في دولة الكويت، وتأثير الدعم الاجتماعي في عملية مواجهة المشكلات. وقد شملت الدراسة عينة مكونة من 233 أخصائي اجتماعي ممن استجابوا للدراسة من أصل 262 أخصائي اجتماعي موزعين على مدارس المرحلة الابتدائية في الكويت والتي يبلغ عددها 136 مدرسة بوصفها عينة شاملة لجميع المدارس.

وقد أظهرت النتائج المتعلقة بمعامل بيرسون وتحليل أنوفا والاختبارات السيكولوجية والمقاييس المستخدمة «سيول 1983» ومقياس التكيف الاجتماعي ومركز الدراسات لقياس الاكتئاب «رادولف 1977» أن الضغوط النفسية التي يمر بها الأخصائيون الاجتماعيون في أثناء أدائهم لأعمالهم قد أخضعت للقياس باستخدام نسخة معدلة من مقياس أحداث الحياة اليومية الصعبة، حيث تبين أن الضغوط السيكولوجية التي يمر بها الأخصائيون الاجتماعيون بسبب ضغوط العمل كانت كبيرة بمعدل «300 <» على مقياس التكيف الاجتماعي المعمول به. كما أظهرت النتائج أن هناك علاقة ذات دلالة إحصائية بين ظروف العمل والضغوط النفسية. وأن البحث عن الدعم الاجتماعي يقوم العلاقة بين أحداث العمل اليومية والضغوط النفسية التي يواجهها الأخصائي الاجتماعي.

كما توصلت الدراسة إلى بعض النتائج المهمة، يتوافق الكثير منها مع الأدبيات المتعلقة بهذا البحث، وكذلك مع فرضيات الدراسة.

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The impact of Stressful Event On Social Work Performance

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Abstract

This research is an inquiry into the effects of social support and coping processes on psychological distress in response to stressful work and life events amongst social workers who work with children in schools in Kuwait. A sample of 233 social workers employed in some Kuwaiti primary schools participated in this study. The results of Pearson correlation coefficients, analysis of variance (ANOVA) and the psychological tests utilized, a modified version of the Critical Life Events Scale (Sewell, 1983), a social readjustment rating scale, and the Centre for Epidemiological Studies' Depression Scale (CES-D) (Radloff, 1977) demonstrated that the stressful work events experienced by social workers during their job was measured using a modified version of the Critical Life Events Scale (Sewell, 1983) indicated that the psychological distress experienced by the social workers due to stressful work events was major, whilst the results of the social readjustment rating scale was major (<300). The relationship between work events and distress was associated with higher distress. Seeking social support buffered the relationship between work events and distress, and emotion-focused coping buffered the relationship between life events and distress in social workers. The study bore out interesting findings, some of which were commensurate with the literature and pertinent research, and discussed in a background of pertinent research

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