EFFECTS OF COGNITIVE RESTRUCTURING AND SOLUTION-FOCUSED BRIEF COUNSELLING TECHNIQUES ON OCCUPATIONAL STRESS AMONG FEMALE WORKERS IN TERTIARY INSTITUTIONS IN ZARIA METROPOLIS, NIGERIA.

BY

Saadatu Makarfi MUHAMMED
B.Ed Hons (ABU), M.Ed (ABU), Certificate in Comp. (ABU)
Ph.D/Educ/10058/07-08

ADISSERTATION SUBMITTED TO THE DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND COUNSELLING, AHMADU BELLO UNIVERSITY ZARIA, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF DOCTOR OF PHILOSOPHY IN GUIDANCE AND COUNSELLING

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Declaration

The Researcher declared that this thesis is a record of her own research work. It has not been presented partially or wholly anywhere in any previous application for a higher degree. All quotations are indicated and sources of information are duly acknowledged by means of references.

…….. …….....

Saadatu Makarfi MUHAMMED **Date**

Certification

This thesis title "Effects of cognitive restructuring and solution-focused brief counselling techniques on occupational stress among female workers in tertiary institutions in Zaria metropolis Nigeria" by Saadatu Makarfi Muhammed meets the regulations governing the award of Doctor of philosophy (Guidance and Counselling) of Ahmadu Bello University, Zaria and is approved for its contribution to knowledge and literary presentation.

…… ……..

Prof. R. M. Bello
Chairman, Supervisory Committee Date

…….. ……

Prof. D. A. Oliagba
Member, Supervisory Committee Date

…… ……

Dr. M. I. Abdullahi
Member, Supervisory Committee Date

…… ……

Dr A. I. Mohammed
Head, Educational Psychology and Counselling Date

…….. ……..

Prof. K.Bala
Dean, School of Postgraduate Studies Date

Dedication

This thesis is dedicated to my late Mother Hajiya Aishatu M. Makarfi for bringing me up to have the courage to undertake this endeavor. May her soul rest in perfect peace. My husband Dr Aliyu Tanko and my Children Sumayyah, Fatima, Ammar, Mufida, Aisha, Saadah and Yusrah for their patience and prayers.

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Abstract

The study investigated the effects of Cognitive Restructuring and Solution-Focused Brief Counselling Techniques on Occupational Stress among female workers in tertiary institutions in Zaria Metropolis, Nigeria. The Study employed a quasi-experimental design involving pre-test post-test control group design. The Population of this study was two thousand six hundred and ninety nine (2699), thirty six (36) respondents were purposively selected from the population of female workers in tertiary institutions. Twelve respondents each were exposed to Cognitive Restructuring and Solution-Focused Brief Counselling techniques treatment. An Adopted instrument of Job Stress Inventory (JS1) was used in collecting the data. The two treatment groups were exposed to six week Cognitive Restructuring and Solution-Focused Brief Counselling techniques treatment while the control group had no treatment. Seven research hypotheses were formulated and tested at 0.05 level of significance using independent t-test, paired sample t-test and analysis of covariance (Ancova). The findings revealed that Cognitive Restructuring counselling technique had effect in reducing occupational stress among female workers in tertiary institutions having ($t = 12.079$ $p = 0.000$), Solution-Focused Brief counselling technique had effect in reducing occupational stress among female workers in tertiary institutions having ($t = 11.843$, $P = 0.000$) and Cognitive restructuring and solution-focused brief counselling techniques had effect in reducing occupational stress among female workers in tertiary institutions irrespective of their age range. From the result, it was recommended that Counsellor should be encourage to use Cognitive Restructuring and Solution-Focused Brief Counselling techniques to assist female workers in tertiary institutions to readdress their occupational stress.

Table of Contents

Declaration		ii
Certification		iii
Dedication		iv
Acknowledgements		v
Abstract		vi
Table of Contents		vii
List of Tables		x
Abbreviations		xi
Operational Definitions of Terms		xii
List of Appendices		xiii
CHAPTER ONE: INTRODUCTION		**1**
1.1	Background to the Study	1
1.2	Statement of the Problem	5
1.3	Objectives of the Study	6
1.4	Research Questions	7
1.5	Hypotheses	7
1.6	Basic Assumptions	8
1.7	Significance of the Study	9
1.8	Scope and Delimitation of the Study	10
CHAPTER TWO: REVIEW OF RELATED LITERATURE		12
2.1	Introduction	12
2.2	Concept of Stress	12
2.2.1	Types of Stress	14
2.2.2	Symptoms of stress	16
2.2.3	Causes of Stress	19
2.2.4	Consequences of stress	23

2.3 Concept of occupational stress 24

2.3.1 Causes of occupational stress 27

2.4 Female workers 31

2.4.1 Challenges Faced by Female workers 32

3.5 Concept of Cognitive Restructuring 34

2.5.1 Elements of Cognitive Restructuring 37

2.5.2 Some Contradictions of Cognitive Restructuring 37

2.6 Concept of Solution-Focused Brief Counselling Technique 38

2.7 Theoretical Framework 41

2.7.1 Person-Environment Fit Theory (Lewin) 41

2.7.2 The Conservation of Resources Theory (COR Hobfoll) 44

2.7.3 Theory of Coping (Lazarus) 46

2.7.4 Job Demand Control Support Model (Karasek) 48

2.7.5 Rational-Emotive Therapy (Albert Ellis) 49

2.7.6 Theory of Solution-Focused Brief Therapy 54

2.8 Empirical Review 58

2.9 Summary 70

CHAPTER THREE 72

METHODOLOGY 72

3.1 Introduction 72

3.2 Design of the Study. 72

3.3 Population 74

3.3.1 Sample and sampling technique 74

3.4 Conceptual Model 75

3.4.1 Control of Intervening Variables 75

3.5 Instrumentation 77

3.5.1 Description of the instrument 77

3.5.2 Scoring of the instrument 78

3.5.3 Validity of the Instrument 78

3.5.4 Reliability of the instrument. 79

3.6 Procedure for Data Collection 79

3.6.1 Pre-Treatment Phase 79

3.6.2 Treatment Phase 80

3.6.3 Post- Treatment Phase 80

3.7 Procedure for Data Analysis 80

CHAPTER FOUR 82

RESULTS AND DISCUSSIONS 82

4.1 Introduction 82

4.2 Hypotheses testing. 83

4.3 Summary of Findings 91

4.4 Discussions of Findings. 92

CHAPTER FIVE 96

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS 96

5.1 Introduction 96

5.2 Summary 96

5.3 Contributions to Knowledge 98

5.4 Conclusions 98

5.5 Recommendations from the Study 98

5.6 Suggestions for Further Studies 99

References 101

Appendices 108

List of Tables

Table: 3.1 Distributions of Female workers in Tertiary Institution in Zaria Metropolis 74

Table: 4.1 Distribution of Respondents by groups 81

Table: 4.2 Independent Sample t-test of Occupational Stress of Experimental group treated with Cognitive Restructuring and the Control group. 82

Table: 4.3 Independent Sample t-test of Occupational stress of Experimental group treated with Solution-Focused Brief Counselling technique and Control Group. 83

Table: 4.4 Paired Sample t-test Statistics of the pre-test and post-test Occupational Stress of respondents in the Cognitive Restructuring Counselling technique. 84

Table: 4.5 Paired Sample t-test Statistics of the pre-test and post-test Occupational Stress of respondents in the Solution-focused Brief Counselling technique 85

Table: 4.6 Analysis of Covariance: Mean Scores between the Ages of respondents For Cognitive Restructuring and Solution-focused Brief Counselling techniques groups. 86

Table: 4.7 Independent t-test Statistics on Occupational Stress between teaching and non-teaching Female workers in tertiary institutions in Zaria Metropolis treated with Cognitive restructuring was computed and analyzed. 88

Table: 4.8 Independent t-test Statistics on Occupational stress between teaching and non-teaching Female workers in tertiary institutions in Zaria Metropolis treated with Solution-Focused brief Counselling technique was computed analyzed. 89

Abbreviations

SFBC	Solution-focused Brief Counselling
CR	Cognitive Restructuring
JSI	Job Stress Inventory
ILO	International Labour Organization
PE	Person Environmental
DC	Demand Control
REBT	Rational Emotive Behavior Therapy
LS	Life Stress
RS	Role Stress
MRI	Mental Research Institute
SPSS	Statistical Package for Social Sciences
RBs	Rational Behaviours
IBs	Irrational Behaviours
FES	Families Environment Scale
ICTU	Irish Congress Trade Union

Operational Definitions of Terms

For the purpose of this study, the following terms have been operationally defined as follows:

Cognitive Restructuring Counselling technique- It is a counselling technique which involves correcting negative thinking and behaviour patterns, by altering the negative automatic thought and replace them with more rational belief.

Solution-focused Brief Counselling Technique- It is a counselling technique that emphasized ways of thinking about the problem and practical ways of dealing with it.

Occupational Stress- It is a negative state of emotional and psychological anxiety arising from occupational challenges or demands on the individuals.

Female workers- Women employed in paid job working in tertiary institutions.

List of Appendices

Appendix	A	-	Letter of Introduction from the Department of Educational Psychology and Counselling, A.B.U, Zaria.
Appendix	B	-	Job Stress Inventory
Appendix	C	-	Cognitive Restructuring Counselling Sessions
Appendix	D	-	Solution-focused Brief Counselling Sessions
Appendix	E	-	Raw Data.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Anyone who is alive has experienced stress at some point in life. For most people, this is just a fact of daily living. Nobody can be said to be without stress.Getchell, Pippin and Varnes (1991) described stress as part of living. They further explained that too much stress causes illness, too little stress makes life dull. For most people, life is a succession of stress experience, (Akeredolu&Adeogun, 2001).According to Lahey (2004), stress comes from positive and negative events such as starting a new job or having a baby, feeling of elation, and happiness as well as from negative events, such as failing an examination, having a difficult boss or subordinates, loss of a dear ones and working in a hostile environments, feeling of anxiety, frustration, and anger. Lahey further observed that, a certain amount of stress is probably healthy as it energizes us to grow, but, generally, stress is experienced as an uncomfortable and unhealthy force most people would be happier without. Baum (1990) viewed stress as a negative emotional experience accompanied by predictable physiological, biochemical and behavioural changes that are designed to reduce or adapt to the stressor either by manipulating the situation to alter the stressor or by accommodating its effects.

Women suffer from stress at almost all times but there are certain specific conditions that might lead to some special kind of stress. These include pregnancy, childcare, and menopause.Today, with rapid increase in number of female workers, a new kind of stress has overshadowed others known as occupational stress.Occupational stress and job stress are often used interchangeably. Job refers to specific type of work which may not even require special training while occupation

refers to different types of job and require specialized training. The target population for this study are female workers in tertiary institutions where special training are involved, the researcher believed that the term occupational stress would be more appropriate to use.

Occupational stress has become one of the most serious health issues in the modern world (Lu, Cooper, kao & Zhou, 2003). It occurs in any job and is even more noticeble now than decades ago. The world of work differs considerably from the working environment of 30 years ago: longer hours at work are not unusual, frequent changes in culture and structure are often cited, as well as the loss of lifetime career paths Cooper and Locke, (as cited in Fotinatos-ventouratos & Cooper, 2005), all these lead to greater presence and level of stress.

Mostly, female workers are likely to get stressed up because when you are stressed you caused it but when you are stressed up something caused it while striking a balance between multiple roles (worker, spouse, mother, daughter and daughter-in-law) that they are required to play which result into occupational stress. This stress is due to pressure of work and working environment that a woman faces. A woman working is required to hold multiple responsibilities-that of the home as well as at the work place. Sharma (2011) suggested that working women are supposed to give an ardent commitment to both their career and family. He indicated that there are huge expectations from both sides and women feel that they must sacrifice one in securing another and the choice is never an easy one. Combining domestic work such as the upbringing of children and other responsibilities like farming and cleaning of the compound with office duties is a challenging task facing female workers in Nigeria(Israel, 2004). Baruch (1987) posited that women at 30 years of age are stress vulnerable group due to competing needs of children and their own needs to advance career. Woman working is saddled with the dual tasks of keeping her home and her job, lopsided attention to any of the duties will

cause a problem to herself, her family and the society at large. Barbie (as cited in Israel, 2004) stated that, “if you are a married woman in paid employment, you may need to ask yourself whether the job you are doing is a help or hindrance to the wellbeing of your family-as a whole?” The job which is taken for the good intention of providing extra money to the family could be a hindrance to the total wellbeing of the family.

This study focused its attention on occupational stress being experienced by female workers in tertiary institutions in the pursuit for happiness and comfort. It is a noted fact that the home is confronted with issues of family and societal perception which further throws her into stressful conditions.Peil (1980) observed that marriage and occupation pose both positive and negative impact according to the cultural beliefs of the people. It is against this background that the researcher looked at occupational stress as it affects female workers in tertiary institutions. Generally, this has created a belief that the home and working place make up two worlds for the woman working (Caligan, 1993). It is very clear that the two environments surrounding the life of a working woman influence stress in her life, which requires some adjustment measures. However, it is apparent that occupational stress is bound to create dismal challenges to the woman working, who is expected to maintain a balance in success and performance both at home and working place. Indeed, this is because stress in its contextual perspective is problematic and a disturbing feeling in the individual.

Thus, the social and economic factors leading to employment of the woman bring about changes in lifestyles.Holmes and Rahe (1967) acknowledged that some changes require more adjustment than others. According to Thomas (1967), every change is stressful because it forces people to adapt to new, unfamiliar circumstances. In his interpretation, he opined that change produced positive life events as well as negative ones which may be stressful and can damage

person's wellbeing. Srivastava (2009) found that the role of an employee in the organization may create conditions that cause stress for employee at work, affecting the quality of work life. Such organizational role stress has been found to be negatively related to managerial effectiveness. Nelson and Burke (2000) suggested that a number of factors such as role ambiguity, lack of power and role conflict can also be stressful. Sharma and Devi (2008) further add that role overload, lack of senior level support, lack of group cohesiveness, inequity at work place, role stagnation, resource inadequacy in the role, constraints of change contribute to the stress of employees.Stress at work can cause damage to one's health and overall lifestyle and it is an area that should not be ignored.Farooq (2003) has given adequate explanation of stress, and its nature, dimensions, causes, manifestations and coping up strategies. It was observed that most of the employees' experience medium to high level of stress at work. Role stagnation, inadequacy of role authority and role erosion is comparatively high rated dimensions of job stress. His study further reveals that employees belonging to the clerical cadre relatively experience more stress on most of the dimensions.Berhem,Belal,Sidin,Samsinar and Kadir (2004) stated that the role of ambiguity as the main source of work stress and self knowledge as the main coping strategy to overcome work stress. Occupational stress is believed to be one of the most important factors affecting productivity.

It is therefore, important and indeed crucial, that female workers, who are faced with physical, psychological and physiological problems most often, due to stress, deserve attention in order to maintain a less stressful work environment. This is because workers skills, capabilities and potentials can only be exploited under conducive and stress free working environment. Cognitive restructures and Solution-Focused Brief counselling (SFBC) techniques can assist individuals restructures their thinking into more realistic, rational and logical views with regard to occupational stress. CR is a cognitive behavioral therapy technique used to identify and

correct negative thinking patterns. It involves altering negative automatic thoughts that occur in anxiety-provoking situations by replacing them with more rational belief. As thoughts are challenged and disputed, their ability to elicit anxiety is weakened. SFBC technique is goal oriented, targeting the desired outcome of therapy as a solution rather than focusing on the symptoms or issues that brought someone to therapy.

1.2 Statement of the Problem

In this modern age, female workers play dual roles as mothers, wives, politicians as well as working outside their home with some social personal roles in the society. This has led to many women becoming over stressed. As a result, there is a decline in their ages and performance in the job. Amao-kehinde (2004) stressed that female workers experience more stress than full time house wives, stress result not only from long working hours, role overload, inadequate communication, uncooperative boss but also from family responsibilities. The over stressed women find it difficult to perform effectively the house job roles and her professional work. The greatest challenge for female workers here is how they can strike a balance between family and office work in such a way as to avoid stress and incompetence.

Many job conditions caused stress among women; these includes little control over work, role ambiguity and conflict, poor relationships with co-workers and supervisors, heavy workload demands, job insecurity and work that are narrow, repetitive and monotonous. In support of the above, the researcher used personal experiences, as a full time house wife, a university counsellor, a postgraduate student and the interaction with others during counselling, observed that it is extremely difficult to cope with the dual responsibilities. Also, the researcher through discussions and sharing life experiences with colleagues observed that female workers are facing a lot of challenges at home and in their workplace and it affect other aspects of their

lives. Extreme level of stress is detrimental to their health and may lead to poor performance at the workplace. This affects both men and women although there are some gender differences in certain aspects. A report in 2005 by Rosenstock found the odds of association of cumulative work stress with poor mental health conditions like, anxiety, depression, and chronic fatigue among women to be 1.4-7.1 compared to 1.8-4.6 for men. In general women are more likely than men to experience physical symptoms of stress, such as fatigue, irritability, headaches and depression (infor@healthadvocate.com).Counsellors have different techniques to handle issues associated with stress. Going by the literature the researcher had gone through, not much had been put in place to assist female workers in tertiary institutions in Zaria metropolis to deal with occupational stress. However, the researcher feels that it is important for female workers to benefit from psychological intervention using CR and SFBCtechniques. This study therefore, explored the effects of cognitive restructuring and solution-focused brief counselling techniques on occupational stress among female workers in tertiary institutions of Zaria metropolis Nigeria.

1.3 Objectives of the Study

This research was designed to:

1. Examine the effects of Cognitive Restructuring counselling technique in reducing occupational stress of female workers in tertiary institutions in Zaria metropolis.
2. Ascertain the effects of Solution-focused Brief counselling technique in reducing occupational stress of female workers in tertiary institutions in Zaria metropolis.
3. Find out the relative effects of Cognitive Restructuring and Solution-focused Brief counselling techniques in reducing occupational stress of female workers in tertiary institutions in Zaria metropolis.

4. Determine the relative effects of Cognitive Restructuring and Solution-focused Brief counselling techniques in reducing occupational stress among female of different ages working in tertiary institutions in Zaria metropolis.

5. Find out the relative effects of Cognitive Restructuring and Solution-focused Brief counselling techniques in reducing occupational stress among teaching and non-teaching female workers in tertiary institutions in Zaria metropolis.

1.4 Research Questions

The study answered the following research questions.

1. What effects would Cognitive Restructuring counselling technique have on occupational stress of female workers in tertiary institutions in Zaria metropolis?
2. What effects would Solution-focused Brief counselling technique have on occupational stress of female workers in tertiary institutions in Zaria metropolis?
3. What relative effects exist in the occupational stress of respondents exposed to Cognitive Restructuring and Solution-focused Brief counselling techniques?
4. Would Cognitive Restructuring and Solution-focused Brief counselling technique have relative effects on the occupational stress of women of different ages working in tertiary institutions in Zaria metropolis?
5. What is the relative effect of Cognitive Restructuring and Solution-focused Brief counselling techniques in reducing occupational stress between teaching and non-teaching female workers in tertiary institutions in Zaria metropolis?

1.5 Hypotheses

The following null hypotheses guided the study.

1. There is no significant effect of Cognitive Restructuring counselling technique on the occupational stress of female workers in tertiary institutions compare with the control group.
2. There is no significant effect of Solution-focused Brief counselling technique on the occupational stress of female workers in tertiary institutions compare with the control group.
3. There is no significant effect of Cognitive Restructuring counselling technique on occupational stress of female workers in tertiary institutions compare pre-test and post- test scores.
4. There is no significant effect of Solution-focused Brief counselling technique on occupational stress of female workers in tertiary institution compare prê-test and post- test scores.
5. There is no significant effect of Cognitive Restructuring and Solution-focused Brief counselling techniques on occupational stress of female workers in tertiary institutions on the basis of age range.
6. There is no significant effect of Cognitive Restructuring counselling technique on occupational stress of female workers in tertiary institutions by the nature of their job (teaching and non-teaching).
7. There is no significant effect of Solution-focused Brief counselling technique on the occupation stress of female workers in tertiary institutions by the nature of their job (teaching and non-teaching).

1.6 Basic Assumptions

The basic assumptions for this study were.

1. Cognitive Restructuring counselling technique can help reduce occupational stress of female workers in tertiary institutions in Zaria metropolis.
2. Solution-focused Brief counselling technique can help reduce occupational stress of female workers in tertiary institutions in Zaria Metropolis.
3. One of the treatment techniques will have effect than the other in reducing occupational stress of female workers in tertiary institutions in Zaria metropolis.
4. Female workers in tertiary institutions in Zaria metropolis of different ages differ in their occupational stress.
5. Cognitive Restructuring and Solution-focused Brief counselling techniques would have no relative effects in reducing occupational stress to both teaching and non-teaching female workers in tertiary institutions of Zaria metropolis

1.7 Significance of the Study

The study was significant in the following ways;

Counsellors to be equipped with CR and SFBC techniques which can be used in managing occupational stress among female workers in tertiary institutions to reduce their occupational stress.

It is also useful to other female workers in other organisations, because by going through the treatment packages they can use the techniques to cope with work related stress.

The findings of the study can be useful to similar researchers as literature review for investigations concerning occupational stress management.

The research findings can help curriculum planners to include the intervention techniques in the curriculum of guidance and counselling to assist practicing counsellors to learn and use the techniques in counselling.

The application of the two intervention techniques (CR and SFBC) in the study can open up other areas of research in relation to female workers as regard to productivity and stability.

The findings of the study can also be useful to employers, human resource managers as an intervention package to run seminars and workshops for female workers to enable them cope with work related issues.

The research findings can create awareness to individuals and stakeholders particularly at tertiary institutions toward work effectiveness and productivity.

Employee orientation programme as well as employee assistance programme can incorporate the two techniques as integral components in solving employer's occupational stress.

The use of CR and SFBC techniques can help female workers in tertiary institutions not only solve their occupational stress but also assist them in solving other related issues,as they participate greatly during the treatment sessions which groomed them in solution finding exercise.

1.8 Scope and Delimitation of the Study

The scope of this study is the investigation of the effects of Cognitive Restructuring and Solution-focused Brief counselling techniques on occupational stress among female workers in tertiary institutions in Zaria metropolis. The study was delimited to Zaria metropolis because all the three major category of tertiary institutions exist in Zaria that is, Ahmadu Bello University,

Zaria, Federal College of Education Zaria and Nuhu Bamalli Polytechnic and this had help for effective control of expiremental conditions.

The study was delimited to two intervention techniques; Cognitive Restructuring and Solution-focused Brief counselling techniques on occupational stress of female workers in tertiary institutions in Zaria metropolis. These techniques were chosen because they covered both cognitive and behavior techniques which were within the scope of the study. Although occupational stress is prevalent in all workers, the study was delimited to female workers in tertiary institutions in Zaria metropolis, because they performed dual roles such as wives, mothers, worker and sometimes students.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

The chapter presented conceptual, theoretical and empirical studies relating to the research topic.The major concepts in this study were:

- Concept of stress
- Occupational stress
- Solution-focused technique
- Cognitive restructuring technique
- Theoretical Framework
- Review of related studies on Stress, Cognitive Restructuring and Solutio-focused Brief Techniques.

2.2 Concept of Stress

Stress is simply a fact of natural forces from the inside and outside world affecting the individual. It is related to both external and internal factors. Anyone who is alive has experience stress at some point in life. Erkuthu and Chafra (2006) indicated that stress can be associated with pleasant and unpleasant events, and only becomes problematic when it remains unresolved. According to Bernstein (2011) stress is a mentally or emotionally disruptive or upsetting condition occurring in response to adverse external influence which is capable of affecting physical health, usually characterizing by increased health rate, and a rise in blood pressure, muscular tension, irritability and depression. Powers and Dodd (2003); and Williams (2012)

viewed stress as a psychological and physiological response to events, which causes us to be uncomfortable. Lewis (2002) further explained that the psychological and physiological effect of stress on individual vary along the line of their uniqueness.

Egbule (2009) had put forward a similar definition which viewed stress as a psychological and physiological, emotional, social, economic or occupational circumstances or event or experiences that are difficult to manage or endure. This definition reveals that stress is all the day- to-day, week to week problems and difficulties we have to face. D'Arcy (2007), defined stress as the body way of rising to a challenge and preparing to meet tough situation with focus. Health and Safety Executive (2001) stated that stress is the adverse reaction a person has to excessive pressure or other types of demand place upon them. It further maintains that stress affects individuals in different ways at different times and is not a weakness but if unnoticed it can lead progressively, to a decrease in performance, poor health and long term absence from work. Akinade (as cited in Ortese, 2009) opined that stress is any stimulus that either raises your excitement or anxiety level beyond what you regard as above your usual or personal capability. He further explains that the individual under stress shows signs of anxiety, tension, inattentiveness, instability and a lot of other maladaptive behaviours. Baum (as cited in Peplau & Sears, 2006) viewed stress as a negative emotional experience accompanied by predictable physiological, biochemical and behavioral changes that are designed to reduce or adapt to the stressor either by manipulating the situation to alter the stress or by accommodating its effects. Maisamari (2004) considers stress as: "A state of discomfort, tension or emotional pain which arises when an individual is faced with situation which presents a demand that is important for the individual to meet but for which his capacities and resources are inadequate". Cooper and Palmer (2000) stated that stress is the reaction people have to excessive pressures or other types of demand placed upon them. It arises when they worry that they cannot cope. It is also

buttressed by Bergh and Theron (2000) stress is a condition which develops when the demands made on people exceed their adaptive (coping) abilities.

It can therefore be deduced that stress has been viewed from different perspectives by scholars, specialists and behavior experts who maintain a common and spiral meaning in all the interrelation. Thus, stress has variously been referred to as challenges, tensions crises, disruptions as well as bottlenecks that make the individual to lose his/ her balance in the quest to attain growth and happiness. Stress should be seen as the circumstances that block the attainment of set goals and personal philosophy which can be averted through meaningful and careful thought out measures and strategies to achieve normality and stable adjustment.

2.2.1 Types of Stress

Egbule (2009) and Akeredolu & Adeogun (2004) indicate that, there are basically two types of stress, negative and positive stress. They further explained that when stress has a negative effect, it is called distress, which describes a feeling of anxiety,frustration, anger or pain and when left unchecked could lead to serious depression, illness or even death. It may also have positive effects (Eustresss) such as feeling of elation, happiness which would place a lot of tension on the bodily system. Wise (2012) recognized three main types of stress that people commonly experience, these are:

- Acute stress
- Acute episodic stress
- Chronic stress

Acute stress – This tends to arise rather quickly in relation to past, present or future measures. This kind of stress can be fantastically exhilarating for people such as reaction to a bad situation

e.g. accident, an unexpected bereavement, commencing a new position, the introduction of new procedures, or awaiting renewal of a contract. It is a temporary form of tension that tends to go away rather quickly.

Acute episodic stress- This type is a little more serious, it tends to present in people who live in a state of disorganization, such as when people are constantly late, constantly worried and have too many things that are going on at once. This type of tension can hit on a frequent basis.

Chronic stress –This type of stress is one that most people deal with on a daily basis.It is a cumulative reaction to a build-up of pressures over a long period of time. It response tends to begin gradually and proceed slowly. Unlike acute stress where a return to normality is expected within a fairly short period of time, chronic stress usually manifests itself in various ongoing physical and/or psychological symptoms such as hypertension, sleep disturbance, poor concentration, withdrawal and depression, financial situation, poor relationships, trauma and even lousy working conditions. It is also associated with heart attacks, out-bursts of violence, stroke and/or even suicide.

Rani (2012) has given the following as types of stress; hypo-stress, eu-stress, hyper stress and distress.

Hypostress– it takes the form of frustration, indifference, depression and pent-up emotion.

Eustress- it is a pleasant positive or curative stress. Most times it gives us our competitive edge, it make us want to be the best in what we are doing.

Hyperstress– this is when situation becomes extreme, it vary from person to person and even from the same person from situation to situation. It makes one to be panic stricken, out of control and even unable to cope with a given situation.

Distress –this is a negative form of stress. It has negative effect for both individual and organization and when left unchecked could lead to serious depression, illness or even death.

Trivieri and Anderson (2002) have also given types of stress as:

- Physical stress
- Psychological stress
- Psychosocial stress
- Psycho-spiritual stress.

Physical stress-include trauma, illness, intense physical labor, environmental pollution, inadequate light, childbirth, noise, toxins, inadequate oxygen supply, hypoglycemia, hormonal or chemical imbalances dietary stress, substance abuse, and dental problems.

Psychological stress-includes fear, resentment, information overload, worry, shame, guilt, jealousy, self-criticism, and anxiety. It can also include the loss of a sense of control, beliefs and attitudes, and a world view.

Psychosocial stress-includes relationship difficulties, a lack of social support, and isolation.

Psycho spiritual stress-includes a joyless life; meaningless work; and a crisis of values, meaning, and purpose.

2.2.2 Symptoms of stress

Stress can affect all aspect of our life, including our emotions, behaviour, thinking ability, and physical health. No part of the body is immune, because people handle stress differently. To handle stress issues, one needs to know the specific signs and symptoms of stress. Egbule 2009 has given the following as symptoms of stress.

Cognitive Symptoms

- Memory Problems
- Indecisiveness
- Inability to concentrate
- Trouble thinking clearly
- Poor judgment
- Seeing only the negative
- Anxious or racing thoughts
- Constant worrying

Emotional Symptoms

- Moodiness
- Agitation
- Restlessness
- Short temper
- Irritability, Impatience
- Inability to relax
- Feeling tense and “on edge”
- Feeling over whelmed
- Avoiding others

Physical Symptoms

- Headaches or backaches
- Muscle tension and stiffness

- Diarrhea or constipation
- Nausea, dizziness
- Insomnia
- Chest pain, rapid heartbeat
- Weight gain or loss
- Skin breakouts (hives, eczema)
- Loss of sex drive
- Frequent colds.

Behavioral Symptoms

- Eating more or less
- Sleeping too much or too little
- Isolating yourself from others
- Procrastination, neglecting responsibilities
- Using alcohol, cigarettes, or drugs to relax
- Nervous habits (e.g nail biting, pacing)
- Teeth grinding or jaw clenching
- Overdoing activities (e.g exercising, shopping)
- Overreacting to unexpected problems
- Picking flights with others.

2.2.3 Causes of Stress

Anything that makes one tensed or pressured causes stress. Any event that requires a person to adjust, make changes, or expand resources has the potential to be stressful. Egbule (2009) has given the following as causes of stress.

Workload-This is the amount of work an individual has to do. People might feel under pressure if the demands of the jobs are greater than they can comfortably manage. In an occupational setting, dealing with workload can be stressful and serve as a stressor for employees.

Pain-pain in relation to stress can be physical or psychological. An individual having any of the above mentioned pain, become unstable in the perception, adaptation, and execution of life events.These bring about ineffective performance and decline in productivity in an occupational setting.

Loss of a job-losing a job brings about anxiety filled with physical and psychological pains. There is also the fear of unforeseen circumstances surrounding day to day crises. When an individual lost his job, he becomes isolated not willing to relate with former colleague thinking that he would be lap at for the situation he is in.

Accident-witnessing any type of personal or environmental disaster like earthquake, personal assaults and abuse, terrorist attacks and military combat can lead to stress. Like the situation in the three states of Borno, Yobe and Adamawa under constant attacks by insurgents, workers and others will become more stressed to perform their work effectively.

Divorce-This is a form of marital dissolution, when all the things that should hold the coupled together have loosened to the extent of family break-up. With marriage, the husband takes care of the woman and her children but when marriage dissolves, she is to take financial

responsibilities of herself and in some cases the children. This is an added role as well as stress for the woman both at home and in her place of work.

Separation-This means legally married couples who choose to live apart while still remaining as legally married partners. This is mostly as a result of couples working in different environment. This can cause more stress on a female worker because she is saddled with domestic role, career work and responsibilities which the husband is normally responsible in the family.

Change to a new school-A person changing to a new school or workplace experiences stress because of the strangeness of the environment, meeting new colleagues, indecisiveness about the standard of the new place, anxiety arising from lots of lack of familiarity.

Trouble with in-laws-people live with in-laws either, one is having financial difficulties, sickness that requires special care or the culture requires that they live together. Most at times and in particular, the female worker has always had problems with in-laws as a worker. Some in-laws don't want her to get a house help to cook or assist in the activities of the house. She is expected to do everything before going to work; which becomes more stressful and affects her in her career progress. Also, there is the issue of suspicion, unfounded allegations and false accusations by some in-laws labelled against female workers.

Sexual relationship-Too much work on female worker is likely to affect other aspect of her life.

Sexual relationship can be quite strained in her; much of it can be attributed to lack of time and fatigue, especially where both partners have long working hours.

Academic work-Academic work are oversized and growing larger. Universities require faculties to teach more courses than ever before, while maintaining active research programs,

that many need to keep up their homes and raise their families against the limited time being consumed by academic engagement. As stated by Salik & Kamal (2007), most people spend a considerable amount of their lives at work. Balancing the multiple roles by female worker is causing a lot of stress and bringing decline in performance. Thabo (2010) states that the education sector has experienced a great and major changes and re-orientation, this sector been the major source of all innovation and creativity. Hence, personnel in these fields are expected to keep up with the pace of the change and not just keeping up but to significantly contribute to the wealth of knowledge in providing solution to problems facing human beings.Tytherlrigh, (2005) views that these major change initiatives; excessive work hours, heavy workloads, poor management, unfavorable student/staff ratio, pressure to attract external funds, job insecurity, lack of recognition and reward, and role ambiguity, have frequently been reported by academic staff in university.

Many factors cause stress, job dissatisfaction among which include, marital relationship problem, the demands of being a parent and major life change are often causes of stress (http://www.my skillsprolife.Com 2013). In other similar literature, Alexander (2008) stated that causes of stress are known as 'stimulus' and the effect of stress are the response identifying the causes and effects of stress which is the key to stress management. Nelson and Burke (2000) stated that a number of factors such as role ambiguity, lack of power and role conflict can also be stressful. Sharma and Devi (2011) further explain that role overload, lack of senior level support, lack of group cohesiveness, inequality at workplace, role stagnation, resource inadequacy in the role, constraints of change contribute to the stress of employees. According to Wise (2012), causes of stress are practically infinite and what impact one person negatively might not to another. He further sees causes of stress under two headings; common small stress and large stress causes.

Common stress causes include:

- Over scheduling
- Disorganization
- Finances
- Traffic

Large stress causes include;

- Bad relationship
- Poor working conditions
- Medical conditions.

Common small stress is not a big deal; they can wear on a person over time. They can easily be eliminated but large stress causes can be a little more difficult to handle and can have a big impact over time. Also Beehir and Newman (1978) stated that there are many causes of stress in life, these include;

Death - of spouse, family, friend

Health - injury, illness, pregnancy

Crime - sexual molestation, mugging,

Burglary, pick pocketing.

Self abuse - drug abuse, alcoholism, self harm.

Family change - Marriage, separation, divorce, new baby,

Sexual problems - Getting a partner.

Argument - with spouse, family, friend's, co- workers, boss

Responsibilities - New dependent, new job.
increase

2.2.4 Consequences of stress

Stress produces a range of undesirable expensive and debilitating consequences which affect both individual and organization. These are:

Behavioural Consequences:-The Behavioral consequences of stress such as alcohol abuse may harm the person under stress or others in the organization.

Psychological Consequences:-This relates to person mental health and well being, worker under such situation cannot be stable and perform their work effectively.

Medical Consequences:-This affect a person's physical well being, heart disease and stroke, among other illnesses have been linked to stress. With such condition performance will be reduced.

Performance:-Too much stress can lead to decline in performance in an organization.

Withdrawal:-The most significant form of withdrawal behaviourist, absenteeism and quitting. When there is too much stress in an organization, it can lead to workers to withdraw from the job.

Attitudes:-Stress can have a negative effect on job satisfaction, morale, organizational commitment and motivation to perform at high level.

Burnout:-It is the general feeling of exhaustion; it develops when an individual simultaneously experiences too much pressure and has too few sources of satisfaction.

2.3 Concept of occupational stress

Stress in general and occupational stress in particular, is a fact of modern day life that seems to have been on the increase. Occupational stress is stress involving work. It is an increasingly common feature of modern life. It occurs when there is discrepancy between demands of the environment/work place and individual inability to carry out and complete the demands. Occupational stress which appears specifically within the parameters of the work environment is caused by work related factors and also has consequences for the work situation (Rothmans & Cooper, 2008). An occupational stress is any force that pushes a psychological or physical factor behind its range ofstability, producing a strain within the individuals, knowledge that stress is likely to occur constitutes a threat tothe individual. A threat can cause a strain because of what it signifies to the person. As occupational stress begins to take its toll on the body and mind, a variety of symptoms can result. Working in an organization not only provides individuals with life sustaining income but also exerts its own pressures on them. This can ultimately have negative consequences both for achieving the goals of the organization and meeting the needs of the individuals working in them. Thus, the work environment is a source of social and psychological stress, which has harmful effects on the well-being of the employees.

Stress in general and occupational stress in particular is universal and frequently disabling human phenomenon. Akinboye, Akinboye and Adeyemo (2002) described occupational stress as the twentieth century disease, where over 70% of employees worldwide describe their job as stressful with more than one in five reporting high levels of stress at work on daily basis. Stress arising from work has detrimental effect on the behaviour of people, which ultimately results in personal and organizational inefficiency. It has been shown to lower productivity, increase absenteeism, and creates pervasive pattern of dysfunction in the workplace (Anderson &

puluch, 2001; Levin-Epstein, 2002). Occupational stress can be described as a condition where occupation related factors interact with the worker to change (disrupt/ enhance) his or her psychological or physiological condition, so that the person's mind and/or body is forced to deviate from its normal way of functioning. It also implies that a person cannot effectively handle work related demands such as work overload, role conflict in the work place and poor working conditions. As Al-hussain (2008); Henry (2010); Ramya and Malliki (2013) posited, occupational stress as the harmful physical and emotional response that occurs when there is poor match between job demand and the capabilities, resources or needs of the workers. Henry went further to state that variety of factors contribute to occupational Stress such as; negative work load, isolation, extensive hours worked, toxic work environment, lack of autonomy, difficult relationships among co-workers and management, bullying, harassment and lack of opportunities or motivation to advancement in one's skill level.

A survey of 28,000 workers in 215 organizations in the U.S linked occupational stress to poor work performance, acute and chronic health problems and employee burnout (Ivancevich, Matteson, Freedman and Philips 1990, Kohler and Kamp 1992). Baron (2001) defined occupational stress as when an individual is asked to do too much in too short a time or do too little. He further, explained role conflict and performance appraisal as factor related to work stress; role conflict being the target ofconflicting demands or expectation from different groups of people and performance appraisal are procedure used for evaluating employee's performance. Kyriacou,(2001) in Orokoyo (2012) defined occupational stress as the experience of negative emotional states attributed to work related factors which their outcome in their various forms can prove quite costly to the individual and the organization. The presence of stress at work is almost inevitable in many occupations. However, individual differences

account for a wide range of reactions to stress, a task viewed as challenging by one person may produce low level of anxiety in another.

DSouza (2005) argues that the specific stress experienced by people often depends on the nature of the setting in which people live. Thus, people in various professions experience different type of stress to different degrees. Sharratt, (2003) indicates that Employees are stressed out because they are layoffs, instability, uncertainty, changes in roles and responsibilities, and increased workload. Asad and Khan (2003) interpreted that occupational stress is the effect of tension on an employee by the job pressure to fulfill job assignment and to respond to deadlines. Salik and Kamal (2007) mentioned that most people spend a considerable amount of their lives at work. There is no doubt that stress at work is an important factor contributing to ill health and leads to societal cost and productivity losses. According to Lu, Cooper, Kao and Zhou (2003) occupational stress has become one of the most serious health issues in the modern world and its negative consequences for employee's health and well being are significant problems throughout the industrial world. As National Institute for Occupational Safety and Health Excutives indicated that, 60 to 90% of doctors visit are attributed to stress related illness and symptoms. Also American Psychological Association (2007) survey found that 53% of workers reported fatigue due to work stress.

McGinty (2007) concludes that the stress in the workplace reduces productivity, increases management pressures, and makes people ill in many ways. Occupational stress in case of women results from adverse working conditions, dysfunctional internal and external attitudes that engulf the individual coping resources and manifests in acute cognitive, emotional, behavioral or physical problems. Winfield (2000) posited that the prevalence of occupational stress among academic staff of higher education institutions from across the globe is alarmingly

widespread and increasing. He further indicated that there is prevalence of occupational stress among academic and general staff of university.

2.3.1 Causes of occupational stress

Wikipedia (2010) has given the following as causes of stress in the work place;

- Job insecurity
- High demand for performance
- Technology
- Workplace culture
- Personal or family problems
- Job stress and women

Job insecurity- Every organized establishment has to undergo some changes due to intense economic transformations and consequent pressures. Reorganizations, take over's, mergers downsizing and other changes have become more stressors for workers.

High demands for performance-Unrealistic expectations, which sometimes put unhealthy and unreasonable pressure on the workers can be a tremendous source of stress and suffering. Increased workload, extremely long hours and intense pressure to perform at peak hours all the time for the same pay, can leave a worker physically and emotionally drained. As Blaug, Kenyon and Lekhi (2013) stated that, factors linked to work-related stress other than work-loads include cuts in staff, changes, long hours, bullying, shift work and sex or racial harassment.

Technology-The expansion of technology such as computers, cells phones, and internet has resulted in heightened expectations for productivity, speed and efficiency and many others.

Increasing pressure on the individual worker to constantly operate at peak performance levels, workers working with heavy machinery are under constant stress to remain alert. In this case, both the worker and their family members live under constant mental stress. There is also the constant pressure to keep up with technological break through and improvisations, forcing employees to learn new software all the time.

Workplace Culture– Adjusting to the workplace culture, whether in a new company or not, can be intensively stressful. Making one adept to the various aspects of workplace culture such as communication patterns, hierarchy, dress code (if any), workplace and most importantly working and behavioural pattern of the boss as well as the co-workers, can be a lesson of life. Maladjustment to work place culture may lead to subtle conflicts with colleagues. In many cases, office politics or gossips can be a major stress inducer.

Personal and Family Problems – individuals going through personal or family problems tend to carry their worries and anxieties to the workplace. When an individual is in a depressed mood his unfocused attention affects his ability to carry out work responsibilities.

Occupational Stress and Women – women may suffer mental and physical harassment at workplace, apart from the common work stress. Sexual harassment in workplace has been a major source of worry for women. Women may suffer from tremendous stress such as hostile work environment, harassment, which includes unwelcome verbal and physical conduct. These can be a constant source of tension for women in work setting. Subtle discrimination at workplace, family pressure and societal demands added to these stress factors. A report in 2005 by Rosestock found the odds of association of cumulative job stress with poor mental health conditions like anxiety, depression, chronic fatigued among women to be 1.4 to 7.1 compared to

1.8 to 4.6 for men. Women are more likely than men to experience physical symptoms of stress, such as fatigue, irritability, headaches and depression (info@ health Advocate.com).

Irish Congress of Trade Union (ICTU) state that the most commonly reported causes of occupational stress are:

- Inability to complete the job properly.
- No clear job description or chain of command
- No recognition or reward for doing well.
- No way to voice complaints.
- Overwhelm one with much responsibility's with too little authority.
- Unco-operative fellow workers.
- Job insecurity.
- Prejudice in the workplace
- Unpleasant or hazardous working conditions.
- No opportunity to use personal talent and ability effectively.

Other causes of occupational stress include; being unhappy in your job, having a heavy workload or too much responsibility, working long hours, having poor management, unclear expectation of your work, or having no say in the decision making process, Working under dangerous conditions, being insecure about your chance for advancement or risk of termination, having to give speeches in front of colleagues and facing discrimination or harassment at work, especially if your company is not supportive. All these factors if not taken care to can affect a worker and reduced performance and efficiency

According to Nadeem, (2001) in his study indicated that causes of stress among the private and public banks employees are; overload, role authority, role conflict and lack of senior level support contribute more to the occupational stress. Timing was the main factor because there was unlimited off time. Egbule (2009) states that occupational stress is cause by job dissatisfaction, an exhausting workload, insufficient pay, office politics and conflict with your boss or co-workers.

Canadian Center for Occupational Health and Safety stated that occupational stress can be the result of any number of situations as indicated in the table below.

Categories of occupation Stressors	**Examples of Sources of Stress**
Factors Unique to the occupation	• Workload (overload and underload) • Pace/variety / meaningfulness of work • Autonomy (e.g., the ability to make your own decisions about our own job or specific tasks) • Shiftwork / hours of work • Skills / abilities do not match job demands • Lack of training and / or preparation (technical and social) • Lack of appreciation • Physical environment (noise, air quality, etc) • Isolation at the workplace (emotional or working alone)
Role in the Organization	• Role conflict (conflicting job demands, multiple supervisors/managers) • Role ambiguity (lack of clarity about responsibilities, expectations, etc) • Level of responsibility
Career Development	• Under/over –promotion • Job security (fear of redundancy either from economy, or a lack of tasks or work to do) • Career development opportunities • Overall job satisfaction
Relationships at work (Interpersonal)	• Supervisors (conflicts or lack of support) • Coworkers (conflicts or lack of support) • Subordinates • Threat of violence, harassment, etc (threats to personal safety) • Lack of trust • Lack of systems in workplace available to report and deal with

	unacceptable behavior
Organizational Structure/Climate	• Participation (or non- participation) in decision-making • Management style • Communication patterns (poor communication/ information flow) • Lack of systems in workplace available to respond to concerns • Not engaging employees when undergoing organizational change • Lack of perceived fairness (who gets what when and the processes through which decisions are made). Feelings of unfairness magnify the effects of perceived stress on health.
Work – Life Balance	• Role/responsibility conflicts • Family exposed to work – related hazards.

Source: http://www.ccohs.ca/oshanswer/psychosocial/stress.htlm

The above table had given a summary of cause of occupational stress in it totality.

2.4 Female workers

Work is a central part of almost everyone's life. The world is changing; new ways of doing and viewing things are being evolved daily. Traditionally, the role of a woman is in the kitchen. She is expected to play certain roles like child tending, cooking and general household chores. But with the modern world, female are leaving the home for paid employment. They work in various organizations; public or private, working as skilled or unskilled workers, as cleaners, secretaries, while others work as lecturers, lawyers, nurses, doctors, administrators and leaders in various capacities and in different professions. There is no profession today where females are not employed. It is an old convention that female workers are less capable and ineffective in working as compared to men. According to the International Labor Organization (2007) 1.2 billion of the 2 to 9 billion workers in the world in 2006 were women. Though female workers are likely to get stressed while striking a balance between multiple roles (worker, spouse, mother, daughter, and daughter-in-law) that they are required to do nevertheless, they still tend to have better physical and mental health as compared to those women who are housewives.

This is because these different roles add to and enrich women's sense of self and enhance psychological well-being. The strain and stress they experience due to one role is balanced by the satisfaction they obtained from other roles. Many people tend to devalue the work of a homemaker (woman) taking it for granted and thinking that it can be easily substituted by a housekeeper. Thus, women who are homemakers despite working around the year without a break for even a single day may feel extremely insignificant, especially when the family fail to value their contributions. Female workers in not small measures contribute to the growth and development of every nation politically, socially and economically.

2.4.1 Challenges Faced by Female workers

In the past decades, the role of female's in our society has been drastically changed; they can be seen as fighter-jet pilots, educationists, customer services heads, company excuitives, administrative heads, banking, HR and telecom sector. Female workers are making a tremendous contribution to each sector. Men are no longer considered as the only bread earners of the house. Female workers are now also financially supporting their family. Though the number of female workers is increasing day by day but still there are certain barriers that they have to cross to prove themselves beneficial for the job market.

Gender Based Discrimination:

Female workers are usually given unfair advantage in comparison to their male counterpart. In male dominating society, male are considered more hard-working, intelligent and better employees than female. This gender discrimination result in increased levels of stress and job dissatisfaction. It also decreases motivation to work and commitment towards the job. Basically, female are given lesser opportunities for education which in turn result in lack of knowledge regarding technological advancements

Domestic Restrictions:

Earlier female were restricted to their home and their primary role was to take care of household chores. With time, due to increase in economic pressures on families these restrictions have been released. Now in most of the families female's are also allowed to get higher education and do paid jobs but under certain restrictions. The maximum percentage of female workers can be seen as health workers, educationists, clerks or any other work that are not much preferred by men because of lack of growth opportunities and low pay-scale. Females are allowed to do such jobs because of the female dominant environment. This thing has restricted the female's exposure to other available opportunities and has limited their growth in the development sector. After all day of work at office, no matter how tired they are, they also have to look after domestic chores.

Harassment

Harassment is another main problem faced by female workers, as they are considered an easy target by the male colleagues. Most of the female's in developing countries came out of their house to earn money only at the time of extreme need, they are much vulnerable and colleagues and higher management harass them by passing inappropriate remarks or making fun of them or in extreme cases they harass them sexually. Usually, female workers remain silent on such acts or ignore them or put up with it in fear of losing their job. They are reluctant to make allegations against the culprits. Some of them resign to get rid of all this because they know that it is of no use to make a complaint against them. Corrupt officers and higher authorities do not support them. Strict laws are there to support female workers but only if all this gets reported. This is one of the major reasons why some families do not allow female to work.

3.5 Concept of Cognitive Restructuring

Cognitive restructuring is a useful tool for understanding and turning around negative thinking. Seaward (2006) viewed cognitive restructuring as a coping technique that substitutes negative, self-defeating thoughts, to change the perception of the stressor from threatening to none-threatening. It is one of the therapeutic approaches to deal with emotions such as stress, depression, anger, and anxiety. It is also a set of technique for becoming more aware of our thoughts and for modifying them when they are distorted or are not useful. The technique is a particular form of cognitive therapy in which the goal is to teach clients to identify and evaluate automatic thoughts. Thus using cognitive restructuring often help people to have control over their emotions and teaches how to manage different situations without stress. It makes one to get rid of negative thoughts and give one a positive frame of mind. Individual replace irrational thought and counterfactual beliefs, with rational and beneficial ones through the use of cognitive restructuring technique.Wolpert (2003). Suggested that reorganizing, perceptions and thinking so that adolescents perceive issues logically and rationally through cognitive restructuring therapeutic technique it will enable the adolescents attacks negative and self-defeating thoughts and emotions. Again Strayhorn (2002) has further observed that cognitive restructuring is based on the idea that people emotion and behavior can be greatly affected by what they think and for that reason people should consciously disengage from irrational thought that breeds misconception, which could hamper their level of achievement in any field.

Cognitive Restructuring and the disputing of dysfunctional or irrational beliefs of people, have emotional and behavioural disturbances date back to the ancient times, particularly early Asian, Greek and Roman Philosophers who took to constructivist view of humans. A contemporary of the period called Epictetus concluded that, people are disturbed not by the events that happen to them, but by their views of these events (Jane & Steven 2003). Terms like ‘reframing’, ‘idea

repairs' are all used to refer to cognitive restructuring. It is a therapy that was popularized by Albert Ellis. Ellis argued that, the primary causes of human distress are not unconscious impulses as opined by psychoanalysis, but that certain irrational beliefs are the causes of such behaviour problems (Ogechiesere, 2002). He did not however claim to have initiated the CBT as he declared as follows;

> I was not the first therapist to use what becomes known as Cognitive Behaviour Therapy (CBT) since a few practitioners such as Herzberg (1945) and Salter (1949) had employed aspects of it previously. But I seem to have been the main Therapist to create Systematic Cognitive Restructuring which I called Disputing Irrational Beliefs. (Jane & Steven 2003).

Beck (1979), explains how a cognitive therapist can help a client to think and act more realistically and adaptively about his problems and thus reduce the symptoms of the behaviour that deserves to be changed. Beck emphasized that cognitive techniques aim at delineating and testing the client's specific misconceptions and maladaptive assumptions. This approach consists of specific learning experiences designed to change the clients' unwanted behaviour. This technique was adapted in this study for the cognitive restructuring of occupationally stress female workers in tertiary institution in one of the experimental groups. These learning experiences are:

i. Monitoring his negative, automatic thoughts;
ii. Recognizing the connections between cognition, effect and behaviour;
iii. Examining the evidence for and against his distorted automatic thoughts (thereby challenging the distorted cognition);
iv. Substituting more reality-oriented interpretations for these biased cognitions; and
v. Learning to identify and alter the dysfunctional beliefs which predispose him to distort his experience.

Wikipedia (2012) outlined the following as the model of the basic steps in cognitive restructuring therapy:

1. Identification of problematic cognitions which is otherwise known as "automatic thoughts" (ATs), which are dysfunctional or negative views of the self world or future;
2. Identification of the cognitive distortion in the ATs;
3. Rational disputations of the ATs;
4. Development of rational rebuttal to the ATs.

Beck cited in Szentagotai (2005) describes cognitive restructuring process when he says it involves:

a) Identifying maladaptive cognitions;

b) Modifying maladaptive cognitions;

c) Assimilating adaptive cognitions.

Unfortunately, maladaptive thinking patterns are sometimes so strong and automatic prior to therapy that they tend to persist until new thinking habits become stronger and more general through practice. It is against this background that this study employed practical use of cognitive restructuring counselling technique in reducing occupational stress among female workers in tertiary institutions in Zaria metropolis.

2.5.1 Elements of Cognitive Restructuring

Ellis (cited in Jane & Steven 2003) gave the following as the key elements of cognitive restructuring:

a) Show clients the ABC of REBT. Show them how adversities (As) alone do not lead to their disturbed behavioural consequences (Cs) but that they personally contribute to their Cs by engaging in strong and persistent beliefs (Bs) about their As. Thus A x B = C

b) Particularly show clients that when they disturb themselves (at point C) they have powerful Rational Behaviours (RB) that largely consist of flexible preferences as well as strong Irrational Behaviours (IB) that are largely of absolutistic, rigid musts, should and other demands.

c) Show clients how to think, feel and act against their rigid IBs with a number of cognitive, emotive and behavioural techniques which interrelates with each other.

d) Show clients how to specifically dispute their IBs realistically and empirically, logically, juristically or pragmatically. Particularly, show them how to change their rigid, absolutistic demands on themselves, other people and world conditions to flexible, workable preferences.

e) Show clients that when they actively and persistently dispute their IBs they can create an effective new philosophy that includes strong rational coping statements that can help them to feel better and stay better.

2.5.2 Some Contradictions of Cognitive Restructuring

Despite the relative efficacy of Cognitive Restructuring, critiques of the therapy have observed some contradictions with it, which include:

a) Some individuals with Obsessive Compulsive Disorder and other severe thought disorders may take cognitive restructuring and the disputing of Irrational Beliefs to extremes and may become so absorbed in analyzing and changing their beliefs that they side track themselves from other useful techniques of the therapy.

b) Individuals who are rigidly convinced that changing their Irrational Beliefs cannot have any effect on their feelings may refuse to try to do so or may waste their time and energy by trying only half-heartedly.

c) People with abysmal self deprecation may severely blame themselves for trying to use this technique and failing.

d) Clients with abysmal low frustration tolerance may find it too hard to try and may give up on it.

2.6 Concept of Solution-Focused Brief Counselling Technique

Solution-focused Brief counselling technique focuses on the chief'strengths and solutions rather than seeking to explore the source of problem. It assumes that change is constant and clients have their own resources to overcome difficulties (Thomas & Nelson 2007). SFBC therapy is brief, meaning therapy should have a few Sessions, Gingerich and Eisengart (2000) pointed out that Solution-focused Brief therapy typically lasts six session or fewer. Free encyclopedia posited that SFBC technique focuses on what clients want to achieve through therapy rather than on the problems, that made them seek for help. It does not focus on the past, but instead focuses on the present and future. SFBC technique is different from previous Counselling technique that concentrated on identifying problems and trying to explain their origin. It focus is on solutions not the problems themselves.

With the framework of Solution-focused Brief Therapy, it is assumed that:

- All people have strengths and inner resources to solve life challenges. Change is one of life constants, not only is change possible it is always happening.
- The counsellors role in the therapy session is to help each client identify the change that is occurring and to help them increase that level of change.
- We do not need to know what caused a problem to be able to solve it.
- Change begins with small steps.
- The client is the expert on his life.
- The person is not the problem, the problem is the problem and
- If it's not working, do something different

In order to achieve the above, it is believed that questions are the basic tools of SFBC Technique. To understand the practice and applicability of the therapy Sharif (2004) has suggested the use of five types of questions. These are:

- Question that help the clients to describe what changes have already been made before the therapy
- Miracle question
- Exception finding question
- Coping questions
- Scaling questions.

Miracle question –these are questions that help to define client goal and bring about possible solution. It is a primary methods used to capture client preferred future.Counsellors uses miracle questions to encourage client to imagine a period of time in the future when the current difficulties do not exist. A typical miracle question is like, suppose that while you are sleeping tonight, a miracle happens and the problem which brought you here is solved. However,

because you are sleeping, you don't know that miracle has happened. So when you wake up tomorrow in the morning, what will be different that will tell you that a miracle has happened? Miracle questions require considerable skills to ask well. The questions must be asked slowly with close attention to the person's non-verbal communication to ensure that the pace matches the person's ability to follow the question.

Exception questions-Davis and Osborn (2000), viewed exception questions as circumstances in which the stated problem does not occur; occurs less often or intensely or is in some way different from its regular state. There are always times when the problem is less severe or absent for client. Counsellor should encourage the client to describe what difference circumstances that exist, in that case, or what he/she did differently; here, the goal is for the client to repeat what has worked in the past, and to help gain confidence in making improvement for future. Also, the counsellor creates stories that make it possible for client to learn from what they are already doing and to see success. In addition, the counsellor acknowledges the clients strengths by responding with either direct or indirect compliments, positive reframing or normalizing. Client learned to rely on their own strengths and resources by being asked exception question. These questions remind Client that problems are not "All powerful and have not existed forever" (Corey 2009, p.384).

Coping questions-This type of questions highlight the client abilities to cope with difficult events. They are designed to elicit information about client resources that will have gone unnoticed by them. The questions are crucial because clients gain strength based on reality as soon as they realize that they are personally equipped for and are already on the journey towards actualizing of their goals. For example, how can you go through this difficult situation? And what did you do to keep yourself together in such a difficult situation now?

Scaling questions- They are tools that are used to identify useful differences for the clients and may help to establish goals as well. They are also way of clients self evaluation which help the clients monitor specifically their motivation, confidence, coping, and progress on a numbered scale. Those numbers will point out whether the exceptions and possible solutions are realistic and achievable to create changes continuously. The clients is asked to rate their current positions on the scale, and questions are then used to help the clients identify resources, for example, on a scale if ten (10) means miracle happened, one(1) means the worst situation, which point would you say you are now at? Scaling questions gently push clients to become more and more specific about the next step in his/her solution.

2.7 Theoretical Framework

Several theories have been advance to investigate occupational stress. For the purpose of this study the following theories were discussed.

- Person-Environment Fit Theory.
- Conservation of Resource Theory (COR).
- Theory of Coping
- Job Demand Control Support Model
- Albeit Ellis Rational-Emotive Therapy
- Theory of Solution Focused Brief Therapy

2.7.1 Person-Environment Fit Theory (Lewin)

Previous theoretical work on motivational processes by Lewin and Murray formed the foundation of person- environmental fit theory, originally compiled by French and colloquies. (French & Kahn, 1962; French et at, 1974) and later developed and refined by Caplan (1983,

1987), Harrison (1985) and Edwards (1996) Edwards and cooper, 1990; Ganster and Schaubroeek, 1991); Person Environmental Fit Theory proposes that perceived job stress is a measure of the degree of fit or congruence between the individual and the environment (e.g., job dissatisfaction, anxiety, depression and absenteeism (Edwards, Caplan and Van Harrision, 1998). A discrepancy score is calculated to reflect the goodness of fit between the subjective person and the subjective environment on the need-supplies and demand abilities combinations. The discrepancy score predicts job stress, with a greater discrepancy indication greater level of stress (Dollard, 1996). Demands consist of quantitative and qualitative job requirements, and such as job complexity, longer hours, additional responsibilities and role expectations, group and organizational norms, whereas abilities include aptitudes, skills, training time and effort required for an individual to meet demands. Needs include innate biological and psychological necessities, motivation to achieve tasks, where as supplies encompass extrinsic and intrinsic resources. (Food, shelter, money social involvement and the opportunity to achieve) and rewards obtained to fulfill an individual needs (Edwards, caplan and Van Harrison, 1998).

This theory differentiates between objective representation of the person and the environment which comprises attributes of the person and situations and events that exist independently of an individual perception, and subjective representation of the persons and the environment which involve the persons own perception of his/her attributes, as well as situations and events (Edwards, caplan and Van Harrison 1998). The objective person and the environment are considered to be casually related to their subjective equivalents, although influence by perceptual distortions as well as structures that limit access to objective information in the workplace (Edwards, Caplan and Van Harrison 1998) once P-E misfit occurred, two outcomes are proposed. These are psychological, physical and environmental strains, which may lead to illness, and coping and deference strategies. Of particular relevance are behavioral strains,

which include smoking, over eating, absenteeism and frequent use of health care services. Coping effort amount to strategies which try to improve objective P.E- fit by either changing the person or by changing the environment. Defense on the other hand, involves an alteration of the subjective person of the environment, by imagining the environment to be different (Repression, projection or denial) in order to enhance subjective P-E fit. It is thought that defense strategies, although seemingly inferior to practical coping efforts, can be useful when the objective person or environment cannot be altered. Both coping and defense strategies are effectively implicated in reducing P-E misfit and strain (Edwards, Caplan and Van Harrison 1998) studies conducted by French et al. (1983) and Caplan et al (1975), using a random stratified sample of 318 workers in 23 occupations, together with studies conducted by locke (1969) House, (1972) Harrison (1976) and Kulka (1976), these studies supported P-E fit theory by revealing curvilinear, relationship between P-E fit dimensions and strain (D Lard 1996; Edwards, caplan and Van Harrison, 1998). Caplan study also reveals a link between P-E fit and psychological, and to a lesser extent physiological and behavioral strains, particularly for needs- supplies fit dimension, interestingly the results of caplan's study found that fit scores were better predictors of strain outcomes than isolated persons (p) or environment (E) competent.

The theory is related to this study because occupational stress in relation to person environment fit is viewed as a subjective appraisal, indicating that when resources become insufficient to fulfill the person's need, it results to unmet demands. The theory is strongly related to coping mechanism as it helps to improve an individual by changing the objective person (adaptation) or objective environment (environmental mastery) for instance, worker experiencing excessive workload/under load may seek for training to enhance his ability to cope with the demands of the job or learn to adapt through self effort and control which is the case by using CR and

SFBT. According to Botha (2003) the person-environmental fit theory states that stress in a work setting is attributed to the interaction of the individual with his work environment.

On a general dimension as opined by most of the authors, female workers are prone to conditional instability due to the combination effect of marital obligations as well as official engagement which is added by the required attention to be given to the head of the family. It is also informative that this theory demarcates a redline between realities of the person facing occupational stress on one hand and the environment which spells a different features of the individual and the event evoking stress. However, it can be concluded that the multiple roles played by female workers is grossly responsible and in conflict with stated work ethics that lack facilities.These tend to make female workers more stressful due to the subjectivity related problems of the theory.The psychological implication of this theory implies that conflicts of occupational stress generate stability through some other means by which the woman working get satisfied and contented. More importantly, when women roles are appreciated, they contribute much more in societal growth without stress.Through the literatures Person Environment Fit theory has greatly contributed to how organizations can help its workers to cope, adapt and become productive in their place of work. This information is important for reducing stress in tertiary institutions particularly among female workers.

2.7.2 The Conservation of Resources Theory (COR Hobfoll)

The theory has contributed immensely to studies on stress. Conservation of resources theory presents an objective or socially learned component (at group level) as well as a personal component (Hobfoll; 2001 b). It is termed a ‘resource-based coping theory’ and is distinguished from Lazarus’ process theory because it emphasizes ‘prior objective resources states and subsequent coping, rather than initial appraisal (Schwarzer 2001). The theory is also

differentiated from person environment fit theory in that it expands individual's perceptions (of P-E fit) to the examination of collective or communal perception (of objective resources)

According to conservation of resource theory, psychological stress occurs in any of these three contexts.

- The threat of an individual resource.
- Actual loss of an individual's resources.
- If an individual fails to gain resources following significant resource investment.

The theory proposed four categories of resources which could cause stress in individuals. These resources are as follows:

Objective resources: This relate to physical objects such as homes, clothing or access to transportation.

Personal resources: Skills and self efficacy.

Condition resource: Such as employment and personal relationship.

Energy resources: It is the means that facilitate the attainment of other resources such as money and knowledge.

The major principles of conservation of resource theory as stipulated in Hobfoll's (2001 a) are:

Principles 1: The primacy of resource loss. This principles contradicts (Holmes & Rahe 1967) that sees critical life events as the basis of stress which if individuals are force to readjust to circumstances that are negative and are perceived to be contrary to their views, they will experience stress.

Principles 2: Resource investment. People must invert resource in order to protect against resource loss, resource from losses and gain resource, for instance, individual with high esteem make use of social support when confronted with stress while those with low self-esteem in tempter it as an indications of personal inadequacy and consequently shun support because they don't want to be seen as lacking and being in need of help. This group of people can easily be consumed by stress.

The conservation of resource theory provides a better atmosphere in coping with invading stress arising from occupational stress among women. It is a consoling theory that potrays objectivity which is learned and manifested through the group system. In order words the theory provides person with multiple contacts whose role is crucial in softening the degree of stress. It is important to note that the theory expands the individual perceptions of different opportunities of overcoming stress by female workers. This in itself is a comforting response to the rising and multiple stresses that affects female workers. The theory has principally focused on the vital role resources played in an attempt for an individual to face challenges encountered in stressful situations.

2.7.3 Theory of Coping (Lazarus)

Lazarus and Folkman (1984) define coping as the "Constantly Changing Cognitive and behavioral efforts to manage specific external and or internal demands that are appraised as taxing or exceeding the resources of the person. Coping has to do with the way people manage life conditions that are stressful. Stress and coping are reciprocal of each other. Thus when coping is ineffective, the level of stress can be high; but when coping is effective, the level of stress is envisaged to be low. Coping can occur as a response to an event or in an anticipation of upcoming demands, but it can involve a proactive approach to self- imposed goals and

challenges (Schwarzer & Knoll 2007). Individuals use coping to avoid being harmed by life strain. The coping process is initiated in response to the individual appraisal that important goal have been harmed, lost or threatened (Folkman & Mosknowitz 2004). They further suggested that appraisal is characterized by negative emotions that are often intense. Coping responses are thus initiated in an emotional environment and often one of the first coping tasks is to down-regulate emotions that are stressful in and of themselves and may be interfering with instrumental forms of coping process throughout a stressful encounter as an outcome of coping as a response to new information, and as a result of reappraisal of the status of the encounter. If the encounter has a successful resolution positive emotions will predominate; if the resolution is unclear or unfavorable, negative emotions will predominate. For instance, if one is under the threat of losing job, the question of how to get income for sustenance becomes tough and may result to psychological stress.

According to Lazarus and Folkman's (1984) there are two types of Coping. Strategies; those aimed at resolving the stressful encounter and those utilized to regulate the unpleasant emotions that arise during the encounter. For instance, in case of resolving stress one uses the strategies of planning increasing effort and management of priority while for utilizing strategies like distancing, isolation and wishful thinking are to be applied. Different stress appraisal can lead to different coping responses. They conclude that coping which is cognitive and behavioural efforts made to master, tolerate, or reduce external and internal conflict that is prevalent in the person and environment remains to be learned in order to be able to manage stressors and stress situations. The types of coping strategies aligned to this study are cognitive restructuring and solution-focused brief counselling techniques to cope with the occupational stress experience among female workers in tertiary institutions.

2.7.4 Job Demand Control Support Model (Karasek)

The Job Demand Control was originally proposed by Karasek (1979), to which Johnson (1986) added the variable social support, later labeled the Demand-Control Support Model (MCS). Job Demands are broadly defined as psychological stressors, such as working at a fast pace, working intensely under time constraints, a high workload and work conflict. Job decision latitude refers to worker's authority to make decision on the job. Social support at work is defined as an overall experience to helpful social interaction received from both co-workers and supervisors (Cooper; 1998; Dollard, 1996). The D-C Model was later refined by Theorell and Karasek (1996) and introduced the variables physical exertion, job insecurity, and hazardous exposure.

Focused on work content, the theory posits that the constructs job demands, control decision latitude and social support vary independently within the work environment to the extent that different combinations of these variables (at high and low levels of each variables) produced different outcomes (Cooper & Dewe, 2001; Ganster & Schau- broeck, 1991). The first flaw associated with Karaseks demands control model of occupational stress is that it does not take care of individual differences, but it does have large influence on job design (Jones and Bright 2001). Although parkers (1991) mentioned the absence of the characteristics of individual in this theory, but Johnson and Hall (1988) opine that variable such as self-efficacy, Social support have been added to the job demands control model to fill those variables and some of other inadequacies observed. The model sees close supervision as contributing to the strains individuals experience on the job because unnecessary supervision result into little decision latitude on the part of the workers. These discourage them from getting the best out of the demands of the work.

The Roles of Social Support

Social support has been defined as some benefit derived from social interactions that assistrecipientscoping with stressful life circumstances' (Wine field, & Tiggemann 1992). They urge that the meaning of social support and benefit of supportive behaviours be derived from attention to the source as well as the type of support given that the meaning of potentially supportive behaviours by others varies according to the source of the world- be support.

Studies have indicated that social support attributes more variance in health outcomes than work related variables such as demand and control, or life stress variables including general health, financial distress or negative life events. (Winefield, & Tiggemenn, 1992; Fletcher & Jones, 1993. As a result, social support has played a substantial role in occupational stress models and theories of the last few decades (Kahn & Byosiere1992). Social support from colleagues and supervisors is a valuable resource that management may be able to influence, to improve the working life of workers. Karasek (1979) states that Job Demand Control Model measures quantitative work load or role conflict such as competing demands that result in high amount of time presence. Control is also measured as in the ability to make decision about how to complete job tasks where as strain is measured as psychological symptoms, depression and anxiety job strain as a component of stress at work in relation to workers performance and commitment to the organization or institution a problem to be critically addressed towards the efforts to reduce stress so as to improve workers well being and organizational success.

2.7.5 Rational-Emotive Therapy (Albert Ellis)

Albert Ellis was the founder of Rational Emotive Therapy (RET) in the mid-1950. He was one of the first therapists to emphasize the influential role of cognition in behaviour. He pioneered a

large number of thinking, feeling and activity oriented methods. The main goal of RET are to assist clients in the process of achieving unconditional self-acceptance and unconditional other acceptance and to see how these are interrelated.

The process of rational emotive behaviours therapy involves a collaborative effort on the part of both the group leader (counsellor) and the members (clients) in choosing realistic and self-enhancing outcome goals. The therapist's (counsellor) task is to help clients differentiate between realistic and unrealistic goals and self-defeating and self enhancing goals (Dryden, 2002). Ellis REBT theory is based on the following assumptions.

- Thinking, feeling and behaving continually interact with the influence of one another. Emotional disturbances are caused or contributed to by a complex of biological and environmental factors. To understand the theory with human problems it is not necessary to spend much time exploring the past or reliving emotional trauma of early childhood.
- When unfortunate events occur, we tend to create irrational beliefs about these events characterized by absolutist and dogmatic thinking. Typically, these irrational beliefs are centered on competence and success, love and approval, being treated fairly, safety and comfort.
- It is not unfortunate event by themselves that cause emotional disturbance; rather irrational beliefs about these events often lead to personality problems.
- Once irrational beliefs are discovered, they can be counteracted using a combination of cognitive, emotive, and behavioral methods. REBT has various techniques of showing us how to minimize our self sabotaging thoughts, feelings and behaviours.

- When we actively and persistently dispute our irrational beliefs, we can create an effective new philosophy that includes among others strong rational coping statements that can help us to feel better, get better, and stay better.

If we hope to change, we need to;

- Acknowledge that we are mainly responsible for our own disturbed thought, emotions, and actions.
- Look at how we are thinking, feeling, and behaving when we needlessly disturb ourselves.
- Push ourselves to the hard word that it will take to change.

According to Ellis (200la; 200lb.) feeling of anxiety depression, rejection, rage, guilt, and alienation are largely initiated and perpetuated by a belief system based on irrational ideas that were uncritically embraced often during early childhood. He contends that most of our dysfunctional belief can be reduced to three main forms of "masturbation".

- Demands about self
- Demands about others
- Demands about the world.

Albert Ellis REB Therapy deals with psychological treatment, in addition to which it not only deals with emotional and behavioural aspect of humans but also stress management. He explains the cognitive restructuring technique by way of using ABC model.

A – Activating Event

B – Belief

C – Consequence of A and B for instance.

A = I work day and night at office, but my boss does not recognize my inputs for the company but instead he increases my work load.

B = I did my best but I am not recognized, for my hard work and I can't manage such a big workload.

C = stress.

Albert stressed that, the reason for C, which is stress cannot be A but B, because rationally we alter the situation that come up in our life or shape the mind of others. So the consequence that results depends upon our beliefs (Sukumar, 2011). In such a situation, one has to analyze his strengths and weakness to deal with situation appropriately. Mills, Reiss and Dom beck (2012) have also viewed cognitive restructuring as a technique drawn from cognitive therapy that can help people identify, challenge and alter stress inducing thought patterns and beliefs. They further indicated that the end goal of it is to enable people to replace stress inducing thought habits with more accurate and less rigid thinking habits. According to Scott (2012) Cognitive Restructuring is a process of identifying, recognizing, challenging and changing cognitive distortions and negative thought pattern. ; Hope, Burns, Hyes, Herbert and Warner (2010) and Scott (2012) have given four steps in Cognitive Restructuring. These are:

1. Identification of problematic cognitions known as "automatic thoughts" which are dysfunctional or negative views of the self, world, or future.

2. Identification of the cognitive distortions in the automatic thoughts.

3. Rational disputation of automatic thoughts with the Socratic dialogue.

4. Development of a rational rebuttal to the automatic thoughts.

Hope, Burns, Hyes, Herbert and Warner (2010) identified six types of automatic thoughts.

The six types of automatic thoughts are:

1. Self-evaluated thoughts.

2. Thoughts about the evaluations of others.

3. Evaluative thoughts about the other person with whom they are interacting.

4. Thoughts about coping strategies and behavioral plans.

5. Thoughts of avoidance.

Alutu (2007) stated six assumptions about human nature in Rational Emotive Therapy, these are:

1. Man is uniquely rational (self constructive), as well as irrationally (self defeating), when he is thinking and behaving rationally, he is effective, happy and competent.
2. Emotional or psychological disturbance- neurotic behaviour is a result of irrational and illogical thinking. Thoughts and emotion are the same; emotion accompanies thinking and it is biased, prejudiced and highly personalized thinking.
3. Irrational thinking originates in the early illogical learning that the individual was exposed to by his parents and his culture.
4. Since human beings are verbal animals, the phrases and sentences that we keep telling ourselves frequently are or become our thoughts and emotions (that is, self-talk or internalized sentences). Thus any human being who gets disturbed is telling himself a chain of false sentences.

5. Continuing states of emotional disturbance is as a result of self-verbalizations, not by external circumstance or event, but by the perceptions and attitude towards these events that are incorporated in the internalized sentences about them.
6. Negative and self-defeating thoughts and emotions must thus be attacked by reorganized thoughts so that thinking becomes logical and rational rather than illogical and irrational.

2.7.6 Theory of Solution-focused Brief Therapy

The origins of the development of Solution-focused Brief Therapy can be traced back to de Shazer and colleagues (Watzlawick, Weakland, and Fisch, 1974; Fisch, Weakland, and Segal, 1983) at the Brief Therapy Center of the Mental Research Institute (MRI) during the late 1970's. The brief therapy approach at MRI tried to resolve a client's problem in a shorter period of time (within a 10 session limit), as opposed to the traditionally longer psychodynamic therapeutic approaches. The rationale for this session Limited approach was because earlier studies (Garfield, 1978; Gurman, 1981; Koss, 1979) showed clients stayed in therapy an average of 6-10 sessions regardless of the therapist's Plans or modality (de Shazer, 1985). However, brief therapy, as viewed by de Shazer and Colleagues at MRI, went beyond just fewer therapy sessions. They believed clients Wanted to be freed from their problems as quickly as possible; therefore, it was the Therapist's ethical duty to make the most use of that limited contact. Because the Practitioners at MRI believed in shorter number of sessions for the clients' sake, the focus of the counselling sessions was not on trying to understand the root cause of the problem. Instead, the emphasis was to find effective ways of thinking about the problem and practical ways of dealing with it (Furman & Ahola, 1994).

Solution-focused Brief Therapy (SFBT) is a strength-based intervention that is founded in the belief that it is important to build on their sources and motivation of clients because they know

their problems the best and are capable of generating solutions to solve their own problems (Miller & de Shazer, 2000). Originating in the early 1980s at the Brief Family Therapy Center (BFTC) in Milwaukee, Solution-focused brief therapy was developed inductively by two social workers, Steve de Shazer (1985, 1988) and Insoo Kim Berg (1994), and colleagues (Berg & De Jong, 1996; Berg &Miller, 1992; Cade & O'Hanlon, 1993; Lipchik, 2002; Murphy, 1996) who wanted to study effective and brief therapeutic techniques for helping clients change. Solution-focused Brief Therapy uses carefully posed questions that purposefully use communication tools from communication science that change that perceptions through co-constructive language, combined with collaborative goal setting, and the use of solution-building techniques that occur between therapist and client (Bavelas, Coates and Johnson, 2000, 2002; Bavelas, McGee, Phillips, and Routledge, 2000;McGee, Del Vento, and Bavelas, 2005). These carefully constructed communication processes are believed to be the key components to helping client's change. Solutions emerge in perceptions and interactions between people and problems are not to be solved solely by the therapist but rather solutions are co-constructed with the client(s). In Solution- Focused or Brief Therapy, the counsellor and client may work on specific challenges such as improving work effectiveness or may set goals for many components in the client's life. For example, in reviewing a whole job inventory, the client may be asked where she or he would like to be in these areas and the strategies she/he has about how to achieve these goals.

The therapy is built on seven basic philosophies and assumptions. These are:

- Change is both constant and certain.
- Emphasis on what is changeable and possible.
- Clients must want to change.
- Clients are the experts and outline their own goals.

- Clients have resources and their own strengths to solve and overcome their problems.
- Therapy is short-term.
- Focus on the future - history is not essential.

These concepts are key building blocks in the formation of the Solution-focused Brief counselling approach.

SFBC emphasizes present and future circumstances and desires over past experiences. Very little research has still been conducted on SFBC therapy. The treatment outcome research on SFBC technique is building very slowly. Some reasons have been advanced to explain the slow paces of empirical investigation for SFBC technique. These are;

SFBC technique view is that, intervention begins at the assessment stage. Most measures tend to be problem focused in nature; therefore, assessment period devoted to a problem focus would detract from the strengths orientation of Solution-focused therapy.

The second reason is attributed to it brief focus. An argument can be made that change may not be apparent after only a few sessions as assessed by standardized measures, and requiring person to attend a certain standard length of treatment goes against the tenants of Solution-focused therapy.

Another major explanation for lack of research involves in Solution-focused Brief therapy is it constructivist origins. The constructivist viewpoint is that knowledge about reality is constructed from social interactions (Berg and de Jong, 1996). Sharing perceptions with others, through language and engaging in conversational dialogues is the medium by which reality is shaped (de shazer, 1994) Thus, Solution-focused counsellor uses language and questioning to influence the way clients view their problems, the potential for solution and change.

Cognitive Restructuring as a counselling technique focuses on changing the cognitive structures or Mental sets of clients. Solution-focused brief technique grooms the clients to find solution for his problem not minding the cause of the problem. Thus the conduct of the treatment sessions in this research work will be guided by two of the theories discussed in the literature. These are Albeit Ellis Rational-Emotive Therapy and Solution-focused Brief Therapy.

Albert Ellis ABC model is related to the use of Cognitive Restructuring in this study because the respondents would receive a form of guide for the reduction of occupational stress. The researcher believed that identifying negative authomatic thought by the respondents and thinking of better alternatives, the respondents will learn to replace the negative thought with more realistic ones. Cognitive Restructuring help people identify challenge and alter stress inducing thought patterns and beliefs. Thinking, feeling and behaving continually interact with the influence of one another. Albert REB is related to this study because it deals with psychological treatment, in addition to which it not only deals with emotional and behavioural aspect of humans but also stress management.The end goal of it enable respondents to replace stress inducing thought habits with more accurate and less rigid thinking habit. Also the theory help respondents (clients) differentiate between realistic and unrealistic goal and self-defeating and self-enhancing goals.

The theory of Solution-focused therapy is related to this study because it founded on the belief that clients know their problems the best and are capable of generating solutions to solve their own problems (miller & De shazer 2000). The researcher believed that the application of the theory would help to reduce the occupational stress of female workers in tertiary institutions; also it would enhance their work efficiency. The technique of Cognitive Restructuring counselling technique uses carefully posed questions (such as miracle, coping and scaling

questions) that purposively use communication tools from communication science that change the perception through co-constructive language, combine with collaborative goal setting and the use of Solution-building technique between counsellor and clients.The researcher believed that carefully constructed communication processes are believe to be the key components to helping the respondents change.

Lewin Person environmental fit theory proposes that perceived occupational stress is a measure of the degree of fit or congruence between the individual and the environment.The theory differentiated between the objective representation of the person and the environment. The objective person and the environment are considered to be casually related to their subjective equivilents, although influence by perceptual distortions as well as structures that limit access to objective information in the workplace. The theory is related to this study in the sense that coping effort amount to strategies which try to improve objective person environmental fit by changing the person or by changing the environment.

Conservation of Resource theory provides a better atmosphere in coping with invading stress and fatigue arising from occupational stress. It is a consoling theory that portrays objectivity which is learned and manifested through the group system. The theory is related to this study because it provides respondents with multiple contacts whose role is crucial in softening the degree of stress and fatigue in the workplace. The researcher believed that the theory expands the individual perceptions of different opportunities of overcoming occupational stress.

2.8 Empirical Review

This section of the chapter examined some empirical review to this research.

According to National Institute of Occupational Safety and Health (2001) in a survey reported that 60% of women workers have indicated that stress is a great problem for them. They have cited that the following are the major sources of stress during job for female employees, role conflict and role ambiguity, poor relationship with other workers, burden of work, poor working environment, monotonous and repetitive work, lack of control over job, demands and so on.

Gyllensten (2001) indicated that there is statistically significant difference in the stress levels of employees based on their gender. With female experience more stress than male. And physical conditions are considered as a most stressful factor for females. Male experiences less stress with physical conditions. Females were found to experience more stress than male. They are more affected by physical conditions such as noise, lightning and so on.

Adeoye (2002) in her study on Correlates of stress among female academics at the University of Ilorin, found out that the dual roles of female lecturers as wives and mothers as well as lecturers, is a major source of stress. She further showed that while husbands go to clubs and other relaxation centers to unwind, the female lecturer goes home to work and attend domestic chores and care for the children.

Nadeem (2001) in his study on Causes of stress among private and public banks employees; indicated that overload, role authority, role conflict and lack of senior level support contribute more to the occupational stress.

www.ukessays.com indicated that heavy load of work/burden, monotonous work, lack of support from co-workers are major stressors in work set-up. Further, it is reported that job stress affect performance of employees.

Bickford (2005), research paper indicated that the most stressful type of work is that where demands and pressure are not matched with skills of employees and where there is no opportunity, control and support from others.

National Institute of Occupational Safety and Health (1999) research study on Gender and job stress finds that sex discrimination and role conflict, ambiguity and family demand may have more severe effect on female employees. Stress can be reduced in the organization by introducing a change in the workplace. It may result in the reduction of stress levels for both workers male and females. The organization should promote family friendly policy, discourage sex discrimination.

Devadoss and Minnie (2013) released a global survey of almost 30,000 workers which showed that female suffered more occupational stress than their male counterparts. According to the survey, the institute concluded three points. Firstly, women stress levels were 10% higher for those in supervisory positions; secondly, women had 8% higher stress in service and production jobs than men. Finally, women in middle and upper management had 6% higher stress levels than men in the same position. So workplaces should pay more attention on helping female workers to release stress (Wikipedia, the free encyclopedia 2003).

Anonymous (2014) states that work-related stress as reported by European Union, at least 40 million workers in it 15 member states were affected and that it costs the European Union approximately 20 billion annually. It is now widely acknowledged that stress at work is a very common problem and that it has a very high cost in terms of workers health, absenteeism and lower performance. Twenty five percent (25%) of workers who reported an injury or illness felt that they suffered from stress while at work.

Antoniou, Polychroni and Valachakis (2006) reported in a Saudi Arabia survey that the main source of stress for employees working in private organizations is lack of knowledge about their performance evaluation results, while this is not the case for employees working in public organizations; Saudi employees have the highest levels of stress, with Arabs second, Asia third, while westerners (Europeans and North Americans) registered the lowest levels of stress; employees who are less than 30 years old, experience the highest level of stress; employees with six-to-ten years of experience show the highest level of stress; and there is significant inverse relationship between educational level and stress level.

Lakhwinder Sing Kang (2005) tries to investigate the various stressors related with the job of a medical representative. A sample of 140 medical representatives was taken for the purpose of the study. The results showed interference of job in personal life, unsupportive colleagues, Work load, and continuous pressure for improved performance, have been found to be causing stress among the medical representatives.

Anitha (2006) in her study on Occupational stress: identified the degree of life stress and role stress (LS & RS) experienced by professional women. It also studied the Effect of life stress and role stress on various demographic variables like age, experience and income. A sample of, 180 women professionals (six different occupations) were chosen, the result showed that science and technology professionals and doctors experienced significantly greater of life stress and role stress. Dhanal- akhsmi (2008) in her study on "Actors Predicting Stress of Employees in a Public Transport Corporation" measured the level of stress of the transport corporation employees and also studied the factors that could predict stress. It was found that the employees experienced moderate level of stress. Furthermore, stress was predicted by working environment and safety and security.

Yahaya (2006) investigated the effects of Cognitive Restructuring on the attitude of secondary school students in Ilorin towards HIV/AIDS patients. The study revealed that the Cognitive Restructuring training programme employed was effective in modifying the subject attitude of the experimental group were better than the control group after the exposure to treatment packed. While the experimental group was exposed to the Cognitive Restructuring training programme, the control group was not. The finding was further confirmed by the fact that the attitude of control group was not significantly different from that of the experimental group at pre-test level and there was no significant difference in the pre-test and post-test attitudes of the control group. The study used one of the counselling techniques the current study used, but the dependent variables are different.

Mora, (2007) investigated the Effectiveness of Cognitive Restructuring on truancy among secondary school students in Kaduna. The study revealed that Cognitive Restructuring employed to experimental group was effective in the subjects' truant behaviour. The attitude of the experimental group was better than the control group after exposure to treatment packaged. The finding was confirmed by the fact that the efficacy of Cognitive Restructuring strategy as a psychological instrument for the modification of truant behaviour proves effective.

Antoni (2003), in his study on anxious student's academic behaviour, used Cognitive Restructuring to determine the level of contention that unrealistic self-statements may be responsible for various forms of academic anxiety, which affects students. In his study, he used 102 students identified as low achievers who were randomly split into two groups, of experimental and control groups, aged between 13 – 19yrs, with mean of 16 and SD of 9.1, he adopted 5 variables which included teacher experience, self concept, self statement, school size and peer group.

Analyzed data from both the experimental and control group, showed that students who used Cognitive Restructuring in the treatment group, performed better as it was recorded that their anxiety level reduced and their self esteem boosted, from their post test results. Also measures of anxiety in the students from the control group, correlated positively, with their performance recorded on their self statements. This was found to be their reason for poor performance in school subjects which invariably leads to poor academic achievement.

Dahir and Stone (2006), in their study used Cognitive Restructuring to assess students' on-line discussion, as a strategy for cognitive development. 22 freelance students made up the sample, comprising 12 boys and 10 girls, all teenagers. They were also identified as students who were conversant with computer manipulations. The 37 students were assessed on prior knowledge and logical statements only two days into the assessment. After a six day on-line rotational discussion, participants were reassessed on prior knowledge, logical statements and cognitive restructuring techniques. The post-test results showed that, when Cognitive Restructuring techniques were used, the students performed better in logical statements.

Hassan and Okatahi (1990) studied forty eight (48) undergraduates, who were certified as test anxious. They were randomly assigned to three groups namely: Cognitive Restructuring, implosive therapy and no treatment groups. The two treatments were found to be effective in reducing anxiety, although only Cognitive Restructuring treatment resulted in improving academic performances.

Adeyemi and Uwakwe (2014) investigated the Effectiveness of Cognitive Restructuring and Social Decision-making techniques on truancy behaviour reduction among secondary Adolescents in Ibadan. The study revealed that Cognitive Restructuring technique employed to

experimental group A was effective in the reduction of truancy among secondary school adolescents.The finding confirmed the technique as potent in desirable behavior enhancement.

Ellis (1982) applied Cognitive Restructuring to the treatment of hostilities arising from marital conflict and to problems of sex, love and marriage. During therapy, as the couples begin to learn and apply the Cognitive Restructuring principles, they become less disturbed about their differences and as they become less disturbed, they are much better able to minimize their incompatibilities and to maximize their compatibilities.

Ogugua, (2010) investigated the Effects of Cognitive Restructuring in enhancing maths achievement of adolescent in secondary school. The findings of the study revealed that Cognitive Restructuring is effective in enhancing student'smaths achievement and also female students gained higher mean achievement scores than their male counterparts.

Oliha (2014) investigate the Efficacy of contingency management and Cognitive Restructuring in the reduction of truancy group of secondary school adolescents. Result showed that Cognitive Restructuring is effective in the reduction of truancy.

Gingerich and Eisengart (2000) conducted a review, categorizing the fifteen studies they found according to their quality in terms of research design. Five well controlled studies were identified; all of which showed positive outcomes, since then, other studies have been conducted. Four found SFBC technique to be better than no treatment or standard institutional service and one found SFBC technique to be comparable to a known intervention. Findings from remaining ten (10) studies which are consider moderately or poorly controlled, were consistent with a hypothesis of SFBC technique effectiveness. It has been concluded that the 15

studies provide preliminary support for the efficacy of SFBC technique but do not permit a definite conclusion.

Zimmerman, Jacobsen, Maclntyre and Watson (1996) evaluated the Effects of a Solution-focused parenting group on parenting skills and perceived family strengths. Parents experiencing difficulties with their adolescents behavior were recruited through a newspaper advertisement and respondents were randomly assigned to an experimental (N=30) or wait-list control (N=12) group. All subjects completed the parenting skills intervention (PSI) an 84 – items self report questionnaire with 7 subscales designed to measure parenting skills, and the family strengths assessment (FSA), a 12 – item measure of family happiness.

Five experimental parenting groups, each composed of 6 – 8 parents met weekly for six 30 – minute sessions. Graduate students in the marriage and family therapy program. At Colorado State University facilitated the groups under faculty supervision. Direct comparisons of the post-test scores of the SFBC technique and wait-list group's revealed statistically significant (t – test) differences for the total PSI score and several PSI subscales: role image, objectivity, communication and limited setting subscale of PSI and the FSA total score.

A strengths of the Zimmerman et al (1996) study is that it targeted a specific population (parents experiencing adolescent conflicts); however, subjects were self selected, casting doubt on what populations the findings can be generalized to. Finally, comparison Solution- focused technique subjects with wait-list (no treatment) subjects does not control for attention effects that may go along with treatment, resulting in what chambless and Hollon (1998) call a possibly efficacious but not specific treatment. In other words, although subjects appeared to benefit from the intervention, it cannot be determined that the benefit was due specifically to the Solution-

focused technique intervention as opposed to the nonspecific effects that presumably accompany any intervention.

Cockburn, Thomas, and Cockburn (1997) evaluated the Impact of Solution-focused technique on psychosocial adjustment and return to work for patients with orthopedic injuries. The study sample was comprised of 48, patients and their spouses, referred by an orthopedic surgeon on a rehab programme designed to prepare patients for work re-entry. Subjects had to be first –time recipients of a worker compensation claim, married to a spouse who is employed fulltime, not currently on prescription drugs, and without other medical problem that could compromise the study. Subjects were randomly assigned to one of four groups, following a Solomon four group design.The intervention for treatment groups 1 and 3 consisted of 6 weekly one hour session of Solution-focused technique plus the standard rehab programme. Control group 2 and 4 received only the standard rehab programme. Pre-test data were collected from treatment group 1 and control group 2. Using the family crisis oriented personal evaluation scales (F-copes) post-test data were collected from all the 4 groups using the (f-Copes) and psychosocial adjustment to illness scale-self-report. (PAIS-SR)

Result of the study indicated that patients in Solution-focused technique groups had significantly better psychosocial adjustment and social support than patient in the control group. Within 7days after completion of treatment, 68% of subjects in the treatment groups had returned to work as compared to only 4% of subjects in the control group. By 30days after treatment 92% of the Solution-focused technique patient had returned to work as compared to 47% of control group patients.

Landforess and Magmission (1997) studied the Effectiveness of a Solution-focused technique network intervention in reducing recidivism for prisoners incarcerated at Hage by Prison in

Stockholm. The population consists of serious criminals with high recidivism rates, disciplinary problems and long histories of drug abuse and contact with correctional and social welfare agencies prisoners who had 2-10 month Solution-focused technique to serve and were willing to participate in the study were randomly assigned to a Solution-focused technique treatment group (N-30) or group (N-30) treatment lasted for 1-12 sessions, with an average of five session. At 12 months after released, Prisoners in the treatment group had a recidivism rate of 53% compared to 76% for the Control group, and differences remained statistically significant.

Seagram (1997) evaluated the Efficacy of Solution-focused technique for improving attitudes and behaviors and reducing antisocial thinking and behaviour in adolescent offenders in a secure facility for youthful offenders. The study sample consisted of 40 youths who were rank ordered according to sentence and then alternately assigned to the treatment or the control group to ensure comparability on seriousness of offence. Participants had to have a diagnosis and a history of refusal to take medications to be eligible for the study.

All subjects attended a group orientation session and three individual assessment sessions prior to the treatment Participants beginning 10 weekly Solution-focused therapy session outcome measures included the Jesness Behavior Checklist Recidivism Scales, Achenbach Youth Self Report Carlson Psychological Survey, Coppersmith Self Report Esteem Inventory, and a Solution-focused Questionnaire Developed by Seagram. Result on the Solution-focused Questionnaire indicated that the treatment group made more progress in solving problems and had higher confidence in the ability to maintain changes than did the control group.

Triantafillou (1997) assessed the Effectiveness of Solution-focuses technique to mental health supervision. The result concluded that “treatment” effects indicate that Solution-focused supervision can lead to reduction in the frequency of clients’ episodes of aggressive and anti-

social behaviour as well as to reductions in the use of psychotropic medication to control these episodes.

Eakes, Walsh, Markowski, Cain and Swanson, (1997) Conducted a pilot study using SFBT with schizophrenic clients and their families. Ten clients diagnosed with schizophrenia, who was receiving services from a community mental health center, and their families were recruited for this study. The study compared the pre-test and post-test scores on the families environment scale (FES) in an experimental and control group, with the experimental group receiving session of SFBT, and the control group receiving five session of tradition follow-up therapy. The mean pre-tests scores and mean post-test scores for the experimental and control group were analyzed using Anova procedures. Statistically significant differences were found for the expressiveness, active- recreational and incongruence scales of the FES. The authors indicated that their data showed that the families receiving SFBT showed increased scored on the scale measuring expressiveness and active-recreational orientation. The experimental group also showed decreased scored on the congruence scale, which indicated that the families receiving SFBT increased their agreement on issues surrounding social climate.

Bank (1999), Assessed SFBC Therapy with a group of eight adolescents to tests its effectiveness in reducing bullying behavior, participants in the group met once a week for four weeks, each session lasted 55 minutes. SFBC Therapy was utilized with the treatment participants in a way that would help them recognize when they were not bullying, to help participants recognize what pro-social behaviour they were using and how others were responding to their pro-social behaviour. Result uncovered that participants had deceased their bullying behaviour and utilized more appropriate pro-social behaviour at the conclusion of treatment. In addition, a six-month follow-up of the eight students participating in the treatment,

found that only two students of the original eight had been identified as displaying bullying behaviour since completing treatment.

Springer, Lynch and Rubin (2000), tested the Effects of Solution-focused Brief Therapy with Hispanic- American Children of incarcerated parents. Using pre-test post-test non-equivalents comparison group design, a total of ten subjects participated in the study: five in the experimental group and five in the comparison group. Treatment and comparison group participants completed the Here Self-esteem Scale (HSS) which consisted of three 10-item subscales that measure home, peer and school related Self esteem.

Result of the study indicated that experimental pre-test post-test scores increased 4.6 points whereas comparison group pre-test post-test scores decreased 1 point. Also the wilcoxon Signed-Rank Test (Similar to paired t- test statistical analysis) revealed significant differences in pre-test and post-test scores for the experimental group and no significant differences in pre-test and post-test scores for the comparison group.

Gensterblum (2002) Evaluated Solution-focused Brief Therapy to the foundation – a residential facility for mentally and emotionally impaired youth ages 7-18. In the study a pre-test post-test was utilized to evaluatethe effectiveness of SFB Therapy on the adaptive behaviour of residents. The result found a statistically significant decrease in maladaptive Behaviour.

Newsome (2004) studied the Effectiveness of Solution-focused Brief technique on grades and attendance for middle school students identifies as at-risk with academic and attendance problems. Fifty-two students participated in this pre-test post-test comparison group design, study with 26 students receiving the SFB technique intervention and 26 students not receiving the intervention. The experimental group met for one class period (35 min) for 8 weeks during which the group facilitator used various SFB techniques such as Scaling questions, Miracle

questions, goals and homework tasks. Measures for this study consisted of grade point averages and students attendance.

Grade for students in the experimental group increased from a mean pre-test score of 1.58 to a mean post-test score of 1.69 while grades for the comparison group decreased from a mean pre-test score of 1.66 to a post-test score of 1.48. The results of the regression testing differences between experimental and comparison group on post-test grade point average scores were statistically significant when using pre-grade point average as the covariate, however the proportion of variance (R^2) was not large. A medium effect size (d= 43) was calculated by the author for Newsome (2004) study. As for the other dependent variable, attendance, there was no statistical difference between the experimental and comparison groups (Newsome 2004).

Stams, Dekovic, Buist, and de Vries (2006) conducteda meta-analysis of 21 international studies including 1421 clients to achieve quantitative evidence for the efficacy of SFBT. They found that although Solution-focused Brief technique does not have a larger effect than Problem-focused Therapy, it does have a positive effect in less time and satisfies the client's need for autonomy more than do traditional forms of psychotherapy.

2.9 Summary

The chapter was a reviewed of work done in the area of occupational stress and other related variables. Occupational stress, as stress involving work where the demands of the work do not match with the capability of the worker. Causes and consequences of occupational stress, theoretical framework have all been reviewed, which showed that occupational stress like other social problems can be reduce.

Theories by scholars and specialist were discussed, which provide a broad based knowledge about the independent and dependents variables, these include person-environmental fit theory, conservation of resource theory, theory of coping, CBT and theory of SFBC therapy.This helped in providing a linkage for application and further research usage.

Literatures on Cognitive Restructuring and Solution-focused Brief counselling techniques were discussed. It was found that occupational stress is detrimental to health; this can be reduced by the application of counselling techniques such as CR and SFBC techniques.

Empirical reviewed on occupational stress, Cognitive Restructuring and Solution-focused Brief counselling techniques were also discussed. Attempts have been made locally and internationally to reviewed studies on occupational stress and the use of Cognitive Restructuring and Solution-focused Brief counseling techniques on other social issues.

It should be mentioned that of all the studies reviewed, no literature was available to the researcher on the Effects of Cognitive Restructuring and Solution-focused Brief Counselling techniques in reducing occupational stress. Also no local studies done with Solution-focused Brief counselling technique. This study therefore, provide empirical study that explained how effect the techniques were in reducing occupational stress among female workers in tertiary institutions in Zaria metropolis.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter presents detailed account of the research design and procedures for the study. These include:

- Research design
- Population of the study
- Sample and sampling technique
- Conceptual model
- Control of intervening variables
- Instrumentation
- Validity of the instrument
- Reliability of the instrument
- Procedures for data collection
- Procedure for data analysis

3.2 Design of the Study.

The design adopted for the study is quasi experimental design involving pre-test post-test control group design. It involves the manipulation of one or more independent variables, but there is no random assignment of subjects to conditions (Kolo, 2003). In view of this, the researcher used intact groups (Two experimental groups and one control group). The first experimental group was exposed to Cognitive Restructuring counselling technique, while the

second experimental group was exposed to Solution-focused Brief counselling technique. The control group received no treatment.

The designed is symbolically represented as:

Pre-test-Post-test-Control Group Designed

G1 01 x 02 ＼ Experimental groups

G2 03 x 04 ／

G3 05 06 ——— Control group

The first and second rows represented the Experimental groups, while the third row represents the Control group. The representations were as follows:

G1= Experimental group 1 (Cognitive Restructuring Counselling technique).

G2= Experimental group 2 (Solution-focused Brief Counselling technique)

G3= Experimental group 3 (control group)

01, 03 and 05 represent the observations before the commencement of the treatment (pre – test).

02 04 and 06 represent the observation after the treatment (post-test)

X represents the treatment.

From the symbol and explanation it can be adduced that the designed involves three groups. Two groups received treatment while one served as control group. There was pre-test for the entire group before treatment and post-test after the treatment.

3.3 Population

The population of this study consisted of all female workers in tertiary institutions in Zaria Metropolis. The institutions selected were: Ahmadu Bello University, Zaria Federal College of Education, Zaria and Nuhu Bamall Polytechnic, Zaria. Ahmadu Bello University with a population of one thousand eight hundred and twenty five (1825) female workers, Federal College of Education, Zaria with a population of six hundred and eighty three (683) female workers and Nuhu Bamalli Polytechnic, Zaria with a population of one hundred and ninety one (191) female workers. All the three tertiary institutions had a total population of two thousand six hundred and ninty nine (2699) female workers.

Table 3.1 Distribution of Female workers in Tertiary Institutions in Zaria Metropolis.

S/No	Name of institutions	Number of female workers
1.	Ahmadu Bello University, Zaria	1825
2.	Federal College of Education,Zaria	683
3.	NuhuBamalli polytechnic, Zaria	191
	Total	2699

(Source: institutions registry department 2014).

3.3.1 Sample and sampling technique

The sample size for this study was made up of thirty six (36) respondents which were drawn from the population of 270 female workers who were occupationally stressed after scoring of the pre-test. Purposive sampling technique was used in selecting the sample from the population

of occupationally stressed. Three groups were used for the study (two treatment groups and one control group). The category of respondents for treatment groups were those that have showed high level of symptoms of occupational stress considering the total score after the pre-test results of 3.0 or above.

Regarding the group size, the treatment groups in each of the institutions were twelve (12) respondents. This is because Borg and call (1990) suggested that 12 numbers per group as an ideal number for group counselling. Therefore, the sample size for the study was 36 female workers in the three selected tertiary institutions whom were occupationally stressed. It should be noted that purposive sampling technique offers justification for the respondents chosen as well as the proportionate figures given and sourced for this study.

3.4 Conceptual Model

The conceptual model deals with the variables that the study concentrates on. The variables that were used in this study are dependent and independent variables. The researcher manipulated the independent variables to see its effects on the dependent variable. The independent variables were Cognitive Restructuring and Solution-focused Brief counselling techniques and the dependent variable was occupational stress. There is also what is called intervening variables- the variables that could prevent the researcher attributing the changes observed in the dependent variable to the effects of the independent variables.

3.4.1 Control of Intervening Variables

The aim of the researcher is to consider the exact effect or otherwise of the independent variables on the dependent variable. It is important to control the intervening variables effectively, so as to justify the changes observed by the independent variables on the dependent

variable. The major anticipated intervening variables of this study are; Interaction, Experimental mortality, Testing twice, Absenteeism

Interaction-The researcher as much as possible kept the treatment and control groups' separate. The two treatment groups were in different institutions likewise the control group is in another institution. The division could help to prevent respondents of one group knowing the respondents of the other group particularly after pre-test. Respondents from Ahmadu Bello University went through Cognitive Restructuring counselling technique while respondents from Federal College of Education, Zaria went through Solution-Focused Brief counselling technique. Respondents from Nuhu Bamalli Polytechnic remained as control group without any treatment.

Experimental mortality-It is possible while the experiment is going on; some of the respondents might dropout. To control this, the researcher sampled more respondents than required right from the result of pre-test. After the treatment process, post-test of the exact number of respondents selected in each group was used in the analyses.

Testing twice-Testing twice, that is, in pre-test and post-test is likely; the familiarity with the pre-test items can affect the Respondents' response in the post-test. To control this, each of the administration of the inventory (pre-test and post-test) was preceded by appeal to the respondents to be honest as their responses will be treated confidential.

Absenteeism-In order to ensure that respondents attended the treatment sessions, despite much commitment in their workplace and at home, the researcher from the beginning clarified to the respondents the importance of the treatment experiences, which to be emphasized at the beginning of every session. The interaction was made interesting where all respondents were involved. In addition, refreshment was served to motivate respondents to attend the sessions.

3.5 Instrumentation

Job Stress Inventory (JSI) was used for pre-test and post-test. The inventory was constructed to measure both generic and specific stressors and in particular, work related areas. The job stress inventory measures nine sources of occupational stress identified by one or more of its nine scales. Examples of organization stressors that can be identified via the JSI include concerns for safety, uncertainty about the job performance or working conditions, problems with management style or organizational structure, work overload, and lack of skills and abilities of co-workers.

3.5.1 Description of the instrument

Job stress inventory (JSI) was developed by some professional psychologists with trade mark of Alliant International University, California U.S.A (2004) it was developed to provide a tool to measure relative levels and sources of stress in the workplace. JSI is empirically based, normed and lends itself to a variety of workplace applications. It can be used in a broad spectrum of an organization (manufacturing services, and research and development) and for a wide range of job levels (production workers, supervision, clerical workers, and manager's). The instrument contains fifty (50) items that can be used to measure the different types of symptoms of job stress. But for the purpose of this study twenty (20) items used by Arokoyo (2012) was adopted having two sections A and B. Section A contained the Demographic Data (Age, Marital status, name of institutions, Educ.Background, Position and Years of experience) while Section B contained twenty items of the instrument. The items were measured on a five points Likert scale as ranging from almost always to never.

3.5.2 Scoring of the instrument

The twenty (20) items are symptoms of occupational stress that employees are likely to exhibit in work setting. The inventory (JIS) was designed with five point Likert scale response options. The scaling is as follows:

1=Never

2=occasionally

3=somewhat

4=frequently

5=almost always

Interpretation of the scores is that the higher the score in the test, the higher the level of occupational stress. Respondents who score 3.0 or above (60%) on the scale are to benefit from the treatment interventions. A respondent to the JSI can score a maximum of hundred 100% (5.0) job inventory scores. Also a respondent to the inventory may have the least job inventory score which is twenty (20).

3.5.3 Validity of the Instrument

The validity of the job stress inventory (JSI) instrument was attested to by Hosanguan (2007) who used 30 items of the instrument in a 5-point likert scale to assess Dentists job stress and found the instrument to be valid measure for job stress. Arokoyo (2012) also assessed the validity of the instrument in Nigerian situation to measured the intended face and constructs validity.

3.5.4 Reliability of the instrument.

Arokoyo (2012) administered the instrument to twenty five (25) Employees of sunglass industry in the industrial layout in Kaduna bypass. The same instrument was re-administered after two (20) weeks to the same subjects and was found reliable. This demonstrated that after test and re-test, the instrument reliably measured the intended constructs at 0.862. The researcher therefore, finds the instrument reliable for the study and adopted.

3.6 Procedure for Data Collection

The researcher obtained a letter of introduction from the Department of Educational Psychology and Counselling, Ahmadu Bello University, Zaria. Copies of the letter was delivered to the registrars of the selected tertiary institutions. As a result of that, the researcher was able to obtained a list of all female workers in the three tertiary institutions selected to carry out the research. The researcher administered the instrument for pre-test to both experimental and control groups of the selected institutions. The researcher from the pre-test result selected the experimental respondents. After the treatment was completed, the same instrument was used for post-test for the experimental groups and control group.

3.6.1 Pre-Treatment Phase

The researcher after collecting the list of female workers from the registry department of the three institutions, identify with the women and requested for their cooperation in responding to the job stress inventory questionnaire (pre-test) The researcher explained to them the reason for the research. Being a counselling experimental study few respondents are required for ensuring effect. The number of groups and sessions per week for each group also sets limits on the number of institutions that can be used for this study. After the respondents have appropriately

ticked the items on the instrument, the researcher collected and scored them. The result was used to identify the respondents that were highly stressed. The researcher identifying the respondents that exhibited symptoms of occupational stress in the institutions, those scoring 3.0 and above were then selected and grouped for treatment with twelve respondents each. The sample population was therefore thirty six (36) highest scorers out of two hundred and seventy female workers who had made the required point to qualify as occupationally stressed.

3.6.2 Treatment Phase

Six (6) weeks treatment sessions were carried out. One session per week was used throughout the treatment period. Treatment sessions for each experimental group last for six (6) weeks of 45 minutes. Expiremental institution‘1’ (Ahmadu Bello University) was assigned to Cognitive Restructuring counselling technique while Experimental institution ‘2’ (Federal College of Education, Zaria) was assigned to Solution-focused Brief Counselling technique. Detailed treatment sessions in appendix C and D.

3.6.3 Post- Treatment Phase

All the three experimental groups were post-tested by re-administering the JSI. Result of the pre-test and that of post-test were compared for effect. The extents of the effect have determined the significant effects of the treatments given during intervention.

3.7 Procedure for Data Analysis

After the experimental procedures, the data collected were analyzed using Descriptive statistics such as means and standard deviation to answer research questions while independent t-test, paired sample t-test and analysis of covariance were used to test hypotheses 1, 2,3, 4,5,6 and 7.

Independent t-test was used to test hypotheses 1, 2, 6 and 7, Paired sample t-test was used to test hypotheses 3 and 4 while analysis of covariance was used to test hypothsis 5

CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.1 Introduction

This chapter presents results of data analysis of the study. The chapter therefore is made up of two sections namely: Hypotheses testing and discussions on the findings of the study. The data generated in this research work were collected through a carefully planned and well designed experiment using reliable instrument to assess and evaluate the effects of Cognitive Restructuring and Solution-focused Brief counselling techniques on occupational stress among female workers in tertiary institutions in Zaria metropolis, Nigeria. The data were collected using the job stress inventory applied to the target population. After data collection process, the data were classified into tables with purposeful and logical categories in order to facilitate analysis. The data were analyzed using appropriate statistic, Statistical package for social sciences (SPSS). The Research hypotheses were tested at 0.05 level of significance.

Table 4.1 Distribution of respondents by groups

Expirimental Groups	Numbers	Percentage
Cognitive Restructuring counselling technique.	12	33.3
Solution-focused Brief counselling technique.	12	33.3
Control group.	12	33.3
Total	36	100.0

The above table shows that the respondents for this study were classified into three groups according to their expirimental groups. The first group consists of 12 or 33.3% that were treated

with Cognitive Restructuring Counselling technique. The second group was also experimental group treated with Solution-focused Brief Counselling technique and the third group was the control group with no treatment technique.

4.2 Hypotheses testing.

Seven hypotheses were presented and tested at 0.05 level of significance. The following were the results of the tests from the data collected.

4.2.1 Hypothesis 1

H_O**:** There is no significant effect of Cognitive Restructuring counselling technique on the occupational stress of female workers in tertiary institutions compare with the control group.

To test this hypothesis, post-test of the two independent groups of cognitive restructuring and the control group were computed and analysed for presence or absence of significant effect on their occupational stress**.**

Table 4.2 Independent Sample t-test of Occupational Stress of Experimental Group Treated with Cognitive Restructuring and the Control Group.

VariableGroup	N	Mean	Std.dev	Df	t-calculated	Sig (p)
CR(Exp 1) Level of Occupational Stress	12	55.75	4.1805	22	7.499	0.000
Control group	12	66.91	3.0213			

calculated p < 0.05, Calculated t > 1.96, at df 22

Table 4.7 showed that the calculated p value of 0.000 is lower than 0.05 alpha level of significance.The t- calculated value of 7.49 is higher than the t-critical value of 1.96, at df 22.

Their calculated mean of occupational stress were 55.75 and 66.92 by Cognitive Restructuring counselling technique group and the control group respectively. Results showed that significant effect exists on the occupational stress between respondents in Cognitive Restructuring counselling technique group and the control group.This indicated that those in the Cognitive Restructuring counselling technique group had significantly lower occupational stress after treatment than those in the control group. Hence, the null hypothesis which says there is no significant effect of Cognitive Restructuring counselling technique on occupational stress of female workers in tertiary institutions compare with the control group is hereby rejected.

4.2.2 Hypothesis 2

H_O: There is no significant effect of Solution-focused Brief Counselling technique on the occupational stress of female workers in tertiary institution compare with the control group.

To test hypothesis two, post-test of the independent groups of Solution-focused Brief counselling expiremental group and Control groups were computed and analyzed for presence or absence of significant effect on occupational stress.

Table 4.3 Independent Sample t-tests on Occupational Stress of Expirememtal Group Treated with Solution-focused Brief Counselling Technique and Control Group.

Variable Group	N	Mean	Std.dev	Df	t-calculated	Sig (p)
SF (Exp2) Level of Occupa-tional Stress	12	51.50	5.9352	22	8.019	0.000
Control group	12	66.92	3.0213			

calculated p < 0.05, Calculated t > 1.96, at df 22

Table 4.8 The calculated p value of 0.00 which is lower than 0.05 alpha level of significance while the t-calculated value of 8.02 is higher than the t-critical value of 1.96, at df 22.Their calculated mean of occupational stress were 51.50 and 66.92 by Solution-focused Brief counselling technique group and the control group respectively. Results showed that significant effect exists in occupational stress of respondents in Solution-focused Brief counselling technique group. This proves that those in the Solution-focused Brief counselling technique had significantly lower occupational stress than those in the control group. Hence, the null hypothesis which says there is no significant effect of Solution-focused Brief counselling technique on occupational stress of female workers in tertiary institutions compare with the control group is hereby rejected. The technique helps in reducing occupational stress among the respondents.

4.2.3 Hypothesis 3

H_O: There is no significant effect of Cognitive Restructuring counselling technique on occupational stress of female workers in tertiary institution compare pre-test and post-test scores.

Table 4.4 Paired Sample t-test Statistics of the Pre-test and Post-test Occupational Stress of Respondents in the Cognitive Restructuring Counselling Technique.

CR Group	N	MeanScores	StdDev	Df	t- calculate	P (sig)
Pre test	12	67.1667	3.04014	11	12.079	0.000
Post test	12	44.3333	6.86670			

Calculated p < 0.05, Calculated t > 1.96, at df 11

Table 4.3 above indicated that the calculated p value of 0.000 is lower than the 0.05 alpha level of significance while the t-calculated value of 12.079 is higher than the t-critical value of 1.96,

at df 11.The calculated mean of occupational stress in the pre-test and post-test were 67.1667 and 44.3333 respectively. This means that the mean occupational stress after exposure to Cognitive Restructuring counselling technique significantly reduced, implying a significant effect has taken place. Hence the null hypothesis which stated that there is no significant effect of Cognitive Restructuring counselling technique on occupational stress of female workers in tertiary institutions compare pre-test and post-test scores is hereby rejected.

4.2.4 Hypothesis 4

$H_{O:}$ There is no significant effect of Solution-focused Brief counselling technique on occupational stress of female workers in tertiary institution compare pre-test and post-test scores.

Table 4.5 Paired Sample t-test Statistics of the Pre-test and Post-test Occupational Stress of Respondents in the Solution-focused Brief Counselling Technique Group.

SF Group	N	Mean Score	Std.Dev	Df	t- calculated	P (sig)
Pre test	12	63.8333	4.26046	11	11.843	0.000
Post test	12	39.1667	8.85061			

calculated p < 0.05, Calculated t > 1.96, at df 11

Table 4.4 above showed that the calculated p value of 0.000 is lower than the 0.05 alpha level of significance while the t-calculated value of 11.843 is higher than the t-critical value of 1.96, at df 11.The calculated mean of occupational stress in the pre-test and post-test are 63.8333 and 39.1667 respectively. Significant effect exists between the pre-test and post-test occupational stress of respondents in the Solution-focused Brief counselling technique group. This means that the mean occupational stress after exposure to Solution-focused Brief counseling technique

significantly reduced, implying a significant effect has taken place. Hence the null hypothesis which says that there is no significant effects of Solution-focused Brief counselling technique on occupational stress of female workers in tertiary institutions compare pre-test and post-test scores, is hereby rejected.

4.2.5 Hypothesis 5

$H_{O:}$ There is no significant effect of Cognitive Restructuring and Solution-focused Brief counselling techniques on occupational stress of female workers in tertiary institutions on the basis of age range.

To test this hypothesis, analysis of covariance on the effect in the post-test scores of occupational stress between the ages of respondents in Cognitive Restructuring and Solution-focused Brief counselling techniques groups were computed.

Table 4.6 Analysis of Covariance: Mean Scores Between the Ages of Respondents in Cognitive Restructuring and Solution-focused Brief Counselling Techniques Groups.

Age Group		Mean	Std. Deviation	N
	CR (exp 1)	57.7500	3.22749	4
31-40 yrs				
SF (Exp2)		52.6250	4.60751	4
	Total	55.1875	4.58988	8
	CR (exp 1)	53.1000	4.32146	5
41-50 yrs				
	SF (Exp2)	50.2500	8.22091	4
	Total	51.8333	6.07762	9
	CR (exp 1)	57.5000	3.60555	3
51-60 yrs				
	SF (Exp2)	51.6250	6.04669	4
	Total	54.1429	5.69879	7
	CR (exp 1)	55.7500	4.18058	12
Total				
	SF (Exp2)	51.5000	5.93526	12
	Total	53.6250	5.46978	24

Tests of Between-Subjects Effects.

Mean occupational Scores.

Source Of squares	Type III Sum	Df	Mean squares	F	Sig.
Corrected Model	180.050	5	36.010	1.276	.317
Intercept	67977.471	1	67977.471	2408.295	.000
Age	59.251	2	29.625	1.050	.371
Group	125.102	1	125.102	4.432	.045
Age * group	10.072	2	5.036	.178	.838
Error	508.075	18	28.226		
Total	69703.500	24			
Corrected Total	688.125	23			

a. R Squared = .262 (Adjusted R Squared = .057)

Results from the above analysis showed that, the calculated p value of .838 for interaction between group and ages was found to be higher than the 0.05 alpha level of significance.On separate analysis significance effect exists in the mean occupational stress on the basis of the two experimental groups as p value of 0.045 in this regard is lower than the 0.05 alpha levels, while on age basis, there is no significant effect in the mean occupational stress. The calculated p value of 0.371 was found to be higher than the 0.05 alpha values. The descriptive mean statistic showed that among respondents in Cognitive Restructuring counselling technique group the mean occupational stress were 57.75, 53.10 and 57.50 by ages 31-40 years, 41-50 years and 51-60 years respectively while Solution-focused Brief counselling technique mean were 52.62, 50.25 and 51.62 by ages 31-40 years, 41-50 years and 51-60 years respectively. Therefore the null hypothesis which says there is no significant effect of Cognitive Restructuring and

Solution-focused Brief counselling techniques on occupational stress of female workers in tertiary institution on the basis of age range is hereby accepted.

4.2.6 Hypothesis 6

$H_{O:}$ There is no significant effect of Cognitive Restructuring counselling technique on the occupational stress of female workers in tertiary institutions by the nature of their job (teaching and non- teaching).

Table 4.7 Independent t-test Statistics on Occupational Stress between Teaching and Non-teaching Female workers in Tertiary Institutions in Zaria Metropolis Treated with Cognitive Restructuring was Computed and Analysed.

Variable CR	Status	N	Mean	Std.dev	Df	t-calculated	Sig (p)
Post test Scores	Teaching	6	5.6667	3.01109	22	1.9320	.082
	Non-teaching	6	96.0000	2.96648			

Calculated p > 0.05, Calculated t< 1.96, at df 22

Results of the independent t-test on table 4.6 above showed that, the calculated p value of 0.082 is higher than the 0.05 alpha level of significance while the t-calculated value of 1.932 is lower than the t-critical value of 1.96, at df 22.The calculated mean of occupational stress were 65.6667 and 69.0000 by teaching and non-teaching women exposed to Cognitive Restructuring counselling technique respectively, indicating that the Cognitive Restructuring counselling technique had effect for both categories of female workers. Hence the null hypothesis which says there is no significant effect of Cognitive Restructuring counselling technique on occupational stress of female workers in tertiary institutions by the nature of their job (teaching and non-teaching), is accepted.

4.2.7 Hypothesis 7

$H_{O:}$ There is no significant effect of Solution-focused Brief counselling technique on the occupational stress of female's workers in tertiary institutions by the nature of their job (teaching and non- teaching).

Table 4.8 Independent t-test Statistics on Occupational Stress between Teaching and Non-Teaching Female workers in Tertiary Institutions in Zaria Metropolis Treated with Solution-focused Brief Counseling Technique was Computed and Analysed.

Variable SF	Status	N	Mean	Std. devDf	t calculate	Sig(p)
Post test scores	Teaching	6	36.6667	10.8382 22	0.976	0.352
	Non-Teaching	6	41.6667	6.3140		

Calculated p > 0.05, Calculated t< 1.96, at df 22

Results of the independent t-test on table 4.7 above showed that, the calculated p value of 0.352 is higher than the 0.05 alpha level of significance while the t-calculated value of 0.976 is lower than the t-critical value of 1.96, at df 22. The calculated mean of occupational stress were 36.6667 and 41.6667 by teaching and non-teaching female's workers exposed to Solution-focused Brief counselling technique respectively, this showed that there is significant effect of Solution-focused Brief counselling technique on occupational stress between teaching and non-teaching female workers in tertiary institutions in Zaria metropolis. Result indicated that Solution-focused Brief counselling technique had effect for both categories of female's workers by the nature of their job. Hence the null hypothesis which stated that there is no significant effect of Solution-focused Brief counselling technique on the occupational stress of female's

workers in tertiary institutions by the nature of their job (teaching and non-teaching), is hereby accepted.

4.3 Summary of Findings

The following were the summary of the findings of the study.

1. Cognitive Restructuring counselling technique had the effects of reducing occupational stress campared with the control group. From the mean score respondents from Cognitive Restructuring counselling technique had lower occupational stress than those in the control group by 55.75 and 66.91 respectively.
2. Solution-focused Brief counselling technique had the effects of reducing occupational stress campared with the control group. From the mean scores respondents from the Solution-focused Brief counselling technique had lower occupational stress level than those in the control group by 51.50 and 66.92 respectively.
3. Cognitive restructuring counselling technique group had effects of reducing occupational stress after the treatment. From the mean score respondents had lower occupational stress level of 44.33 compared to 67.17 before treatment.
4. Solution-focused Brief counselling technique group had effects of reducing occupational stress after the treatment. From the mean scores respondents had lower occupation stress of 39.17 compared to 63.83 before the treatment.
5. Cognitive restructuring and Solution-focused Brief counselling techniques had effects of reducing occupational stress of respondents irrespective of their age range. Though Solution-focused Brief counselling technique had lower mean of 39.17 compare to 44.33 of Cognitive Restructuring group. The mean score of the two groups was insignificant to consider one as having more effect.

6. Cognitive Restructuring counselling technique had effects of reducing occupational stress between the teaching and non-teaching female workers in tertiary institution in Zaria metropolis. Treatment for the teaching and non-teaching respondents greatly reduced their occupational stress. The mean scores effect was however insignificant for the teaching and non-teaching female workers having 65.66 and 66.00 respectively.

7. Solution-focused Brief counselling technique had effects of reducing occupational stress between the teaching and non-teaching female workers in tertiary institutions in Zaria metropolis. The technique had effect for both categories of women. From the mean scores respondents occupational stress was reduced when treated with Solution-focused Brief counselling technique having means of 36.66 and 41.66 for teaching and non-teaching women respectively.

4.4 Discussions of Findings.

The results of the hypotheses tested in this study indicated a statistical effect on occupational stress of respondents who went through Cognitive Restructuring and Solution-focused Brief counselling techniques and those respondents that did not go through any treatment.

Result showed that the mean score of respondents treated with Cognitive Restructuring had lower occupational stress after treatment than the control group; this is evidence in table 4.1 where experimental group had a mean of 55.75 while control group had 66.91. The finding was in agreement with the initial assumption of this study which stated that CR counselling technique can help to reduce occupational stress among female workers in tertiary institution in Zaria metropolis. Hence, the null hypothesis is rejected.

Result indicated that those treated with Solution-focused Brief counselling technique had lower occupational stress than the control group. This is evidence in table 4.2 where experimental group with SFBC technique had a mean of 51.50 while control group had 66.91. Also answer to research question two revealed that SFBC technique had significant effect on the occupational stress among female workers in tertiary institutions in Zaria metropolis. The finding is in support of Gensterblum (2002) who carried out a study using SFBT to adaptive behaviour; result from his study showed significant decrease in maladaptive behavior of respondents. This led to the rejection of the null hypothesis.

Comparing respondents mean scores on occupational stress before and after they were exposed to Cognitive Restructuring counselling technique, significant effect exists; the occupational stress was reduced from 67.16 to 44.33. Also answer to research question three revealed that the technique had significantly lower mean of occupational stress after the treatment.This implies that significant change had taken place. In reference to the theoretical framework of the study Albert CR technique attempted to change the perception of the respondents by replacing their irrational and illogical thinking pattern to rational and more logical belief. The finding is inline with theoretical assumption of the theory which stated that clients have resources and strengths to solve and overcome their problems. The outcome is not surprising as the technique had been acknowledged by several researchers as a very effective technique in remedian behaviour problems. Yahaya (2006) and Antoni (2003) used the technique with recorded successes. Also Mora (2007) study proved that the technique was effective in modifying truant behaviour. Ogugua (2010) also found the use of Cognitive Restructuring very effective in reducing maths achievement of adolescent in secondary school. Result of the study revealed that the technique not only having effect but also female gained higher mean than their male counter part.

The respondents after exposure to Solution- focused Brief counselling technique had the mean score of 39.16 compare to 63.33 before the treatment; this indicated a mean scores difference of 24.67 which lead to the rejection of the null hypothesis. The technique of Solution-focused Brief counseling technique had effect on reducing occupational stress of respondents. This was indicated in the study by Cockburn, Thomas and Cockburn (1997) they evaluated the impact of SFBT on psychosocial adjustment and return to work for patients with orthopedic injuries. Result indicated that patients in SFBC group had significantly better psycosocial adjustment and social support than patients in the control group. Also Bank, (1999) assessed SFT to test it effectiveness in reducing bullying behavior, participants met once a week for four weeks. Result uncovered that participants had deceased their bullying behavior and utilized more appropriate pro-social bebaviour at the conclusion of the treatment.

The two techniques had effect on the basis of age range. From the result it was discovered that age does not determined the outcome of occupational stress between respondents in Cognitive Restructuring and Solution-focused Brief counselling techniques. This is evidence as showed in Table 4.5 the post-test mean scores of respondents in Cognitive Restructuring were 57.75, 53.58 and 57.50 by ages 31-40 yrs, 41-50 yrs and 57-60 yrs respectively, while Solution-focused Brief counselling technique mean scores were 52.62, 50.25 and 51.62 by ages 31-40 yrs, 41-50 yrs and 51-60 yrs respectively. This is to say the two techniques do not significantly differ in their effects as regard to age among female's workers in tertiary institutions. So also answer to research question four revealed that there is no remarkable effect in the post-test occupational stress mean of the two techniques. For the above reason the hypothesis was accepted.

The finding revealed that significant effect of Cognitive Restructuring counselling technique exists on occupational stress of female's workers in tertiary institutions by the nature of their job (teaching and non-teaching). The mean scores were 57.00 and 53.25 for the teaching and non-teaching respectively. This indicated that occupational stress between the teaching and non teaching females does not differ significantly after exposed to treatment. The finding is in agreement with literature which supported the view that both teaching and non-teaching females experience some degree of stress in their workplace though the technique had relative effect on the teaching and non-teaching female workers in tertiary institutions in Zaria metropolis.The null hypothesis was therefore accepted.

Solution-focused Brief counselling technique had effects on occupational stress of female workers in tertiary institutions by the nature of their job (teaching and non-teaching). The result indicated the mean of 52.93 and 48.62 by teaching and non- teaching female workers respectively. What this implied is that the technique had effect for teaching and non-teaching female workers in tertiary institutions. This was why the null hypothesis in this regard was accepted.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter contained the summary of findings of the research study. It also includes Contributions to knowledge, conclusion drawn from the results and findings of the study. Recommendations and Suggestions for further studies have also been presented.

5.2 Summary

The study investigates the effects of cognitive restructuring and solution-focused brief counselling techniques on occupational stress among females workers in tertiary institutions in Zaria metropolis. In testing the techniques three tertiary institutions were purposively selected. Two institutions were selected as experimental treatment institutions with twelve respondents each and one institution as a control institution with twelve respondents too. Thirty six respondents constitute the sample of the population, though two additional occupationally stressed female workers were added in each group to take care of accidental mortality.

Job stress inventory which was adopted from Arokoyo was used in the pre-test to identified females' workers having occupational stress and required counselling intervention. After treatment the same instrument (JSI) was used for post-test to find out the effect that might have come up as a result of the treatment techniques. Independent sample t-test, paired sample t-test and analysis of covariance (Ancova) were used in the analysis of the data collected. The results from the findings revealed that the two treatment techniques had significant effect in reducing

occupational stress among female workers in tertiary institutions in Zaria metropolis. Summary of the findings with direct reference to the results of the study were as follows:

It was discovered that, respondents had reduced occupational stress after being treated with Cognitive Restructuring counselling technique. Therefore, the technique had contributed in reducing occupational stress among respondents.

It was established that respondents had reduced occupational stress after being treated with Solution-focused Brief counselling technique. Again, the Solution-focused Brief counselling technique had greatly resulted in reducing occupational stress among respondents.

The study also revealed that respondents treated with the two counselling techniques had similar post-test results. This means that the techniques had effect in reducing occupational stress among respondents in the experimental groups.

The mean occupational stress of respondents that went through Cognitive Restructuring and Solution-focused Brief counselling techniques did not differ significantly. Though Solution-focused Brief counselling technique treatment group had lower occupational stress when campared with Cognitive Restructuring counselling technique group but not to a significant level.

The study established that teaching and non-teaching female workers in tertiary institutions had similar post-test results when treated with Cognitive Restructuring counselling and Solution-focused Brief counselling techniques. This means that the techniques had effect in reducing occupational stress for both the teaching and non-teaching females' workers in tertiary institutions.

The seven null hypotheses were tested at 0.05 level of significance. Four of the hypotheses were rejected while three were accepted.

5.3 Contributions to Knowledge

The study established that:

1. Cognitive Restructuring counselling technique had reduced occupational stress of female workers in tertiary institutions.
2. Solution-focused Brief Counselling technique had reduced occupational stress of female workers in tertiary institutions.
3. Cognitive Restructuring and Solution-focused Brief counselling techniques had reduced occupational stress of female workers in tertiary institutions irrespective of their age range.
4. Cognitive Restructuring and Solution-focused Brief counselling techniques had reduced occupational stress of female workers in tertiary institutions for teaching and non-teaching.

5.4 Conclusions

Based on the findings of the study, it was therefore, concluded that Cognitive Restructuring and Solution-focused Brief counselling techniques had significantly reduced occupational stress among female workers in tertiary institutions in Zaria metropolis irrespective of their age range as well as teaching and non-teaching status.

5.5 Recommendations from the Study

The following recommendation were made on the basis of the findings of this study

1. Counsellors should use Cognitive Restructuring counselling technique to assist female workers in tertiary institutions to reduce their occupational stress.
2. Solution-focused Brief counselling technique should be use by counsellors to assist female workers in tertiary institutions to reduce their occupational stress.
3. Cognitive restructuring and Solution-focused brief counselling techniques should be use for female workers in tertiary institution irrespective of their age range to reduce their occupational stress.
4. Counsellors should be encouraged to use Cognitive Restructuring Counselling technique to assist teaching and non-teaching female workers in tertiary institutions to readdress their occupational stress.
5. Counsellors should be encouraged to use Solution-focused Brief Counselling technique to assist teaching and non-teaching female workers in tertiary institutions to readdress their occupational stress.
6. Parent, Teachers and stakeholders should be sensitized and trained through workshop, seminar with the use of Cognitive Restructuring and Solution-focused Brief counselling techniques in readdressing occupational stress among female workers in tertiary institutions in Zaria metropolis.

5.5 Suggestions for Further Studies

1. The present study used female workers in tertiary institutions; it might be interesting to investigate female and male workers in other organizations with similar problems.
2. Study can also be conducted using Cognitive Restructuring and Solution-focused Brief counselling techniques on some other public officers who exhibit other disturbing issues related to their work.

3. Further studies should be conducted to determine the effects of the two techniques on other related issues such as marital instability, divorce, child rearing among female workers in tertiary institutions.
4. Other counselling instruments should also be used to experiment the effect of Cognitive Restructuring and Solution-focused Brief counselling techniques.
5. The study used small population; large population should be used to conduct similar study in future.
6. Occupational stress may also be studied using other counselling techniques and on different population. These will further give counsellors variety of technique to use in their helping profession.

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Appendices

Appendix A

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND COUNSELLIN

Faculty of Education

AHMADU BELLO UNIVERSITY, ZARIA

Email: epc@abu.edu.ng

Vice-Chancellor: Professor Abdullahi Mustapha, *B.Sc (Hons) Pharm (ABU), Ph.D (London), FPSN*
Ag.Head of Department: Professor Musa Balarabe, *BSc.Ed., M.Ed (ABU)., Ph.D(Edinburgh), M.B.Ps.S., MNAES*

Our Ref: _____ *Date:* 22/9/2014

The Registrar
Ahmadu Bello University
Zaria

Dear Sir,

STUDENTS' FIELD RESEARCH

The Department of Educational Psychology and Counselling, Ahmadu Bello University, Zaria requires each student working for a Degree to complete a research Thesis/project. Our Students entering the final year of their studies will be collecting data during the year.

Most of them will need to be allowed access to certain relevant documents and some valuable information which you may have.

Please give assistance as much as possible.

TOPIC OF RESEARCH:
Effectiveness of Cognitive restructuring and Bibliotherapy in reducing occupational Stress among Working class Married Women in tertiary institutions in Zaria Metropolis.

Thank You for your Continuing cooperation.

Yours Sincerely,

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND COUNSELLING A.B.U. ZARIA

Research Adviser

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND COUNSELLIN

Faculty of Education
AHMADU BELLO UNIVERSITY, ZARIA
Email: epc@abu.edu.ng
Vice-Chancellor: Professor Abdullahi Mustapha, *B.Sc (Hons) Pharm (ABU). Ph.D (London). FPSN*
Ag.Head of Department: Professor Musa Balarabe, *BSc.Ed., M.Ed (ABU)., Ph.D(Edinburgh). M.B.Ps.S., MNAES*

Our Ref: _____ *Date:* 22/9/2014

The Registrar,
Federal College of Education,
Zaria,

Dear Sir,

STUDENTS' FIELD RESEARCH

The Department of Educational Psychology and Counselling, Ahmadu Bello University, Zaria requires each student working for a Degree to complete a research Thesis/project. Our Students entering the final year of their studies will be collecting data during the year.

Most of them will need to be allowed access to certain relevant documents and some valuable information which you may have.

Please give assistance as much as possible.

TOPIC OF RESEARCH:
Effectiveness of Cognitive Restructuring and Bibliotherapy in Reducing Occupational Stress among Working class Married Women in Tertiary Institutions in Zaria Metropolis.

Thank You for your Continuing cooperation.

Yours Sincerely,

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND COUNSELLING A.B.U. ZARIA

Research Adviser

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND COUNSELLIN

Faculty of Education
AHMADU BELLO UNIVERSITY, ZARIA
Email: epc@abu.edu.ng
Vice-Chancellor: Professor Abdullahi Mustapha, *B.Sc (Hons) Pharm (ABU), Ph.D (London), FPSN*
Ag.Head of Department: Professor Musa Balarabe, *BSc.Ed., M.Ed (ABU),. Ph.D(Edinburgh), M.B.Ps.S., MNAES*

Our Ref: _____ *Date:* 22/9/2014

The Registrar
Kaduna State Polytechnic
Zaria

Dear Sir,

STUDENTS' FIELD RESEARCH

The Department of Educational Psychology and Counselling, Ahmadu Bello University, Zaria requires each student working for a Degree to complete a research Thesis/project. Our Students entering the final year of their studies will be collecting data during the year.

Most of them will need to be allowed access to certain relevant documents and some valuable information which you may have.

Please give assistance as much as possible.

TOPIC OF RESEARCH:
Effectiveness of Cognitive Restructuring and Bibliotherapy in reducing occupational Stress among Working class Married Women in tertiary institutions in Zaria Metropolis.

Thank You for your Continuing cooperation.

Yours Sincerely,

RM

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND COUNSELLING A.B.U. ZARIA

Research Adviser

Appendix B

JOB STRESS INVENTORY

Age-: **Educational Background-:**
Marital status-: **Position-:**
Name of Institution-: **Years of experience at work-:**

Instructions-; identify your symptoms of job stress by rating the following items of how often the symptoms is true of you.

S/N0	Item	1= Never	2= occasionally	3= somewhat often	4= Frequently	5= Almost Always
1.	I feel little enthusiasm for doing my job					
2.	I feel tired even with adequate sleep					
3.	I feel frustrated carrying out my responsibilities at work					
4.	I am moody, irritable, or inpatient over small inconveniences.					
5.	I want to withdraw from the constant demands on my time and energy					
6.	I feel Negative, futile or depressed about my job.					
7.	My decision- making ability seems less than usual.					
8.	I think that I am not efficient as should be.					
9.	The quality of my work is less than it should be.					
10.	I feel physically, emotionally or spiritually depleted.					
11.	My resistance to illness is lowered					
12.	My interest in sex is lowered					
13.	I am eating more or less, drinking more coffee tea, or sodas, smoking more cigarettes, or using more alcohol or drugs in order to cope with my job.					
14.	I am feeling emotionally callous about the problem and needs of others.					
15.	My communication with my boss, co-workers, friends or family seems strained.					
16.	I am forgetful.					
17.	I am having difficulty concentrating					
18.	I am easily bored					
19.	I feel a sense of dissatisfaction of something wrong or missing.					
20.	When I ask myself why I get up and go to work, the only answer that occurs is my paycheck.					

Total Score **(Score----------)**

Appendix: C

Experimental Group I: Cognitive Restructuring Counselling Sessions

Session One:

Objectives: i. Introduction of selves by both the Counsellor (Researcher) and Respondents (client).

ii. Explaining to the respondents the mission of the counselling.

iii. Establishing counselling relationship with the respondents.

Step I. The Counsellor introduces self to the respondents

Step II. The Counsellor introduces to the respondents what relationship they are about to enter which is counsellor/respondents (clients) relationship.

Step III. The Counsellor explains to the respondents the counsellees responsibilities while the counselling session last.

Step IV. The Counsellor also explains to the respondents their own responsibilities.

Step IIV. The Counsellor emphasizes the importance of developing a collaborative relationship for the success of the counseling process.

Step V. The Counsellor asks the respondents to respond by accepting the commencement of the process or otherwise.

Step VII. The Counsellor requests the respondents to ask any question on what has been discussed so far.

Step VIII. The Counsellor informs the respondents that the session has come to the end.

Session Two:

Objectives: i. explains to the respondents the concept of cognitive restructuring as a Counselling technique.

ii. Introduce to the respondents what counselling technique can do to change behaviour.

Step I. The Counsellor welcomes the respondents to the second session of the counselling process.

Step II. Introduction of the main objective of the session

Step III. The Counsellor explains to the respondents what cognitive restructuring is and how it can be used to reduce occupational stress on women.

Step VI. The goals of the whole counselling relationship will then be set collectively by the counsellor and respondents (clients)

Step V. The Counsellor asks the respondents to list ten items of their thought about occupational stress. This will be homework for next session

Step VI. The Counsellor informs the respondents that the session has come to an end.

Session Three:

Objective: i. To identify the negative automatic thought of the (client) respondents.

ii. To monitor the negative automatic thought of the respondents (clients) in relation to stress reduction.

Step I. The Counsellor welcomes the respondents to the session.

Step II. The Counsellor gives the respondents a very warm reception for them to feel relaxed.

Step III. The Counsellor reminds the respondents about the homework given in the previous session. They are to mention the negative thoughts.

Step IV. The Counsellor will take each negative thought mention and request respondents to explain what they mean and feel about them.

Step V. The Counsellor listens and expresses her emphatic feelings, while the respondents explain feeling about the thoughts.

Step VI. While expressing her emphatic feelings, the counsellor will explains what the technique can do to help provide an environment for collaborative efforts between the counsellor and respondents to changeunwanted behaviours.

Step VII. The Counsellor ends the session by giving the respondents homework attaching the negative thoughts with the behavior they cause them to exhibit.

Session Four:

Objectives i. To understand how automatic thoughts can trigger unwanted behaviour.

ii. Explain the process of attaching behaviour to automatic thoughts.

Step I. Welcome the respondents to the present session.

Step II. Explains the process of automatic thoughts formation to the respondents.

Step III. Discuss few of the respondent's automatic thought and how they started.

Step IV. Discuss how the automatic thoughts affect their behaviour toward occupational stress.

Step V. Discuss with example how automatic thoughts can cause unwanted behaviour.

Step VI. The Counsellor asks respondents questions on what has been discuss in the session.

Step VII. The Counsellor asks respondents to list the behaviour each of the automatic thought they listed caused them to exhibit. This comes to the end of the session.

Session Five:

Objective: i. Challenged the distorted thoughts identify by the respondents in the previous session.

ii. Guide the respondents to positively think of better alternatives to their challenge distorted thoughts

Step I. The Counsellor welcomes the respondents to another session.

Step II. The Counsellor leads the respondents in recapitulation on the previous sessions and the success so far achieved.

Step III. The Counsellor defines what is normal and positive thinking, against a distorted thought.

Step IV. The Counselor, with the cooperation of respondents then begins to challenge the distorted thoughts presented by the respondents, pickingeach and exposing it faults.

Step V. The Counsellor guide respondents in selecting substituted positive thoughts.

Step VI. The Counsellor then clearly offers support to the respondents appreciating the kind of collaborative session they have had.

Step VII. The respondents are asked if there is any observation to make on the progress so far made.

Step VIII. The session ends by asking the respondents to think deeply on the substitution of the negative thoughts with more realistic ones.

Session Six:

Objectives: i. To presents to the respondents other possible automatic thought which they did not present.

ii. To presents to the respondents possible faulty behaviour that the automatic thoughts may cause.

iii. To challenge the automatic thoughts and explain how they can negatively affect the respondents.

Step I. The Counsellor welcomes the respondents to this session

Step II. Makes reference to the automatic thoughts the respondents presented, which have been dealt with.

Step III. List some other faulty thinking or automatic thoughts which are presented by respondents.

Step IV. Critically look at the faults in such thought by letting the respondents analyze and criticize them before the counsellor.

Step V. Discuss possible behaviour that the automatic thoughts can cause and they are unhelpful in nature.

Step VI Challenge both the automatic thoughts and possible unhelpful behaviour they cause.

Step VII . The respondents should ask questions and make further comments

Step VIII. The session comes to an end.

The researcher will round off the counselling relationship to ascertain the effectiveness of the scounselling process carried out in the last six sessions. The respondents would be given a post test immediately and to be repeated after two week.

Appendix: D

Experimental Group II: Solution Focused Brief Counselling Sessions.

First session:

Objectives: i. Introduction of selves by both the counsellor (Researcher) and respondents (clients)

ii. Explaining to the respondents the mission of the Counselling

iii. Establishing counselling relationship with the respondent.

Step I. The Counsellor introduces self to the respondents

Step II. The Counsellor introduces to the respondents what relationship they are about to enter which is counsellor/ respondents (Clients) relationship.

Step III. The Counsellor explains to the respondents the counsellees responsibilities while the counselling session last.

Step IV. TheCounsellor also explains to the respondents their own responsibilities

Step V. The Counsellor emphasizes the importance of developing a collaborative relationship for the success of the counselling process.

Step VI. The Counsellor asks the respondents to respond by accepting the commencement of the process or otherwise.

StepVII. The Counsellor requests the responds to ask any question on what has been discussed so far.

Step VIII. The Counsellor informs the respondents that the session has come to the end

Session Two:

Objectives: i. Explains to the respondents the concept of solution focused Brief as a counselling technique.

ii. Explains to the respondents what counselling can do to change behavior.

Step I. The Counsellor welcomes the respondents to the second session of the counselling process.

Step II. Introduction of the main objective of the session

Step III. The goal of the whole counselling relationship will be set by the counsellor and respondents (Clients)

Step IV. The Counsellor explains to the respondents what solution focused brief counselling is and how it can be used to reduce occupations stress on women workers.

Step V. The Counsello rasks the respondents to list ten items of their thought about occupational stress. This will be homework for the next session

Session Three:

Objectives: i. To identify the negative automatic thought of the (Client) respondents.

ii. To monitor the negative automatic thought of the respondents (Clients) in relation to stress reduction.

Step I. The Counsellor welcomes the respondents to the session

Step II. The Counsellor reminds the respondents about the homework given in the previous session; they are to mention the negative thoughts.

StepIII. The Counsellor will use coping question as regard the problem.Question that will help in re-orienting the respondents (client) away from the perspective of a problem to perspective of successes. For example question like “How do you keep going in spite of your dual role?” or “How did you manage to accomplish your responsibilities when so many roles are interfering?”

Step IV. Through such questioning the respondents (Clients) can discover their own alternatives to problem areas.

Step V. The Counsellor will asks the respondents to reframe their thinking on occupational stress situations, for instance focusing on things that have been going well by asking them to describe something that is occurring in their life that they want to continue.

Step VI. The Counsellor informs the respondents that the session has come to an end.

Session Four:

Objectives: i. To understand how to use miracle questioning in solution-focused brief techniques technique.

ii To present to respondents how questioning can bring about alternative solution to the problems.

Step I: Welcome the respondent to the present session.

Step II: Explain to the respondents how to use miracle questions in relation to the problem (occupational stress) to be treated

Step III: The Counsellor will asks the respondent to envision a future where the presenting problem has been resolved.

Step IV: The Counsellor asks respondents to imagine while they are as sleep a miracle happens and the problem of occupational stress is solved, since it is at sleep what is suppose to indicate in the morning that there has been a miracle overnight and the problem is solved.

Step V: The Counsellor will ask the respondents to describe the miracle until a very clear picture is developed.

Step VI: The Counsellor/respondents to develop a picture of the miracle in detailed and measurable term for instances questions like.

What would be the first thing you notice?

Who else would notice the change?

How would you feel about the change?

Step VII: The Counsellor informs the respondents that the session has come to an end. Also they should ask the respondents to ask themselves more miracle question.

Session Five

Objectives: i: Guide the respondents to positively think of exception to their problem
ii: To understand how the use of exception questioning can help to solved respondent's problem(s).

Step I: The Counsellor welcomes respondents to the session.

Step II: The Counsellor asks the respondent to talk more about the miracle question they have asks themselves at home.

Step III: The Counsellor will ask respondents exception finding question, which will help respondents identify times when they are not experiencing the problem.

What is different about you when the problem is not happening?

Step IV: The Counsellor will ask the respondents to reframe their thinking on occupational stress situation. They should focus on things that have been going well and want it to continue.

Step V: The Counsellor offers support to the respondents, appreciating the kind of collaborative session they have had.

Step VI: The Counsellor informs the respondents that the session has come to an end.

Session Six:

Objective: I To assess the progress so far about the solution to the problem.

Step I: The Counsellor welcomes the respondents to the last session.

Step II: The Counsellor asks the respondents how far they can assess the progress in the solution to the problem.

Step III: The Counsellor should assists the respondents to use the scaling questioning to see the progress so far about the problem.

Step IV: Through scaling questions the respondents can discover the progress so far. Suchas: using a scale of 1-10 ten being "things are really good" where would they put themselves now?

Step V: The Counsellor will help respondents to identify how close to the goal they are, the level of commitment to that goal.

Step VI: The Counsellor asks respondents follow-up questions in relation to the use of scaling question as relate to the problem. For example: What would it take for your work stress to move from let's say 5 on the scale to 6or 5.5?

Step VII: The Counsellor asks respondents more positive questions, successes accomplished during the treatment. Such as:

- When did this success happen?
- What did you do?
- What was going on at that time that helped you do things that way?
- What else did you do?
- How did you know it would work?
- What gave you the idea to do it that way?

StepVIII: The respondents will ask questions and make further clarifications then; the session comes to an end.

The researcher will give respondents a post-test immediately and to be repeated after two weeks of the treatment.

Univariate Analysis of Variance

Notes

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	Cases Used	Statistics are based on all cases with valid data for all variables in the model.
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Between-Subjects Factors

		Value Label	N
Groups	2.00	Cognitive Restructuring (exp 1)	12
	3.00	solution focused (Exp2)	12
statust of staff	1.00	teaching staff	12
	2.00	non teaching staff	12

Descriptive Statistics

Dependent Variable: posttest_scores

Groups	statust of staff	Mean	Std. Deviation	N
Cognitive Restructuring (exp 1)	teaching staff	42.6667	8.80152	6
	non teaching staff	46.0000	4.42719	6
	Total	44.3333	6.86670	12
solution focused (Exp2)	teaching staff	36.6667	10.83820	6
	non teaching staff	41.6667	6.31401	6
	Total	39.1667	8.85061	12
Total	teaching staff	39.6667	9.92090	12
	non teaching staff	43.8333	5.67023	12
	Total	41.7500	8.18402	24

Tests of Between-Subjects Effects

Dependent Variable: posttest_scores

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	268.500[a]	3	89.500	1.407	.270
Intercept	41833.500	1	41833.500	657.759	.000
Groups	160.167	1	160.167	2.518	.128
Status	104.167	1	104.167	1.638	.215
groups * status	4.167	1	4.167	.066	.801
Error	1272.000	20	63.600		
Total	43374.000	24			
Corrected Total	1540.500	23			

a. R Squared = .174 (Adjusted R Squared = .050)

Estimated Marginal Means

Grand Mean

Dependent Variable: posttest_scores

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
41.750	1.628	38.354	45.146

Analysis of Co Variance

Notes

Output Created		09-DEC-2015 07:33:50
Comments		
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	Weight	<none>
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	N of Rows in Working Data File	24
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics are based on all cases with valid data for all variables in the model.
Syntax		UNIANOVA Mean_scores BY groups status /METHOD=SSTYPE(3) /INTERCEPT=INCLUDE /EMMEANS=TABLES(OVERALL) /PRINT=DESCRIPTIVE /CRITERIA=ALPHA(.05) /DESIGN=groups status groups*status.
Resources	Processor Time	00:00:00.02
	Elapsed Time	00:00:00.01

[DataSet2] C:\Users\Ojo\Desktop\junks\makarfi1.sav

Between-Subjects Factors

		Value Label	N
Groups	2.00	Cognitive Restructuring (exp 1)	12
	3.00	solution focused (Exp2)	12
statust of staff	1.00	teaching staff	12
	2.00	non teaching staff	12

Descriptive Statistics

Dependent Variable: Mean_scores

Groups	statust of staff	Mean	Std. Deviation	N
Cognitive Restructuring (exp 1)	teaching staff	55.4167	5.75688	6
	non teaching staff	56.0833	2.24537	6
	Total	55.7500	4.18058	12
solution focused (Exp2)	teaching staff	50.4167	7.57243	6
	non teaching staff	52.5833	4.16433	6
	Total	51.5000	5.93526	12
Total	teaching staff	52.9167	6.92438	12
	non teaching staff	54.3333	3.67630	12
	Total	53.6250	5.46978	24

Tests of Between-Subjects Effects

Dependent Variable: Mean_scores

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	123.792[a]	3	41.264	1.462	.255
Intercept	69015.375	1	69015.375	2445.908	.000
Groups	108.375	1	108.375	3.841	.064
Status	12.042	1	12.042	.427	.521
groups * status	3.375	1	3.375	.120	.733
Error	564.333	20	28.217		
Total	69703.500	24			
Corrected Total	688.125	23			

a. R Squared = .180 (Adjusted R Squared = .057)

Estimated Marginal Means

Grand Mean

Dependent Variable: Mean_scores

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
53.625	1.084	51.363	55.887