An Evaluation of the HSE Dublin Mid Leinster Stress Management Workshop Programme

2006-2007
Rachel McEvoy
Research Officer for Health Promotion
HSE Dublin Mid Leinster
Clinical Audit and Research
9 William Street
Tullamore
Co. Offaly.
Acknowledgements

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1. Introduction

A survey was conducted in 2002/2003 on the Midland Health Board (MHB) workforce (Counties Laois, Offaly, Westmeath and Longford - now within the area of Dublin Mid-Leinster) to establish what the priority issues were in relation to quality of working life for staff. The main issues related to communications, consultation about decisions and lack of performance feedback. In addition, high levels of stress came from the work environment, from workload, from staffing problems, management style and the nature of work. Relatively little stress arose from a lack of support from management.

Based on the results of the survey six important projects were prioritised in 2004 including:

1. Info-Link aims to improve communications among staff
2. Bullyproof-designed to address workplace bullying
3. Training programme for Managers in "managing people"
4. A Moving and handling strategy
5. An equality and diversity action plan
6. Work-life balance initiatives

In May 2004, six project leaders and teams were appointed to lead and implement the recommendations of the Quality of Working Life programme.

The initial work of the Team appointed to promote work-life balance involved the development of the Peer Support programme. Staff representatives were interviewed and appointed to the position of peer support. Their role involves the provision of social support to staff members during periods of high stress or a critical incident.

The Team then developed a Stress Management programme for staff. In 2005, a number of staff were selected and trained in stress management education and in 2006, the SM Programme was launched. In conjunction with the launch of the Programme, a research officer from the Clinical Audit and Research Service was also requested to work in conjunction with the HSE Dublin Mid Leinster Employee Assistance Service to assist in a process and impact evaluation of the Stress Management (SM) programme.
1.1 Background to the SM programme

Launched in February 2006, the SM programme, as part of the overall Quality of Working Life strategy, was developed to help increase the knowledge and understanding of participants in relation to stress management. There are currently 23 facilitators trained to deliver the Stress Management Workshops, each of which are contractually bound to commit 20 hours to the delivery of the programme annually (see Appendix 6). Each facilitator engaged in a five day training programme.

1.1.1 Programme aims and objectives

<table>
<thead>
<tr>
<th>Priority: Stress management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target population: HSE Dublin Mid Leinster employees</td>
</tr>
<tr>
<td>Aim: To help increase the knowledge and understanding of participants in relation to stress management.</td>
</tr>
</tbody>
</table>

- **To introduce the concept of stress and coping with its negative effects**
  - Impact: That all participants will report a greater understanding of stress, the possible causes and symptoms and potential mechanisms for dealing with its negative effects

- **To heighten awareness of the impact of personal and workplace stress**
  - Impact: That all participants will report increased awareness and understanding of the impact of personal and workplace stress

- **To provide some practical skills to help prevent and combat stress in the work and home place**
  - Impact: That all participants will be equipped with some of the potential skills to help prevent and combat stress in the work and home place

- **To heighten awareness of resources and services available within the HSE Dublin Mid Leinster to help deal with stressful work or personal situations**
  - Impact: That all participants will be aware of and know how to access the staff support service within HSE Dublin Mid Leinster.

Given resources available it was anticipated that the programme would reach approximately three hundred HSE staff participants over the course of the year. This involved the delivery of six scheduled workshops and sixteen team workshops with an average of fifteen participants per workshop. The dates and venues for all six
scheduled workshops and requested team workshops carried out in 2006 are outlined in Table 3.2 and 3.3.

1.1.2 Rationale
The report from the European Working Conditions Observatory (EWCO 2005) indicates that the health, social services and education sectors are most at risk of work-related stress. The Irish Congress of Trade Unions supports this stating that teachers (88%) and workers in the Irish health service (82%) have high levels of stress.

The basic rationale underpinning the concept of occupational stress is that the work situation has certain demands, and that problems in meeting these can lead to illness or psychological distress (Marine & Serra 2006, Kivimaki et al. 2002, Hoogendoorn et al. 2000, Houtman et al. 1999). Occupational stress has also been shown to lead to burnout, illness, labour turnover, absenteeism, poor morale and reduced efficiency and performance (Sutherland & Cooper 1992). Thus the potential outcomes of stress are rather diverse and effect not only ones health but also ones ability to function in the workforce and in the home; subsequently highlighting the need for stress management and prevention interventions within the workplace (European Foundation for the Improvement of Living and Working Conditions 2005).

In response to current research (European Foundation for the Improvement of Living and Working Conditions, 2005), best practice, employee need, and actions laid out in the Quality of Working Life Strategy (MHB 2004), the SM Programme was developed and implemented in 2006.

The Stress Management Workshops also represent a component in the Employee Assistance Services’ overall Critical Incident Stress Management (CISM) approach. A comprehensive Critical Incident Management programme spans the entire three phases of the crisis spectrum: 1) The pre-crisis phase. 2) The acute crisis phase, 3) The post crisis phase (Everly and Mitchell 1997). The pre-crisis phase includes education on identifying personal stressors and tools for coping with the negative affects of this stress.
1.1.3 Outline of the SM programme

The SM programme is delivered over a full or half working day with a maximum of twenty and a minimum of ten participants. Throughout the Programme the facilitators address the following core concepts:

- Stress identification
- Signs of prolonged stress
- Effects of stress on work performance
- Effects of stress
- Sources of stress
- Dealing with stress
- Stress strategy
- Managing work and family commitments
- Stress and the workplace
- Achieving work life balance
- Dealing with change
- Goal setting and time management.

The SM programme time-line is presented in Appendix 2.

1.2 Aim and objectives of the evaluation

On consultation with all relevant stakeholders, the evaluation planning framework developed by Gerrard et al. (2004) was used as the basis of the evaluation process (see Appendix 1).

Key stakeholders

June Boulger, Senior Health Promotion Officer
Mary Dwyer, Employee Assistance Service
Bernie Brady, Employee Assistance Service
Rachel McEvoy, Clinical Audit & Research Service
Helen Moloney, Performance & Development

It was agreed by the key stakeholders that the main aim of the evaluation would be to assess the overall process and impact of the SM programme. Process evaluation seeks data on how the intervention was implemented and may uncover information on unexpected activities and results. This type of information is valuable as feedback in reviewing the development and delivery of the intervention. Outcome measures are essential indicators assessing the effect of the intervention, either in the short, intermediate or longer terms (Nutbeam 1998). As this was year one of the SM programme, however, the main focus of the evaluation was on the overall process and only immediate impacts were assessed.
In terms of assessment the following objectives were identified:

- To determine whether the SM programme has been implemented as planned
- To assess whether or not the SM programme has achieved its planned reach
- To assess whether the SM programme has achieved its aims and objectives
- To document the critical success factors and challenges in carrying out the SM programme
- To make recommendations as to how to improve upon the SM programme, thus ensuring accountability and effectiveness.
2. Evaluation objectives and associated methodology

The purpose of the evaluation and subsequent key questions were established by the evaluation steering group:

2.1 Purpose:
- To assess whether the Programme has achieved its objectives and targets
- To document critical success factors and barriers to implementing the Programme
- To ensure quality improvement and efficiency.

2.2 Key questions:
- Have participants and facilitators of the Programme been satisfied with the delivery of the Programme?
- Have the objectives and impacts of the Programme been achieved?
- What have been the critical success factors and barriers to achieving the objectives and impacts?
- What changes were made to Programme activities to ensure quality improvement and efficiency?
- Should the Programme be continued?

2.3 Methodology

2.3.1 Data collection
Data was collected through:
- Secondary data analysis
- Observation of three in-service days with programme facilitators (n=20)
- Facilitator and participant evaluation forms.
- Pre-workshop application forms.

Minutes of steering group meetings and existing research were reviewed. This helped in the development of the evaluation forms for both participants and facilitators.

Evaluation forms were completed by both participants and facilitators at the end of each SM workshop (see Appendix 3 & 4).

The evaluation forms and in-service days were utilised to assess the elements of programme development and delivery, and to ensure quality and appropriateness.
of the materials and approaches being developed. The evaluation forms were also utilised to measure immediate programme effects and to assess the degree to which programme objectives were met (see Appendix 3). Each participant was also requested to complete a pre-workshop application form (see Appendix 4).

2.4 Sample frame
Given available resources eight out of the twenty workshops (n=298) were randomly chosen, three of which were scheduled workshops. From within the eight workshops there were 127 respondents. Pre-workshop application forms for each of the participants were also assessed (n=130).

2.5 Analysis
Evaluation forms were analysed using SPSS software V.14 (Software package for the social sciences). Ten percent of data entry was verified to eliminate errors.

2.6 Confidentiality
All data collected was treated confidentially and anonymously. Data collected in the course of the overall evaluation will be retained for an appropriate period of time after the report has been completed and signed off. All efforts were made to adhere to data protection guidelines (2003).

2.7 Limitations
There were no objective measures of change in stress levels but simply self-reported outcome measures in relation to awareness, knowledge and behaviour. This, however, is very much in keeping with health promotion research, “where intermediary risk factors are often the primary focus with the understanding that they will in tum help effect long-term behaviour change and health outcome” (Friel et al. 2002: 125).

Within the questionnaire, the presentation of positive ratings on the left hand side of scales may have distorted people’s responses (Nicholls et al. 2006). One solution to this would be to reverse the scale throughout the questionnaire so half were positively worded statements and half negatively worded, thus reducing response bias. In addition, the request for additional comments should not be equated with a particular rating as this may also influence people’s decision making process.
3. Results

The results of the evaluation process will be presented under two main headings:

- Process evaluation, which reflects upon the elements of programme reach, development and delivery.
- Impact evaluation, which reflects upon immediate programme effects and the degree to which programme objectives were met.

A discussion of the results is also included in this chapter where appropriate.

3.1 Process evaluation

As this is the pilot phase of the SM programme, elements in relation to programme content are still evolving. To support this process, and the programme facilitators, four in-service days were held at regular intervals throughout 2006 (see Appendix 1). These were co-ordinated by the Employee Assistance Service and supported by Clinical Audit and Research Service, and Performance and Development.

At each in-service day, programme facilitators were provided with an overview of results and feedback emerging from completed facilitator and participant evaluation forms. They were also informed of any changes or issues in the delivery of the SM programme (see Section 3.1.1.).

The in-service days also gave programme facilitators an opportunity to network with each other and to discuss any issues or barriers that they might have experienced. It also afforded them the opportunity to listen to success stories or aspects that might be working particularly well for other facilitators. This process of learning from each other proved extremely valuable, particularly for those who had not yet facilitated any SM workshop.

Before the close of each in-service day, facilitators were also asked to provide an answer to each of the questions presented in Table 3, and post their responses on the clip boards provided. These were then collected by the research officer and used in the overall process evaluation. Ultimately, the in-service days and data from the evaluation forms have combined to form a continuous ‘quality circle’ enabling the SM team to ‘do the right thing consistently to ensure the best possible outcomes...satisfaction for all customers, retention of talented staff and a good performance’ (Leahy 1998).
Figure 3: Questions posed to facilitators at the end of each in-service day

Today is about you?

- What difficulties, if any, have you encountered?
- What has worked well for you?
- What are your training and development needs?
- What recommendations would you make? Would you suggest any changes to the process?
- Any other comments?

3.1.1 Changes to programme delivery

Figure 3:1 Changes as a result of process evaluation.

Changes as a result of process evaluation

- Rewording of application form
- Screening of applicants
- Team workshop dates
- Rewording of workshop title
- Presentation material
- Facilitator training
- Reminder notes.

The following sub-sections outline these changes in more detail:

- **Rewording of the SM programme**
  Initially, there was some confusion over the use of the term ‘facilitation’ in the title of the SM programme. It became evident early in the evaluation process that as a result of using the term ‘facilitation’ participants’ expectations were not being met. Feedback from facilitators suggests that participants thought they would be coached in terms of how to facilitate stressful situations, which was not the aim of the programme, and hence the decision to rephrase the name of the programme to ‘Stress Management’.
• **Screening of applicant**

Analysis of data from the evaluation forms also indicated that those who had participated in previous stress management training were not satisfied in relation to their level of learning etc.; as expressed by one participant: “**Knew much of this before...**”. Similar sentiments were shared by other participants with previous experience in stress management.

Hence the decision was taken to screen all pre-workshop evaluation forms and if a staff member had engaged in previous stress management training he/she was contacted directly to ensure that they were aware of the aims and objectives of the SM programme, the level at which it was being delivered and to ascertain whether or not he/she was still interested in participating in the programme.

• **Presentation material**

The lack of structure and format in relation to programme material was evident in the programmes delivered early in the evaluation process. Hence a draft CD-rom was developed and given to each of the facilitators. The CD-rom contained a standardised power point presentation which all SM facilitators were to work from.

In consulting with the facilitators and revising the material for the CD-rom the amount of theory was reduced and more interactive exercises were incorporated into the workshops. It is the intention that in utilising the CD-rom there will be “**More of a format or structure so that there is a flow to the day**” and standardisation in terms of delivery and content across both team and generic programmes.

### 3.1.2 Reach

Reach is the number of key stakeholders, settings or members of the community affected by the programme. The reach, as anticipated by programme organisers, was 300, but records indicate that demand has far exceeded supply (see Appendix 5). There would, however, appear to be a considerable shortfall in the number of males applying to the programme (see Table 3). Analysis of data also indicates that no men applied for the generic SM programmes, and that the ten men who did participate may have done so merely because it was organised by management as a team activity.
3.1.3 Reasons to apply

A thematic analysis of the reasons given for applying to the SM programme was reflective of the overall aims and objectives of the SM programme, particularly ‘how to cope with the negative effects of stress’ and ‘to gain some practical skills to help prevent and combat stress in the work and home place’. The level of stress amongst participants can be viewed as possibly one of the main reasons to apply.

On applying to the programme respondents were asked to rate their level of stress. Twenty two percent of respondents considered themselves to be ‘very’ stressed and 5% as ‘highly’ stressed (see Figure 3.2). This is reflective of the findings of the Irish Congress of Trade Unions, which found that workers in the Irish health service (82%) have high levels of stress.

Stress levels were not recorded post-programme as research indicates that the multifaceted nature of stress makes it unlikely that a single approach would provide immediate stress management in the workplace (Mimura and Griffiths 2006). The SM programme is designed to help develop or suggest simple changes that will help reduce or manage stress levels in the long term.
It is important to note that a thematic analysis of the reasons given for applying to SM team days appear to indicate that not all participants voluntarily elected to take part in the SM programme but were encouraged to do so as part of a team day. This is clearly reflected in the following quotes:

“Nominated by management but feel it would be useful...”

“Advised by team leader to partake in course as part of our team building programme”

“It was recommended and organised by our team manager”.

Based on the feedback from facilitators during in-service days and in analysing the facilitator’s evaluation forms, it also emerged that team days often ran the risk of becoming an avenue by which staff vented their frustrations with management and fellow employees; a situation which SM facilitators often felt uncomfortable and ill equipped to deal with.

Once this finding emerged, managers applying for the facilitation of an SM team day were duly informed that the programme was not to be viewed as a team building activity and that facilitators would not facilitate debates in relation to work related issues but merely direct staff toward relevant contacts available within the HSE service; for example the Employee Assistance Service.
The overriding theme, however, across both generic and team programmes, was people’s desire to learn how to recognise and deal with stress in their daily lives. The following quotes are reflective of the vast majority of respondents:

“I am interested in how to deal with stress in general”

“At times this job can be stressful and I feel it’s important to have ways of managing this stress so that it doesn’t impact on life in general”

“I feel that it could be beneficial to me on a professional and personal level in dealing with the management of stress and time management”.

3.1.4 Programme delivery and appropriateness

Overall, participants rated a high level of satisfaction with the overall SM programme, which is further reflected in the high percentage (69.3%) reportedly enjoying the workshops ‘a lot’ (see Figure 3.3).

**Figure 3.3** Overall level of enjoyment (n=127)

A further cross-tabulation was carried out between level of enjoyment and each individual workshop. Results indicate that as the programme developed and the appropriateness of the materials and approaches improved upon levels of enjoyment also increased (see Table 3.1).
Respondents observed only enjoying the programme ‘a little’ (n=6) participated in the first two workshops held. Analysis of data further indicates that these participants had previously engaged in more comprehensive stress management workshops and hence may have had quite different expectations in terms of programme content and delivery.

In relation to delivery of the programme there were mixed comments, both from the participants and the facilitators themselves, but again these were comments recorded in the early stages of programme delivery. For example:

“Not structured enough”

“As it was the first workshop run by the presenters, it appeared a bit unorganised at times. However I was kept interested through out most of it”

“More feedback from audience during the day”.

It must also be borne in mind that, as this is only year one of the SM programme, facilitators are still developing in regard to their own presentation and facilitation skills etc. In an attempt to develop and enhance such skills, however, training modules will be incorporated into future in-service days. Training modules suggested include presentation skills, facilitation skills and group dynamics. And as mentioned earlier in the report, a CD-rom has been developed in an attempt to ensure structure, interaction and consistency in delivery across both team and scheduled workshops.

In relation to the delivery of the workshops, the following factors were also rated on a scale of one to five (where five is excellent and one is poor). The highest and
lowest rating for each factor is presented in Table 3.2. For the most part median ratings tended to range between three and five, although one must bear in mind that comments were requested for ratings lower than three and this may have influenced people’s decision making process.

Table 3.2 Aspects of programme delivery (rated on a scale of one to five)

<table>
<thead>
<tr>
<th>Scale (N=127)</th>
<th>Positive rating %</th>
<th>Negative rating %</th>
<th>Neutral %</th>
<th>Median score rated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stimulating (n=121)</td>
<td>75.3</td>
<td>3.3</td>
<td>21.5</td>
<td>4</td>
</tr>
<tr>
<td>Relevancy (n=125)</td>
<td>79.2</td>
<td>4.0</td>
<td>16.8</td>
<td>4</td>
</tr>
<tr>
<td>Level of discussions (n=125)</td>
<td>74.4</td>
<td>6.4</td>
<td>19.2</td>
<td>4</td>
</tr>
<tr>
<td>Demanding (n=121)</td>
<td>26.4</td>
<td>26.5</td>
<td>47.1</td>
<td>3</td>
</tr>
<tr>
<td>Enjoyable (n=126)</td>
<td>78.6</td>
<td>2.4</td>
<td>19.0</td>
<td>5</td>
</tr>
<tr>
<td>Use of time (n=125)</td>
<td>72.0</td>
<td>8.0</td>
<td>20.0</td>
<td>4</td>
</tr>
<tr>
<td>Activity levels (n=119)</td>
<td>19.3</td>
<td>19.4</td>
<td>61.3</td>
<td>3</td>
</tr>
<tr>
<td>Meeting expectations (n=126)</td>
<td>69.9</td>
<td>8.7</td>
<td>21.4</td>
<td>4</td>
</tr>
</tbody>
</table>

3.1.5 Organisation

Overall ratings in relation to the venues were rated positively. In terms of the scheduled workshops, no negative ratings were given to food, service delivery, seating and venue. This may be attributed to the fact that, prior to booking, venues had been inspected to ensure that they were suitable. Whereas the negative ratings tended to be associated with the team days, organisation of which was left to the discretion of the management of the team.

It was also highlighted by several participants that all team workshops should be carried out off-site to enable participants to completely commit to the ethos of the programme and not to be constantly reminded of their working commitments for the day. In terms of food provision, it was further suggested that provision also be made for vegetarians. Hence an additional question to the pre-workshop evaluation form will be made to cater for special dietary requirements.
Table 3.3  Aspects in relation to workshop venues

<table>
<thead>
<tr>
<th>Venue</th>
<th>Very poor</th>
<th>Poor</th>
<th>Neither/or</th>
<th>Good</th>
<th>Excellent</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room</td>
<td>2.4</td>
<td>6.3</td>
<td>15.7</td>
<td>31.5</td>
<td>44.1</td>
<td>0</td>
</tr>
<tr>
<td>Seating</td>
<td>1.6</td>
<td>9.4</td>
<td>18.1</td>
<td>32.3</td>
<td>38.6</td>
<td>0</td>
</tr>
<tr>
<td>Food</td>
<td>2.4</td>
<td>4.7</td>
<td>11.8</td>
<td>18.9</td>
<td>52.8</td>
<td>9.4</td>
</tr>
</tbody>
</table>

It is possible that the poor attendance rate at the last scheduled workshop in November 2006 may have been attributed to the fact that people were not sent a reminder, as may have been expected. Hence in the future participants will be informed of their successful application and will be requested to be mindful of the fact that they will not be sent a reminder of workshops dates and to record the dates in their working diaries.

3.1.5  Aspects most and least useful within the SM programme

- **Aspects most useful (n=120)**

The majority of participants referred to various aspects of the programme which proved most useful. The main themes to emerge include:

- The Tool Box
- Relaxation exercises
- Time management

- **Aspects least useful (n=79)**

In terms of aspects least useful, no major theme emerged. In fact the majority (n=49) of participants made comments similar to the following.

“all useful”

“all valid”

“all will have some benefit”.
However, for a small minority the following remarks were made and should be borne in mind:

“Didn’t do enough on di-stress”
“Ice-breaker went on far too long”
“Time management glossed over too quickly”
“lots of material I have covered before in dept and wanted more about interventions”.

3.1.7 Training and development of programme facilitators

In terms of training, the vast majority of the facilitators felt that the five days provided was insufficient:

“You nearly need a life experience and other education and training”
“It needed to go deeper into workplace stress”.

Feedback from the facilitators during in-service days also highlighted the issue of the number of hours that they were contractually obliged to deliver upon in relation to SM facilitation (i.e. twenty hours maximum). It would appear that the maximum requirement is insufficient to meet current demand. And whilst the facilitators would like to commit to increasing hours they could not do so without impacting on their own work loads or requesting additional time from their respective managers.

There have also been a number of facilitators unable to meet with their contractual obligations, hence placing additional pressure on the remaining facilitators and affecting the total reach of the programme. The reasons for this were not explored in this study, but will warrant considerable attention when accounting for next years programme delivery dates.
3.2 Impact evaluation

This section of the report reflects upon the degree to which programme objectives were met. There were, however, no objective measures of change in stress levels but simply self-reported impact measures in relation to knowledge, understanding and the development of coping mechanisms.

3.2.1 Knowledge

Sixty five percent rated being ‘a lot’ more knowledgeable as to the causes of stress and 31.5% ‘some’ what more knowledgeable (see Figure 3.4). There were no themes to emerge in terms of additional comments, although one participant did make the comment ‘I had known most already to be honest’. On cross referencing the data it emerged that the individual had completed a fourteen week course on stress management and hence it was unsurprising to learn that the programme did not produce any new information.

Figure 3.4 Level of knowledge gained

As shown in Figure 3.5, 48.4% stated that they would use ‘a lot’ of the information and ideas presented in the workshop, and 43.7% would use ‘some’ of the information.

The following comments are further reflective of the overall ratings given by the participants in relation to the use of information delivered through the programme:

“determined to use some methods in the workplace, particularly time management tips”
“will share with colleagues, family and friends”
“Will make more me time”
“A very welcome review of issues in pleasant setting”.

**Figure 3.5** Reported use of information presented during workshop (n=127)

**3.2.2 Understanding**

**Figure 3.6** Level of understanding gained (n=127)

Sixty three percent rated having gained ‘a lot’ greater understanding of the impact of stress (see Figure 3.6). Seven percent felt that they gained only ‘a little’, which was reflected further in the additional comments made:
“Had known already”
“I have done similar before”
“Most of the ideas discussed are familiar to us”

Such comments however, emerged early in the evaluation process, and hence the decision to reword the title of the programme and to screen applicants prior to participating in the programme; thus ensuring that all participants were aware of the aims and objectives of the programme and the level at which it will be delivered.

### 3.2.3 Coping mechanisms

Figure 3.7 presents respondents views in relation to the development of coping mechanisms in dealing with stress through the programme. As can be seen 46.5% of respondents rated the development of coping mechanisms positively, whilst only 11% rated their development as little or none.

**Figure 3.7** Development of coping mechanisms in relation to stress (n=127)
4. Summary
By way of summary it may be noted that the SM programme has been successful in relation to its aims and objectives. It has successfully introduced the concept of stress and coping with its negative effects to almost 300 staff members of the HSE Dublin Mid Leinster. It has also provided participants with some practical skills to help prevent and combat stress in the work and home place. At each workshop contacts and relevant leaflets were also provided in an attempt to heighten awareness of resources and services available within the HSE Dublin Mid Leinster to help deal with stressful work or personal situations.

As this was the first year of the programme the overall process was monitored carefully and adaptations to workshop content and administration were made accordingly. Such changes included:

- Increased clarification of programme aims and objectives to all applicants via changes to the intranet site promoting the Programme and to the pre workshop evaluation form
- Adaptation of course title from ‘Stress Management Facilitation’ to ‘Stress Management Workshop’ to alleviate any potential misunderstandings in relation to course content
- The development of a CD-rom to ensure consistency of content across all workshops.

4.1 Recommendations
As can be seen from the report, staff from Clinical Audit, Performance and Development and the Employee Assistance Service worked together with the Stress Management Team to support and evaluate the programme throughout its first year. Emerging challenges were addressed by all involved and solutions implemented in areas of workshop content and administration. The success of this new initiative is due to the hard work and commitment of all involved and this is reflected in the recommendations.

1. To continue to develop the programme and deliver the workshops, while continuing to carefully monitor and adapt, if appropriate, programme content and administration.
2. To explore ways of evaluating the longer term benefits of the workshops and to make any necessary amendments to evaluation tools.
3. To assess the number of facilitators trained and the level of the contractual commitment required to meet demand.

4.2 Action plan

The SM team will continue to evaluate processes within the SM programme and tailor in-service training to meet the needs of facilitators as they emerge.

**Person Responsible**: SM co-ordinating team

**Time Frame**: Ongoing 2007-2008

To assess the number of facilitators trained and the level of contractual commitment required to meet demand

**Person Responsible**: Programme co-ordinator

**Time Frame**: March 2007

To amend evaluation tools as deemed appropriate by the SM Co-ordinating team in based on learning gained from year one.

**Person Responsible**: Researcher, Clinical Audit and Research Service

**Time Frame**: March 2007

To set generic and team dates for workshop delivery in 2007

**Person Responsible**: Programme co-ordinator

**Time Frame**: March 2007

To disseminate evaluation report to relevant stakeholders

**Person Responsible**: Programme co-ordinator

**Time Frame**: March 2007

To explore the use of the MRC Framework for Complex Interventions (Campbell et al. 2000) in guiding the methodology for phase two of the study: i.e. to capture programme outcomes.

**Person Responsible**: Programme co-ordinator and Researcher

**Time Frame**: March 2007-March 2008

To disseminate the evaluation report to all relevant stakeholders

**Person Responsible**: Programme co-ordinator

**Time Frame**: March 2007
References


**Appendix 1  Overview of evaluation framework**

**Evaluation plan**

**Figure 1  An overview of the evaluation process**

<table>
<thead>
<tr>
<th>Process evaluation</th>
<th>Information required</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key questions</td>
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<td></td>
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<tr>
<td>Did the programme</td>
<td>Number of participants</td>
<td>Records of attendance and waiting list to be gathered on an ongoing basis by Performance &amp; Development.</td>
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<tr>
<td>achieve its planned</td>
<td>involved and their positions within the HSE.</td>
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</tr>
<tr>
<td>reach of 300</td>
<td>Views of participants.</td>
<td></td>
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<tr>
<td>participants over one year?</td>
<td>Views of facilitators on the suitability of workshop content.</td>
<td></td>
</tr>
<tr>
<td>Were the needs and expectations of participants met?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was it appropriate to their needs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were participants satisfied with our work with them?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did demand exceed supply?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Records of the pre workshop evaluation forms and attendance to be on an ongoing basis by Performance &amp; Development.</td>
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</tr>
<tr>
<td></td>
<td>End of day participant evaluation form to be developed by Clinical audit and research service.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>End of day facilitator evaluation form to be developed by Clinical audit and research service.</td>
<td></td>
</tr>
<tr>
<td><strong>Impact evaluation</strong></td>
<td><strong>Information required</strong></td>
<td><strong>Methodology</strong></td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td><strong>Key questions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Objective one</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To introduce the concept of stress and coping with its negative effects</td>
<td>Views of participants attending the workshops.</td>
<td>End of day participant evaluation form to be developed by Clinical audit and research service.</td>
</tr>
<tr>
<td><strong>Impact indicators</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>That all participants will report: 1. a greater understanding of stress 2. the possible causes and symptoms 3. potential mechanisms for dealing with its negative effects.</td>
<td>Views of participants.</td>
<td>End of day participant evaluation form to be developed by Clinical audit and research service.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Objective two</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To heighten awareness of the impact of personal and workplace stress</td>
<td>Views of participants.</td>
<td>End of day participant evaluation form to be developed by Clinical audit and research service.</td>
</tr>
<tr>
<td><strong>Impact indicators</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did all participants report a heightened awareness of the impact of personal and workplace stress</td>
<td>Views of participants.</td>
<td>End of day participant evaluation form to be developed by Clinical audit and research service.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Objective three</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To provide some practical skills to help prevent and combat stress in the work and home place.</td>
<td>Views of participants.</td>
<td>End of day participant evaluation form to be developed by Clinical audit and research service.</td>
</tr>
<tr>
<td><strong>Impact indicators</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did all participants gain some practical skills to help prevent and combat stress in the work and home place.</td>
<td>Views of participants.</td>
<td>End of day participant evaluation form to be developed by Clinical audit and research service.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Objective four</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To heighten awareness of</td>
<td>Views of participants and programme staff.</td>
<td>End of day participant evaluation form to be</td>
</tr>
</tbody>
</table>
resources and services available within the HSE Dublin Mid-Leinster to help deal with stressful work or personal situations.

**Impact indicators**
Increased links between all departments within the HSE and Employee Assistance Services.

developed by Clinical audit and research service and Focus group with programme staff.

**Overall aspects of the project**

**Reach**
Which groups are benefiting from the programme? Which groups are missing out?
Analysis of pre workshop evaluation forms and waiting lists.

**Critical factors in undertaking the plan**
What have been the critical success factors and challenges to achieving the objectives and impacts of the programme?
Views of participants and project staff
End of day participant evaluation form to be developed by Clinical audit and research service and Focus group with programme staff

**Future actions**
What changes need to be made to programme activities?
Views of participants and programme staff.
End of day participant evaluation form to be developed by Clinical audit and research service and Focus group with programme staff

**Preparation to evaluation report**
Clinical audit and research staff, and the programme working group will be responsible for collation of all data from the evaluation, analysis and preparation of the report. Drafts will be presented to the Quality of Working Life working group for input and comment.
## Appendix 2 Programme time-line

<table>
<thead>
<tr>
<th>Time-line</th>
<th>Programme development</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>Launch of the Quality of Working Life Strategy</td>
</tr>
<tr>
<td>2005</td>
<td>SM programme developed for staff, a number of staff were selected and trained in stress management (SM) education</td>
</tr>
<tr>
<td></td>
<td>The SM programme was launched</td>
</tr>
<tr>
<td>2006</td>
<td>SM programme and evaluation planning, meeting of evaluation and programme steering group: development of evaluation framework</td>
</tr>
<tr>
<td>January 2006</td>
<td>Training of programme facilitators</td>
</tr>
<tr>
<td></td>
<td>Launch of the SM programme and in-service day</td>
</tr>
<tr>
<td>February</td>
<td>Evaluation steering group meeting</td>
</tr>
<tr>
<td></td>
<td>SM programme implementation</td>
</tr>
<tr>
<td>March</td>
<td>Evaluation steering group meeting</td>
</tr>
<tr>
<td></td>
<td>In-service day</td>
</tr>
<tr>
<td>April</td>
<td>Evaluation steering group meeting</td>
</tr>
<tr>
<td>May</td>
<td>In-service day</td>
</tr>
<tr>
<td>August</td>
<td>Evaluation steering group meeting</td>
</tr>
<tr>
<td>September</td>
<td>In-service day</td>
</tr>
</tbody>
</table>

*Throughout the 2006 a total of 21 SM programmes were held (six generic programmes and fifteen team programmes), directly reaching a total of 298 staff.

| Feb. 2007        | Draft evaluation report circulated to all relevant stakeholders for critical comment |
| February         | Meeting of evaluation and programme steering group to agree upon final draft of report, recommendations and final action. |
| February         | In-service day.                                                                      |
| May              | Official launch of evaluation report to facilitating team and all key stakeholders.   |
Appendix 3  Participant evaluation form post-workshop

Participant evaluation of the Stress Management Programme
All information will be treated with the strictest confidence

For every question tick the scoring box that most closely represents how you feel about the questions asked. Please comment briefly on each question as to your reasons for giving this score, particularly if you score a little or 'none'.

Evaluation and Feedback

<table>
<thead>
<tr>
<th>a lot</th>
<th>some</th>
<th>a little</th>
<th>none</th>
</tr>
</thead>
</table>

1a) Did you enjoy today’s programme? □ □ □ □

1b) Did you learn of the possible causes and symptoms of stress □ □ □ □

1c) Do you have a greater understanding of the impact of personal and workplace stress? □ □ □ □

1d) Did you get some new ideas on how to prevent and cope with stress? □ □ □ □

1e) Will you use the information & ideas presented today? □ □ □ □

Please comment on your answer

2. To what extent has your understanding of the subject improved or increased as a result of today’s programme?

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>A lot</td>
<td>A little</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have scored 3, 2 or 1, please comment why you have given this rating.
3. For every item place an X in the scoring box that most closely represents how you feel about today’s stress management programme. Please comment briefly if you give a score of two or one in the space provided.

<table>
<thead>
<tr>
<th></th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stimulating</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>Boring</td>
</tr>
<tr>
<td>Relevant to me</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>Irrelevant to me</td>
</tr>
<tr>
<td>Good discussions</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Limited discussions</td>
</tr>
<tr>
<td>Well conducted</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>Poorly conducted</td>
</tr>
<tr>
<td>Demanding</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Undemanding</td>
</tr>
<tr>
<td>Very enjoyable</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td>Not enjoyable</td>
</tr>
<tr>
<td>Good use of time</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>Poor use of time</td>
</tr>
<tr>
<td>Too much activity</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Too little activity</td>
</tr>
<tr>
<td>My expectations were met</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>My expectations were not met</td>
</tr>
</tbody>
</table>

Any further comments in relation to the above question?

4. Please rate the following on a scale of one to five, where five indicates excellent and one very poor.

A. Room comfort
   5 4 3 2 1

B. Food quality & service
   5 4 3 2 1

C. Seating comfort
   5 4 3 2 1

D. Training location
   5 4 3 2 1

If you rated any of the above at two or one please comment on why you have given this rating?
5. Which parts of the programme do you feel will be **most useful**?

6. *Which parts of the programme do you feel will be **least useful**?*

7. Are there any other comments that would help us improve the delivery and contents of this programme?

Thank you for completing the evaluation form and participating in today’s workshop.
Appendix 4  Pre-workshop application form

Aims & Objectives of Stress Management Programme:
1. To introduce the concept of stress and coping with its negative effects.
2. To heighten awareness of the impact of personal and workplace stress.
3. To provide some practical skills to help prevent and combat stress in the workplace and personal life.
4. To heighten awareness of resources and services available within the HSE Dublin Mid-Leinster, to help deal with stressful work and personal situations.

Name:  
PERSONNEL NUMBER:  
Work address:  
Contact number:  
Email:  
Position & brief description of role:  

1 Have you attended any other stress management workshops or programmes?  
   Yes [ ] No [ ] If yes, please give a brief description?  

2 Are there any particular reasons for you choosing to apply for the stress management workshop?  

3 What are your expectations of the stress management workshop?  

4 How would you rate your current stress levels?  
   Highly stressed [ ] 5 [ ] 4 [ ] 3 [ ] 2 [ ] 1 [ ] Not-stressed 

5 Is your manager aware of your application for this workshop?  
   Yes [ ] No [ ] 

6 Which of the following dates are most preferable to you?  
Please scale the following dates from one to five, one being the most preferable place and date, five being the least preferable.

   8th of March 2007 Family Centre Longford  [ ]  
   19th April 2007 Clonamore House, Tullamore  [ ]  
   28th June 2007 Parish Hall, Portlaoise  [ ]  
   27th September 2007 County Arms, Birr  [ ]  
   18th October 2007 Bloomfield House, Mullingar  [ ]  
   22nd November 2007 Creggan Court, Athlone  [ ]

Should you be unable to attend this programme please do contact me as soon as possible as there are a large number of staff on a waiting list who wish to avail of this programme.

Please return this form to: Helen Moloney, Performance & Development, HSE Area Office, Arden Road, Tullamore, Co. Offaly.  
(057) 9359853 / Fax (057) 9359934  
helen.moloney@mailq.hse.ie

Please note: You will not be send a reminder to attend prior to the programme day.
<table>
<thead>
<tr>
<th>Date '06</th>
<th>No. booked</th>
<th>Attended</th>
<th>Team Requests Stress Management Dates</th>
<th>No. in team</th>
<th>Attended on the day</th>
<th>Full/half Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>23rd March '06</td>
<td>22</td>
<td>14</td>
<td>Date</td>
<td>Social Work Dept Athlone</td>
<td>14</td>
<td>Full</td>
</tr>
<tr>
<td>27th April '06</td>
<td>25</td>
<td>19</td>
<td>Date changed to 1st Dec 2006</td>
<td>Travellers Health Longford</td>
<td>13</td>
<td>Half</td>
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<tr>
<td>8th June '06</td>
<td>25</td>
<td>13</td>
<td>Cancelled</td>
<td>Social Work Dept Longford</td>
<td>13</td>
<td>Cancelled</td>
</tr>
<tr>
<td>7th Sept. '06</td>
<td>25</td>
<td>12</td>
<td>20th June 2006</td>
<td>Intellectual Disability Services Mullingar</td>
<td>14</td>
<td>Full</td>
</tr>
<tr>
<td>19th Oct '06</td>
<td>24</td>
<td>18</td>
<td>22nd June 06 pm</td>
<td>Community Nutrition &amp; Dietetic Service</td>
<td>12</td>
<td>Half</td>
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<tr>
<td>23rd Nov '06</td>
<td>24</td>
<td>7</td>
<td>22nd May 2006 All Day</td>
<td>Social Work Dept</td>
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<td>Full</td>
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<tr>
<td>Participants Booked to date 145</td>
<td>Participants Attended to date 83</td>
<td>25th Aug and 29th Sept 2 X full day 2006</td>
<td>Operating Theatre MRH Portlaoise</td>
<td>30</td>
<td>9 on day 1 13 on day 2 2 X Full</td>
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<tr>
<td>6th Sept 2006</td>
<td>10</td>
<td>22</td>
<td>Community Rehabilitation Team</td>
<td>10</td>
<td>22</td>
<td>Full</td>
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<tr>
<td>Date</td>
<td>Location</td>
<td>Participants Attended to Date</td>
<td>Dates Available</td>
<td>Status</td>
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<tr>
<td>-----------------------</td>
<td>---------------------------------</td>
<td>-------------------------------</td>
<td>-----------------</td>
<td>--------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thu Sept 28th and Thu Oct 12th 2006</td>
<td>Admin Staff Laois Community Care</td>
<td>30</td>
<td>16 on day 1 17 on day 2</td>
<td>2 X Full</td>
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<td></td>
</tr>
<tr>
<td>Thu 26th Oct 2006</td>
<td>St Vincent's Hospital Mountmellick</td>
<td>20</td>
<td>13</td>
<td>Full Day</td>
<td></td>
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</tr>
<tr>
<td>Tue 24th Oct 2006</td>
<td>Springfield Centre Mullingar</td>
<td>14</td>
<td>18</td>
<td>Full Day</td>
<td></td>
<td></td>
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<tr>
<td>24th October 2006</td>
<td>Speech &amp; Language Mullingar</td>
<td>15</td>
<td>18</td>
<td>Full Day</td>
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<tr>
<td>07-Nov-06</td>
<td>Psychology Dept Laois/Offaly</td>
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<td>Application Withdrawn</td>
<td>Cancelled</td>
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<tr>
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<td>13</td>
<td>Full Day</td>
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<td></td>
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<tr>
<td></td>
<td>Social Work Dept Mental Health Mullingar</td>
<td>12</td>
<td>9</td>
<td>Full Day</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sessions Booked to Date</td>
<td>16 two cancelled</td>
<td>Participants Attended to Date</td>
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</table>
### Appendix 6 Stress Management Programme Facilitators 2005-2007

<table>
<thead>
<tr>
<th>Facilitator</th>
<th>Role</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Stephanie Armitage</td>
<td>Adult Counselling Service</td>
<td>HSE Midlands Area</td>
</tr>
<tr>
<td>Mr John Bannon</td>
<td>Clinical Nurse Specialist in CBI</td>
<td>HSE Midlands Area</td>
</tr>
<tr>
<td>Ms Bernie Brady</td>
<td>Employee Assistance</td>
<td>HSE Midlands Area</td>
</tr>
<tr>
<td>Ms Ethna Carroll</td>
<td>OT Department</td>
<td>HSE Midlands Area</td>
</tr>
<tr>
<td>Ms Ann Marie Davis</td>
<td>Staff Nurse</td>
<td>HSE Midlands Area</td>
</tr>
<tr>
<td>Ms Mary Foy - Holland</td>
<td>Staff Nurse</td>
<td>HSE Midlands Area</td>
</tr>
<tr>
<td>Ms Carmel Hayes</td>
<td>ISS</td>
<td>HSE Midlands Area</td>
</tr>
<tr>
<td>Ms Grainne Hoare</td>
<td>Physio Dept</td>
<td>HSE Midlands Area</td>
</tr>
<tr>
<td>Ms Rosemary Kelly</td>
<td>SN Staff Nurse</td>
<td>HSE Midlands Area</td>
</tr>
<tr>
<td>Ms Pauline Lee</td>
<td>Staff Nurse</td>
<td>HSE Midlands Area</td>
</tr>
<tr>
<td>Ms Cindy Padiachy</td>
<td>Senior Occupational Therapy</td>
<td>HSE Midlands Area</td>
</tr>
<tr>
<td>Ms Evelyn Pyke</td>
<td>Corandarragh</td>
<td>Ballydaly</td>
</tr>
<tr>
<td>Ms Moira Tysall</td>
<td>Social worker</td>
<td>HSE Midlands Area</td>
</tr>
<tr>
<td>Ms Betty Walsh</td>
<td>Galross</td>
<td>Cloghan</td>
</tr>
<tr>
<td>Ms Monica White</td>
<td>Staff Nurse</td>
<td>HSE Midlands Area</td>
</tr>
<tr>
<td>Ms Anne Wilmot</td>
<td>Staff Nurse</td>
<td>HSE Midlands Area</td>
</tr>
<tr>
<td>Ms Ann Marie Corcoran</td>
<td>Community Mental Health Services</td>
<td>HSE Midlands Area</td>
</tr>
<tr>
<td>Ms Marian Delaney-Hynes</td>
<td>Services for Carers</td>
<td>HSE Midlands Area</td>
</tr>
<tr>
<td>Ms Liza Evans</td>
<td>Psychiatric Nurse</td>
<td>HSE Midlands Area</td>
</tr>
<tr>
<td>Ms Kathleen P. Garvey</td>
<td>Midoc Out of Hours Service</td>
<td>HSE Midlands Area</td>
</tr>
<tr>
<td>Name</td>
<td>Title and Department</td>
<td>Location</td>
</tr>
<tr>
<td>-----------------</td>
<td>------------------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Ms Emma Gonoud</td>
<td>Speech &amp; Language Therapy HSE Midlands Area</td>
<td></td>
</tr>
<tr>
<td>Ms Mary Henry</td>
<td>Asst. Dir. Of PHN HSE Midlands Area</td>
<td></td>
</tr>
<tr>
<td>Mr Godwin Magaisa</td>
<td>Psychiatry of Later Life HSE Midlands Area</td>
<td></td>
</tr>
<tr>
<td>Ms Bríd McGoldrick</td>
<td>Dir. Of Nursing HSE Midlands Area</td>
<td></td>
</tr>
<tr>
<td>Ms Mariead O Connell</td>
<td>Community Mental Health Services HSE Midlands Area</td>
<td></td>
</tr>
<tr>
<td>Ms Edith Samambloa</td>
<td>Community Mental Health Centre HSE Midlands Area</td>
<td></td>
</tr>
<tr>
<td>Ms Martha Walsh</td>
<td>Child &amp; Adolescent Psychiatric Unit HSE Midlands Area</td>
<td></td>
</tr>
<tr>
<td>Ms Anne Wilson</td>
<td>Senior Speech &amp; Language HSE Midlands Area</td>
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