

Training intervention to promote motivation and well-being

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ABSTRACT

Professional stress and burnout, namely in the case of teaching and health occupations, is a problem that needs solutions. The training of skills could be an important way to solve the situations of occupational stress, demotivation and ill-being. By Positive Psychology, a training program also could increase motivation and well-being. Thus, in this paper we presented a training motivational program, as well as a synthesis of the results regarding its implementation on several action-research using samples of teachers, physicians and nurses, and other groups of participants with the necessary adaptations of the program ($n = 424$). In general, the results indicate the benefits of this program for the participants, improving motivation and well-being.

Keywords: Training, motivation, well-being, health, stress management, teachers, physicians, nurses

RESUMEN

El estrés laboral y el burnout, en particular para profesores y profesionales de la salud, es un problema que necesita soluciones. La formación profesional puede ser una forma importante para resolver situaciones de estrés laboral, desmotivación y malestar. Con el marco de la Psicología Positiva se puede formular un programa de formación para aumentar la motivación y el bienestar. Por lo tanto, este trabajo presenta un programa de entrenamiento motivacional, así como la síntesis descriptiva de los resultados relativos a su aplicación con varias muestras de maestros, médicos, enfermeras, y otros grupos de participantes, con las adaptaciones necesarias en el programa ($n = 424$). En general, las intervenciones llevadas a cabo son beneficiosas para los participantes, contribuyendo a su motivación y bienestar.

Palabras clave: formación, motivación, bienestar, salud, manejo del estrés, maestros, médicos, enfermeras

It is common sense that the higher levels of stress present in the general population nowadays, surpass the levels of the past (Serra, 2007). In the most part of the situations, the occupational factors are the main responsible for this elevated level of stress (Barling, Kelloway & Frone, 2005; Cooper, Dewe & O'Driscoll, 2001; Ravicz, 1998; Ross & Altmaier, 1994). It's necessary to have several ways of intervention, namely conducted to the organizational, social and politics level. Furthermore, training could be important, not only to decrease ill-being, stress and burnout, but also to increase well-being at work.

This perspective of well-being promotion it's integrated at the Positive Psychology. Several systematic reviews of the last years XX Century publications on Psychology and Health presented a higher proportion of papers about ill-being and negative emotions, than about health, well-being and positive emotions. As an example, the systematic review of Myers (2000; see Germer, Siegel & Fulton, 2005) showed that in a proportion of 14 to 1. The first number of "American Psychologist" at the year 2000 changed this perspective, and was proposed Positive Psychology as the way to help people increase their capacities (Seligman & Chikszentmihalyi, 2000). Positive Psychology tried to understand and promote the factors that increase human potentials, resilience, health and well-being (Compton, 2005; Sheldon & King, 2001; Snyder & Lopez, 2002).

By this perspective, our hypothesis was that professional training could contribute to the increase of occupational well-being and health.

The research showed that there are professions which involve a high level of stress and burnout, such as teaching (Cooper, 1995; Jesus, 2007; Kyriacou, 1987; Lens & Jesus, 1999). Starting from this, first we tried to formulate a course for teachers, based on the main competences for teaching efficacy and on the previous programs for teachers stress management (Bamford, Grange & Jones, 1990; Esteve & Fracchia, 1986). It was also taking into account some other general programs, not specific for teachers, namely those that use relaxation as strategy (Labrador, Arce & Florit, 1996), or cognitive-behavioral interventions (Echeburúa, Corral, Sarasua, & Zubizarreta, 1996).

We also formulated, as a theoretical framework, an integrated model for the study of teacher stress, motivation and well-being, based on several variables of motivation: intrinsic motivation (Deci, 1975), self-efficacy (Bandura, 1977), control of reinforcement expectancies (Rotter, 1966), professional project (Nuttin, 1984), and causal attributions (Weiner, 1986). This model was empirically tested and the implications of the obtained results were considered in the elaboration and implementation of this program to promote motivation and well-being (Jesus, 1996; Jesus, 2003a; Jesus & Lens, 2005).

Nevertheless, we intended to use this program with teachers from the research-action perspective, also it was selected some aspects of this training program that could be used with other professional groups in future interventions (Jesus, 1998).

The program designed to reduce professional distress and to increase well-being

had duration of 30h, distributed on ten sessions that included several exercises on a variety of topics: sharing professional experience with colleagues, identifying specific stress factors and possible coping strategies, replacement of irrational beliefs with more appropriate ones, assertiveness practice, team work, relaxation, healthy life styles, and time management.

The main topic of each session of the course was the following (Jesus, 1998; Jesus & Esteve, 2000; Jesus & Conboy, 2001): 1) introduction to the program and sharing of professional experiences; 2) symptoms and professional stressors; 3) coping strategies; 4) management of irrational beliefs; 5) relaxation exercises; 6) time management; 7) team work; 8) assertiveness and conflict management; 9) healthy life styles and quality of life; 10) sharing of professional experiences and perspectives for the implementation of the program strategies in the personal and professional life.

Each session was structured with several activities and exercises, and the synthesis of the main topics of the session, at its end.

Because of formal and institutional factors, at several situations it wasn't possible to implement all the sessions of the program, and so there are also a 14h short version of the program focused on the managing of irrational beliefs, time management, team work, assertiveness, healthy life styles and quality of life.

The main aim of this paper is to present a description of the sessions of the motivational and stress management course, as well as some previous studies where the program was implemented and the obtained results.

Method

Samples

We did several studies with different groups to test the program impact on the measured variables. Table 1 presents a synthesis of the action-research literature that examined the benefits of this motivational program for different types of participants (see Table 1).

A total of 424 subjects participated at the several studies. The participants of the 30h program was 146, where 96 were teachers and 50 were physicians. A short version of the program was applied at 190 subjects, 146 of them from several professional groups (18 high school teachers, 45 nurses, and 83 physicians). Also, some specific parts of the program were used with some specific groups, such as 21 high school students and 23 pregnant women. Furthermore, some of the studies integrated equivalent control group, at a total of 88 subjects: 28 teachers, 16 nurses, 21 high school students and 23 pregnant women. The participants' age average was very different between all of these groups, but the minimum was 18 years, and the maximum was 62 years. 319 were women and 105 were men.

Material and procedure

Considering the integrated model for the study of stress, motivation and well-being, a self-report instrument was developed to assess several variables as indicators of participants' well-being (professional project, intrinsic motivation, efficacy expectancies, and professional well-being) and ill-being (professional distress, emotional exhaustion, and irrational beliefs).

Table 1

Synthesis of several aspects of the action-researches with the motivational and stress management program or its' adaptations

RESEARCH	SAMPLE	ASPECTS OF THE PROGRAM	DURATION
Jesus (1998); Jesus & Esteve (2000); Jesus & Conboy (2001)	25 teachers	All the program	30h (10 sessions), during 8 weeks
Jesus (2002)	26 teachers	All the program	30h (10 sessions), during 8 weeks
Jesus (2003b); Jesus (2006)	58 teachers (28 at the control group)	All the program	30h (10 sessions), during 8 weeks
Jesus & Costa (2004)	50 physicians	All the program	30h (10 sessions), during 8 weeks
Sampaio, Jesus, Stobaus & Mosquera (2008)	15 teachers	All the program, and outdoor sessions	30+20h (19 sessions), during 7 months
Jesus & Bittencourt (2008)	18 teachers (high school)	Short version of the program	14h (4 sessions), during 2 days
Murcho, Pacheco & Jesus (2009)	29 nurses	Short version of the program	14h (4 sessions), during 2 days
Pacheco (2005)	32 nurses (16 at the control group)	Short version of the program	14h (4 sessions), during 1 week
Santos (2010)	83 physicians	Short version of the program	14h (4 sessions), during 1 week
Martins, Jesus & Pacheco (2008)	42 students (21 at the control group)	On-line program of motivation, stress management and study competences	Number of hours variable, during 2 weeks
Bjorn (2009)	46 pregnant women (23 at the control group)	Relaxation techniques of the program (1h for each session)	Number of hours variable, during several months

For several variables it was found instruments that was referenced at the literature, but for other variables it was necessary to formulate the items, because we didn't find any adequate measure.

The *professional project* was measured by three items, each one as indicator of the intention to continue or to quit at the present profession. One of the items is "I wish to continue at my present profession", on a three level scale.

To measure *intrinsic motivation* was used the Lawler and Hall (1970) Intrinsic Motivation Scale. This scale had four items, on a seven-point summative scale, anchored from Disagree to Agree. An item example of this scale is "My profession gives me the feeling of achievement".

A seven-point summative scale, anchored from Disagree to Agree, were also employed to measure *efficacy expectancy* (six items). One of the items is "When I really try, I tend to succeed even at difficult tasks".

The subjective perception of *professional well-being* was measured with a single item ("How would you rate your personal well-being at this moment?"), on a six-point scale that ranged from Low to High.

Measure of *professional distress* was made by five items, such as "I had difficulty to calm down after something upset me", on a five-point summative scale, anchored from Never to Always.

Emotional exhaustion was measured by the sub-scale of the Maslach Burnout Inventory (Maslach & Jackson, 1981), that is by nine items, anchored Never to Always (six-point summative scale), in order to assess the frequency of each

symptom, such as "I feel emotionally exhausted because of my work".

To assess *irrational beliefs*, a four-point summative scale was used, anchored from Disagree to Agree and consisting of 17 items, such as "I work hard to be a perfect professional".

At a previous research was found that all these scales had the α -Cronbach coefficient higher than .70 (Jesus, 1996), indicating an adequate reliability.

The instrument was administered in group, before and after the implementation of the motivational and stress management course.

Description of the motivational and stress management course

A short description of the several topics follows:

Introduction to the program and sharing of professional experiences. The course begins with an introduction to the program and with exercises to promote a good relational climate among the participants, favorable to the exchange of professional experiences, authenticity and teamwork.

Symptoms and professional stressors. Factors leading to professional stress and common symptoms associated with stress were analyzed. The development of stressful situations was analyzed and the concepts of *eustress* and *distress* were distinguished. Distress symptoms occur when the professional was unable to solve stressful situations. Consequently, high levels of tension persist in professional life. The successful management of stressful situations, on the other hand, results

in what is termed eustress. Where distress often leads to debilitating effects, eustress is seen as energizing, and could be a factor of professional development and motivation.

Coping strategies. While it is important to identify specific stress factors, it is clearly more important to develop coping strategies to assist the professional in solving professional difficulties. At this session, several coping strategies were analyzed, specifically confrontation strategies (for instance, "try to be very organized so that I can keep on top of things" or "talk with people who are involved") and symptoms management approaches (for example, "do physical exercise" or "use relaxation training"). The participants then developed individual plans to introduce some of the coping strategies in their professional and personal lives in order to improve wellbeing and professional fulfillment.

Management of irrational beliefs. Several studies show a significant influence of irrational or unrealistic beliefs on the vulnerability of the professional to develop distress symptoms. A professional with high expectancies about himself, or with beliefs such as perfectionist, are less tolerant, and more vulnerable to stress. Other beliefs such as "I am not capable of ...", or "I don't have the aptitude to ..." can diminish the capacity to solve difficult situations and make the professional more susceptible to distress symptoms. Since positive thoughts, beliefs and expectancies are important to support good professional practice, in this session, therefore, participants first assessed their own irrational beliefs, and then, using Ellis's method of rational-emotive therapy, the attempt was made to alter patterns of negative thinking to

more suitable cognition, that is, both positive and realistic patterns of thinking.

Relaxation exercises. Equally important to the ability to manage cognition is the ability to control physical symptoms of distress such as muscular tension. In this session, control techniques including breathing exercises, muscular relaxation, and relaxation by imagination were presented and practiced.

Time management. Considering the great tasks diversity and the frequent work overload nowadays, time and task management are important skills for professionals to develop. At this session, the participants did several exercises to learn how to organize agenda, how to change habits, and how to have more time for the priority tasks, and not only for the urgent ones.

Team work. Team work skills are another important competence that should be developed at several occupations, because professionals often had more meetings and need to make decisions together. For these reasons, in this session, exercises focused on group creativity and brainstorming, problem solving and decision making, to improve better the opportunities of working together.

Assertiveness and conflict management. There are many professional stressful situations because of the relationships conflicts at the work place. This session was focused at role-playing exercises of communication abilities, at verbal and non-verbal assertiveness skills, and at other possible strategies for conflict prevention.

Healthy life styles and quality of life. Healthy life styles it is important for the quality of life,

and for prevention of work distress and burnout. At this session, was presented several aspects of healthy life styles, and the participants did exercises to help them to learn how to decide priorities and how to balance several life dimensions, for a better quality of life.

Sharing of professional experiences. In the last session, we continued exercises involving the sharing of professional experiences, focusing not only on the difficulties, but also on the positive experiences. Each participant shared with the others several perspectives for the implementation of the program strategies in his personal and professional life.

Results synthesis and discussion

The first intervention was conducted with a group of 25 voluntary secondary teachers (Jesus, 1998; Jesus & Esteve, 2000; Jesus & Conboy, 2001). Using the paired samples t-test in order to test the difference between the pre- and post-intervention means, it was found that after the program measurements means were in the predicted directions. Participants showed a significant decrease in their irrational beliefs and professional distress. Also, it was found that the intervention increased teachers' well-being at work.

Nevertheless, the first results support the contention of real benefits achieved by the teachers who participated in the training program.

But these results reflected only the short-terms effects of this program. In order to examine the long term impact of the program, it was conducted the second action-research with a group of 26 voluntary secondary

teachers (Jesus, 2002). Results showed a significant increase of well-being at work and intrinsic motivation, both after the course and one year after. The decrease of emotional exhaustion was significantly only after the course. Also, it was found that a decrease of the irrational beliefs occurs just one year after. These results show the immediate program impact on emotional exhaustion and the long impact on the participants' irrational beliefs.

This program was also examined when other individuals as trainers implemented it. They implemented the program with an experimental group of 28 secondary teachers and implemented a program of student evaluation with a control group of 30 equivalent teachers (Jesus, 2003b; Jesus, 2006). As expected, the differences between the means at the beginning and at the end of the program were not significant for any variable at the control group. But it was found that the well-being at work and the intrinsic motivation increased in the case of the experimental group.

After that, we tried to implement the motivational program with other professional groups, namely physicians and nurses because these are also occupational groups with high levels of professional stress and burnout (Pacheco & Jesus, 2009). The implementation of the program to 50 physicians showed a significant increase of the professional project and well-being at work and a decrease of the emotional exhaustion and irrational beliefs (Jesus & Costa, 2004).

In order to test the impact of this training program in other settings, we implemented it in another country, such as Brazil. Using a sample of 15 secondary school teachers,

was examined the influence of an integrated intervention that included the course and also several outdoor sessions (Sampaio, Jesus, Stobaus & Mosquera, 2008). Similar to the previous studies, this action-research also evidences the benefits of this intervention for the participants. In particular, there was a significant increase of the intrinsic motivation. Also, it was found a decrease of the emotional exhaustion and professional distress.

Also in Brazil, there was an adaptation of the program for an intervention with a voluntary group of 18 high school teachers (Jesus & Bittencourt, 2008). This short version of the program focused on the irrational beliefs and time management, team work, assertiveness, healthy life styles and quality of life. This fourteen hours intervention contributed to the increase of the participants' well-being.

Several interventions with the short version of the program were conducted in other action-researches using nurses (Murcho, Pacheco & Jesus, 2009; Pacheco, 2005) and physicians (Santos, 2010). The results of all these studies showed the benefits of the course interventions.

We also were involved in conducting particular interventions with non-professional specific groups. Implemented to high school students an on-line intervention program focused on motivation, stress management and study competences, had, as was expected, the predicted benefits in the case of all the assessed variables for the experimental group, but not for the control group (Martins, Jesus & Pacheco, 2008).

Another specific intervention using relaxation techniques was conducted with

pregnant woman. The results indicated the benefits of this intervention (Bjorn, 2009).

Conclusion and future research

Taken as a whole, the results of these studies support the hypothesis of the benefits of the intervention designed to decrease distress and to increase motivation and well-being of different professional groups, as well as in the case of other specific groups.

Future research could conjugate quantitative studies with qualitative studies, for a specific analysis of which aspects of the program was better for teachers' motivation and well-being, as well as for distress reduction (Roales-Nieto & Luciano, 2002). This feedback of the participants could enrich some of the program contents and exercises.

This program should also integrate several advances on stress management programs that could be useful for healthy people as a way to promote wellbeing at the workplace, such as more recent relaxation techniques and strategies of mindfulness (Martín, Banda & Benito, 2005).

It'll be also priorities for future researches, to test the program using more samples from the same population, and from other specific groups, as well as the use of equivalent control groups, and the analysis of the long term impact of the training program.

In order to evaluate the short and long-term effects of the interventions that were examined in the studies included in the Table 1, it would be useful to conduct a meta-analysis in the case of the studies that used measures of the same dependent variables.

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