

The effectiveness of group schema therapy on improving job stress and job adaptation of fire department employees in Tehran province

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Abstract

Job stress and job incompatibility are debilitating problems in the work environment, the negative consequences of which are undeniable, and fire department employees are susceptible to them due to the stressful nature of their work. The purpose of this study was to investigate the effectiveness of group schema therapy on improving job stress and job incompatibility among firemen in Tehran province. The current research is a semi-structured study with a pre-test-post-test design with a control group and a two-month follow-up period. The statistical population of this research included all fire department employees of the central organization of Tehran city in 2017. The research sample consisted of 20 people who were selected by purposive sampling method and randomly replaced in two experimental and control groups. The tools used in this research were occupational stress questionnaires of the Health and Safety Institute of England (2004) and job adaptation questionnaires of Shahrabi Farahani (2011). The experimental group received group schema therapy sessions during 10 sessions of 90 minutes (one session per week) and the control group did not receive any intervention. Then both groups were subjected to a post-test and completed the questionnaires again two months later. Data were analyzed using repeated measures analysis of variance with Spss26 software. The results of analysis of variance with repeated measurements showed that schema therapy significantly reduced job stress ($p < 0.001$) and job adaptation ($p < 0.001$) of fire department employees in the experimental group compared to the control in the post-test. and follow up. According to the

findings of the present study, therapists can use group schema therapy to improve job stress and job adaptation for employees of organizations.

Keywords: job stress, job adaptation, group schema therapy, fire service workers

Introduction

Organizational managers have well understood that the most important factor in the workplace is the human resources of organizations. Firefighters, who are exposed to various stressful and unpredictable situations every day, are more likely to experience job stress than employees in other organizations. High workload levels cause decreased concentration, increased muscle tension, problems with coordination, insufficient time for rest and long shifts, and increase stress levels in individuals. These factors may cause physical disorders and adverse psychological effects, and ultimately lead to adverse outcomes in the workplace (Balqonabadi et al., 2018).

Letvak (2005) believes that the workplace is composed of physical and social stimuli, and each of these factors can be a source of psychological problems, especially stress and depression. Epidemiological studies show that psychological factors at work play a very important role in the development of occupational diseases (Samadi et al., 2013). Job stress, as one of the most important characteristics of the workplace, is physical or emotional exhaustion that arises from real or mental issues and problems. According to research results, 30 percent of the workforce in developed countries suffers from job stress (Kline and Alexander, 2009). Various studies have proven the relationship between job stress and mental disorders, digestive disorders, heart diseases, and musculoskeletal disorders, which ultimately lowers the level of job satisfaction in individuals and reduces the quality of their jobs (Naomi, 2016). Job stress is specifically a consequence or result of working conditions. In the workplace, various factors create stress, such as job duties, workplace, job characteristics and characteristics, role conflict, or employee abilities (Lambert et al., 2009). Another variable that is of great importance to organizations and is of great importance in improving the working conditions of employees is the degree of job adaptation of individuals to the workplace. Job adaptation is considered one of the effective factors in job satisfaction and continued successful employment. Job adaptation is a combination

and set of psychological and non-psychological factors. Non-psychological factors include all the tools and equipment used by the employed person in some way to do his job. Despite the non-psychological factors that include tools and equipment that are outside the person's existence, psychological or internal factors include the feelings and attitudes of the person towards his job and determine the relationship of the person with his job. In other words, psychological factors include the personal characteristics and learned experiences of the person in relation to his job (Shafiabadi, 2012). One of these psychological and internal factors that influence the formation of the behavior of individuals in all areas of life, including employment, are primary maladaptive schemas. There is a growing body of evidence supporting the existence of early maladaptive schemas in the workplace (Lee et al., 1999; Rittenmeyer, 1998; Schmidt et al., 1995). In the context of the role of schemas in work environments, Bamber (2008) used Young's schema model to examine the role of early maladaptive schemas in career choice and the formation of job stress. The results showed that the greater the severity of maladaptive schemas, the greater the burnout and problems caused by job stress. (Bamber, 2008). Given that a significant positive relationship has been found between schemas and types of job dysfunction, psychologists can focus their efforts on modulating schemas rather than simply changing the environment.

So far, numerous techniques and methods have been used to improve job stress and job adjustment, including the effectiveness of mindfulness training on job adjustment (Akbari Amraghan, Amoozgar, 2014), group anger management training on social and job adjustment (2018), cognitive group therapy on reducing job stress (Darabi, 2016), and schema therapy on improving job satisfaction (Khorasani, 2016). Research has shown that standard cognitive behavioral therapy interventions are effective in treating symptoms of employees suffering from job stress syndromes; however, these interventions are not helpful for those who suffer from vague, ambiguous, and complex symptoms (Bamber, 2008). Schema therapy can be one of the effective interventions in this field. Various studies have examined the effectiveness of schema therapy on psychological well-being

and mental health. The findings of Hassanzadeh Chaijani (2015) showed that group schema therapy was effective in increasing happiness and psychological well-being. Safarinia and Azizi (2019) showed the effect of group schema therapy on social well-being and perception of social trust in students. Balji et al. (2016) also showed that group schema therapy was effective in reducing social anxiety. In short, schemas are maintained by three mechanisms: cognitive distortions, self-destructive life patterns, and coping styles (Young et al., 2003, translated by Hamidpour and Andoz, 2012). Early maladaptive schemas are stable and persistent throughout life and form the basis of an individual's cognitive structures. These schemas help the individual organize their experiences of the world around them and process the information they receive (Golkar, Golparvar, & Aghaei, 2000). Group schema therapy is one of the important dimensions of the schema therapy approach; The commitment of the group model of schema therapy to the principles defined by Young and its therapeutic effectiveness was such that group schema therapy was considered the third stage in the process of growth and development of this approach. In addition to saving time and money, group schema therapy has advantages, including:

Three distinct factors are unity, coherence, and corrective repetition of early life experiences. Implementing schema therapy in a group provides the opportunity to rebuild damaged patient relationships in the form of a therapeutic relationship and mutual communication between group members, practicing interpersonal skills, providing emotional support, modeling, and a sense of belonging (Diechaut & Arntz, 2014). Implementing therapeutic techniques in a group is a suitable platform for implementing techniques, including discussing mentalities and changing mental images collectively and with group participation, which creates an opportunity for the therapist to creatively implement techniques (Arntz & Gendren, 2021). Given that in today's world, a large part of our time is dedicated to employment in the workplace and a lot of time is spent at work. The workplace is composed of physical, psychological, and social stimuli, each of which can cause psychological stress and lead to dissatisfaction and depletion of physical and mental strength (Lowell, 1990).

Job stress not only affects the individual and organizational performance of individuals, but its impact is significantly spread throughout the organizational environment and disrupts many organizational processes. Also, the lack of job adjustment causes the individual to not be as efficient as necessary and in many cases to leave the workplace. Since firefighting is one of the most stressful jobs in the world, the need to pay attention to the job incompatibility and stress of firefighter employees is understandable. It is true that schema-based theory was developed and developed for the treatment of personality disorders and was used for many forms of psychopathology, but unfortunately there is little published research that has examined the relationship of this theory with non-clinical populations. Therefore, the present study was conducted with the aim of investigating the group schema therapy on reducing job stress and job incompatibility of firefighter employees in Tehran province.

Method

In this study, a quasi-experimental method was used with a pre-test-post-test design with a control group and a two-month follow-up period. The statistical population of this study included all employees of the Central Fire Department and Safety Services of Tehran Municipality in 2018.

First, 57 employees of the Central Fire Department and Safety Services of Tehran Municipality completed the Occupational Stress Questionnaires of the Health and Safety Institute of England (2004) and the Shahrabi Farahani Occupational Adaptation Questionnaire (2012) as available. Then, from among the employees of the Central Fire Department and Safety Services of Tehran Municipality who had received lower than average scores in the desired variables, 20 people were selected through purposive sampling and were randomly assigned to two control and experimental groups.

The criteria for entering the study included: receiving a lower than average score in the Occupational Stress and Occupational Adaptation Questionnaire, being under 50 years old, having a diploma or higher educational degree, and willingness to participate in the study. The criteria for exiting the study were also being over 50 years old, being among the senior managers of the organization, and receiving psychotherapy and other medication

courses to solve their personal and work problems simultaneously.

All subjects were explained the general objectives and the principles of confidentiality, and they entered the study with informed consent. In this study, two absences from sessions were considered permissible, and three absences were considered the criterion for the subject's failure. Immediately after the intervention and then two months after the intervention (as a follow-up period), the job adjustment and job stress questionnaire was completed. It should be noted that the control group was placed on a waiting list during this period, and after the end of 10 sessions of group schema therapy, the subjects of both groups completed the questionnaires in the post-test phase and two months later in the follow-up phase.

Measurement tool

Health and Safety Executive (HSE) Occupational Stress Questionnaire. The Health and Safety Executive (HSE) Occupational Stress Questionnaire, consisting of 35 questions with seven domains, was developed by the Health and Safety Executive (HSE) in the late 1990s to measure the occupational stress of English workers and employees. In 2004, the Health and Safety Executive of England presented this questionnaire as a set of management standards, called the HSE Determination Tool. This questionnaire was created based on the Karasek Need-Control-Support model, and in 2004, a new and revised version of this questionnaire was presented by Kazin et al. This tool has 35 questions with a five-point Likert scale. The seven areas measured in this questionnaire are: role, communication, support from authorities, support from colleagues, control, demand (need) and changes. HSE Questionnaire In the research of Kerr et al. (2000), the overall alpha coefficient of this questionnaire was reported as 0.83 and the construct validity of this questionnaire was also reported as favorable. In Iran, Marzabadi and Fesharaki (2010) reported the correlation coefficient of the two HSE and GHQ questionnaires as 0.48. Also, the results of their research showed a strong correlation between the factors extracted from the items of the HSE questionnaire. Also, the overall validity of this test using Cronbach's alpha and split-half methods was reported as 0.77 and 0.65, respectively. As a result, the questionnaire

has sufficient reliability and validity. In the present study, the reliability value obtained for the entire job stress questionnaire was calculated as 0.62.

Shahrabi Farahani's Job Adaptation Questionnaire is based on Davis-Laffquist theory. To measure employees' job adaptability, the Davis-Laffquist questionnaire was developed by Shahrabi Farahani in 2012. This form consists of 36 questions that are scored based on a five-point Likert scale. The components of this questionnaire include: achievement value, comfort value, base value, altruism value, safety value, autonomy value, and adaptation style (Shahrabi Farahani, 2012).

In Shahrabi's research,

Rahani (2012) obtained a correlation coefficient of 0.73, which indicates sufficient

and acceptable validity of the questionnaire. Also, the reliability of the questionnaire was obtained using the Cronbach's alpha measurement method between 0.74 and 0.90, which is a reliable reliability. In the present study, Cronbach's alpha for the entire job adjustment questionnaire was obtained as 0.71.

Introduction to group schema therapy

After selecting the sample and randomly dividing them, the experimental group underwent schema therapy in a group, in 10 90-minute sessions (one session per week) and based on Jeffrey Young's schema therapy protocol based on cognitive and behavioral paradigm-breaking techniques. A summary of the treatment plan for group counseling sessions is given below.

Table 1. Summary of Schema Therapy Group Sessions

Sessions Content
Session 1: Introduction, announcement of group rules and goals, completion of Young's Short Form Schema Questionnaire, explanation of the schema model in simple and clear language, characteristics of early maladaptive schemas, introduction of early maladaptive schemas (brief explanation of 18 schemas), introduction of the book <i>Recreate Your Life</i> (written by Jeffrey Young)
Session 2: Presentation of the results of Young's Short Form Schema Questionnaire to each individual, expression of the evolutionary roots of schemas, maladaptive coping styles and responses, conceptualization of the individuals' occupational problem according to the schema-centered approach
Session 3: Answering group members' questions about the previous session, examining objective evidence confirming and rejecting the schemas based on evidence from the individuals' past and current lives.
4 session: Training on cognitive techniques: New definition of evidence supporting schema
5 session: Training and practicing two other cognitive techniques, including evaluating the advantages and disadvantages of individuals' coping styles, establishing a dialogue between the schema aspect and the healthy aspect, and learning healthy aspect responses by individuals
6 session: Summarizing previous sessions, training on the technique of preparing and compiling schema training cards when facing schema-provoking situations
7 session: Reviewing individuals' training cards, preparing a comprehensive list of problematic work behaviors, determining priorities for change, and specifying treatment goals
8 session: Implementing behavioral techniques: Connecting target behavior with developmental roots in childhood and reviewing the advantages and disadvantages of continuing the behavior in order to increase motivation for behavior change
9 session: Practicing healthy behaviors through mental imagery and role-playing in daily life, practicing to make important changes in working life
10 session: Overcoming obstacles to behavior change, summarizing and summarizing skills, filling out job stress and job adaptation questionnaires.

To examine the research data, spss26 software and the repeated measures analysis of variance method were used.

Findings

In this study, all participants in the experimental and control groups were male, aged between 25 and 35 years. In terms of marital status, 8 people in the control group were married (80 percent) and 2 people were single (20 percent), and in the experimental group, 9 people were married (90 percent) and 1 person was single (10 percent). In terms of education, 6 people in the experimental group had a bachelor's degree (60 percent), 2 people had an associate's degree (20 percent), and 2 people had a diploma (20 percent), and in the control group, 7 people had a bachelor's degree (70 percent), 2 people had an associate's degree (20 percent), and 1 person had a diploma (10 percent).

Given that the present study is a quasi-experimental pre-test-post-test-follow-up study with a control group, repeated measures analysis of variance was used to compare the effectiveness of group schema therapy on reducing job stress and job incompatibility. Before running the test, we will examine the assumptions of performing analysis of variance with repeated measures. If these assumptions are met, we are allowed to use this test. The normality of the distribution of job stress variables ($KS=0.53$, $p=0.92$) and job adjustment ($KS=0.69$, $p=0.72$) was examined using the Kolmogorov-Smirnov test, and the results showed that the research variables have a significance greater than 0.05 and are normally distributed. The results of the M-box test for the job stress variable (Box $M=14.18$, $P=0.08$) and job adjustment (Box $M=10.16$, $P=0.12$) were not significant. Therefore, the condition of homogeneity of variance-covariance matrices has been properly met. Also, the Levine test, which is the condition of equality of variances between groups, was not significant in any of the research variables in any of the stages, and the amount of error variance of the dependent variables was equal in all groups. Finally, the results of the Mauchly test showed that the chi-square value in the variables of job stress (Mauchly $w = 0.08$, $x^2 =$

12.73 , $P < 0.001$) and job adjustment (Mauchly $w = 0.70$, $x^2 = 5.97$, $P < 0.05$) was significant at the 0.001 level and the assumption of sphericity was not met. Therefore, the degrees of freedom should be corrected. For this reason, the Hinfelt test was used, the results of which are reported in Tables 3 and 4.

According to the results of repeated measures analysis of variance, the two groups had a significant difference in terms of job stress ($P<0.001$). In other words, the therapeutic intervention significantly reduced the scores of the participants in the experimental group compared to the control group.

The decrease in job stress was also stable in the follow-up phase. According to Table 2, the mean job stress scores of the experimental group in the pre-test, post-test, and follow-up phases were 104.90, 76.50, and 81.30, respectively, which indicates a decrease in job stress in firefighter personnel in the post-test phase compared to the pre-test and follow-up phases. Also, the effect size in this case is 87 percent, meaning that 87 percent of the changes in the post-test and follow-up scores were related to the group therapy schema. Also, the significant interaction between the phases with both the experimental and control groups in job stress indicates that in the post-test and follow-up phases, the average of the experimental group is significantly lower than the control group. These results indicate the effectiveness of group therapy schema on job stress in firefighter personnel.

According to the results of repeated measures analysis of variance, the two groups had a significant difference in terms of job adaptation ($P<0.001$). In other words, the therapeutic intervention in the participants of the experimental group significantly increased job adaptation compared to the control group, and this increase was also stable in the follow-up phase. According to Table 2, the average job adaptation scores of the experimental group in the pre-test, post-test and follow-up stages were 79, 106.40 and 103.80 respectively, which

indicates an increase in job adaptation in firefighter personnel in the post-test and follow-up stages compared to the pre-test. Also, the effect size in this case is 86 percent, meaning that 86 percent of the changes in post-test and follow-up scores were related to group schema therapy. Also, the significant interaction between stages with both experimental and control groups in job stress indicates that in the post-test and follow-up stages, the average of the experimental group is significantly higher

behavioral techniques, as well as by emphasizing replacing more adaptive and new behavioral and cognitive patterns instead of ineffective coping styles and strategies, provides an opportunity to improve symptoms of fear of negative evaluation, avoidance, and physiological discomfort of occupational stress (Qaderi et al., 2016). Early maladaptive schemas are very effective in each person's perception and interpretation of events and happenings in their workplace. Schemas, which originate from unmet basic needs in childhood, can cause problems and dissatisfaction with one's work. Schemas act as an information processing system that determines how one views one's job and environmental and work stimuli. Schemas are actually a type of psychological vulnerability that increases one's susceptibility to stress. The results showed that group schema therapy can be effective in improving occupational stress and occupational adjustment in firefighters. In fact, schema therapy has improved occupational stress and occupational adjustment by reconstructing early maladaptive schemas and targeting the developmental roots of individuals' problems. It can also be noted that the group nature of the intervention plan and its role in the outcome can have a role in firefighters' mental interpretations by being in the group and being aware of similar work experiences and different coping styles. In this study, by using the mental imagery technique, by providing the opportunity for the expression of the main emotions of anger, the field was prepared for the emotional discharge of employees and caused them to distance themselves from harmful schemas. Imagery

than the control group. These results indicate the effectiveness of group schema therapy on job adaptation in firefighter personnel. Also, the significant interaction between time with both experimental and control groups in the job adaptation variable indicates that in the post-test and follow-up stages, the average of the experimental group is significantly higher than the control group, and the results indicate the effectiveness of group schema therapy on job adaptation in firefighter personnel.

Discussion and Conclusion

The aim of this study was to investigate the effectiveness of group schema therapy on reducing job stress and job incompatibility among fire department employees in Tehran province. The results showed that fire department employees in the experimental group had a significant difference with the control group in improving job stress and job incompatibility at the end of the treatment sessions and the follow-up phase, and their scores increased in the post-test and follow-up. This finding is consistent with the results of Khorasani (2016), Balji et al. (2016), Saffarnia and Azizi (2019). Khorasani's study (2016), which examined the effectiveness of group schema therapy on improving job satisfaction and reducing job burnout among employees of Chinese teak manufacturing factories, is a study conducted by Rahmani (2015), in which group training sessions using the schema-based model significantly reduced job burnout and dimensions of emotional exhaustion, depersonalization, and lack of personal success. Farhadi, Pasandideh, and Vaziri (1400) demonstrated the effectiveness of schema therapy in reducing stress, anxiety, and increasing self-efficacy in multiple sclerosis patients. The results of the present study showed that group schema therapy improves occupational stress and job adjustment of employees. In explaining the effectiveness of group schema therapy, it can be added that schema therapy, by emphasizing changing maladaptive coping styles and maladaptive schemas formed in childhood and explaining how they affect processing and confronting life events in treatment and providing cognitive and

conducted among fire department employees in Tehran and on men; therefore, generalization of the results to other individuals in other organizations should be done with caution. Also, due to the group nature of the intervention and the short nature of the sessions, it was not possible to perform some schema therapy techniques and only basic training and implementation of these techniques were used. Given the existing limitations, it is suggested that future research examine schema therapy with a longer time and number of sessions to accurately determine the therapeutic effectiveness of this approach. Conducting comparative studies to measure the effectiveness of the present approach with other empirically supported therapeutic approaches and identifying the most effective intervention for improving job stress and job adjustment of employees in organizations also seems necessary. Finally, considering the effectiveness of this method, it is suggested that specialists and therapists pay attention to the schema therapy approach when developing a treatment plan for employees who have job stress or difficulty adjusting to their jobs.

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Mental model-breaking caused a distance from avoidance and extreme compensation coping styles. Since the re-creation of early maladaptive schemas and maladaptive coping styles leads to increased job stress and decreased job adjustment, and ultimately endangers the mental health of these individuals, which manifests itself in the form of stress and anxiety symptoms. Therefore, schema therapy can be useful for them. In schema therapy, people understand that they have incorrect schemas by challenging them with various techniques and should not view them as absolute truths, but rather as hypotheses that can be examined.

In this regard, firefighters who are prone to job stress and reduced job adjustment due to mental burden, sensitivity and high risk, environmental and psychological stressors after the accident, who were able to achieve positivity, responsibility, impulse and emotion control, positive interpersonal relationships and finally coping with negative self-evaluation in group schema therapy, all of which led to increased job adjustment and reduced job stress in these individuals. Finally, it can be said that the group schema therapy technique led to changes in emotional beliefs and the way they deal with emotions in firefighters present at the schema therapy sessions, which itself was an effective factor in increasing job adjustment and reducing job stress. It seems that changing attitudes in the way employees think was effective and facilitated people's communication with themselves and others, and also increased flexibility in their perspective on their job. In fact, instead of searching for sources of job stress outside themselves, people focused their attention on their personality traps and their initial ineffective schemas. In other words, they changed their role from a victim and passive position to an active one. Schema adjustment can make an individual pay attention to beyond their own feelings and needs; that is, the needs of others and bring a kind of meaning to the individual's efforts.

Among the limitations of this research, we can mention the following: the present study was

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