variables to solve the problem. Questionnaires were administered to manufacturing employees in two studies. Study one consists of 370 respondents from small/medium manufacturing enterprises, and study two, 313 respondents from large manufacturing enterprises following a systematic sampling design.

Study 1 revealed that the major work stressors were work/family conflict, career difficulty, and natural disasters. 14.67% of the employees were highly depressed. There were 20.33, 11.96, and 14.91%, respectively, of the employees who are high on the psychological, physiological, and behavioral indices of stress outcomes. Workload, work/family conflict, and interpersonal relationship were the three significant stressors that explained 0.39, 0.34, and 0.31 of each stress outcome variance. We also found that support from the top management, and individual emotional regulation might serve as key moderators that contribute 13.2% to the stress outcomes.

In study 2, the major work stressors were economical/political, living environment, and societal pressure. An average of 24.9% employees rated high on work stress consequences (depression), comparing to the 5.8 ~ 9.5% depression prevalence estimated by the WHO. Career/future uncertainty and management leadership style, have exhibited statistical importance to the stress outcomes. Both of the internal and external stressors contribute 38.3, 25.2, and 12.1%, respectively, to the three stress outcomes. It is interesting to note that the perceived external stress levels (i.e., political, economic, and living-environment) were significantly higher than those of the internal organization stress ($p < 0.000$). To conclude, employees have been distressed in Taiwan's manufacturing workplace. Plausible stress management was discussed. Finally, a theoretical stress intervention model was presented and tested through the SEM approach, with satisfactory fit resulted (GFI = 0.91; AGFI = 0.87; NNFI = 0.94; SRMR = 0.067).

Smoking cessation in copd outpatients: 12-month results of the smoke study

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Objectives This study compares the effectiveness of a newly developed multi-component intensive smoking cessation intervention, SmokeStopTherapy (SST), with a less intensive application of the Dutch Minimal Intervention Strategy for Lung Patients (L-MIS).

Methods The SMOKE study is a randomised controlled multi-centre trial with one year follow-up. COPD outpatients ($N = 234$) willing to quit smoking were enrolled in three hospitals and randomly allocated to SST or LMIS. SST contains 4 group sessions, 4 individual sessions, 4 telephone contacts, Zyban®, and the possibility to restart the individual sessions in case of relapse within three months ('recycling'). Quit rates based on intention to treat were measured by salivary cotinine. Point prevalence abstinence rates after six months and twelve months will be presented here.

Results After six months self-reported abstinence is 25% for LMIS and 31% for SST ($p = 0.29$). Validated abstinence rates after six months are 17 and 22% for the LMIS and the SST respectively ($p = 0.31$). After twelve months self-reported abstinence rate is 18% for the LMIS group and 23% for the SST group ($p = 0.32$) whereas the validated quit rates are 11 and 18% for LMIS and SST respectively ($p = 0.13$).

Conclusions Although the observed differences between SST and LMIS seem clinically relevant, these appear to be non-significant. This suggests that both interventions are effective, but that LMIS may be more cost-effective. Furthermore, salivary cotinine measurements indicate a high

deceiving rate in COPD patients. Therefore, biochemical validation of self-reports in these trials seems to be imperative.

A cross-cultural study of emotional awareness and negotiation behavior: Evidence from China, Taiwan, and the United States

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As an increasing interest in the role of emotional intelligence (EI) on organizational behavior in the workplace, this study explores cross-culturally validating the factor structure of an emotional awareness measurement from management perspective in general and provides empirical evidence for the effects of emotional awareness on negotiation behaviors. Data were collected from 341 participants (middle-senior manager), including 79 from China, 172 from Taiwan, and 90 from USA in three phases experimental design. In phase I, self-evaluating the level of emotion awareness through 16-item questionnaire regarding negotiator's attractiveness and self/other's problem-solving approach (PSA). In phase II, participants conduct a one-time, dyad bargaining exercise on three commercial items, and a post-game survey in phase III. Exploratory factor analyses showed remarkable similarity in the four-factor structure of the emotional awareness across the three groups. The total variance explained ranged from 57.36% to 64.73%. Confirmatory factor analyses on the combined sample also supported the four-factor solution ($GFI = 0.93$; $AGFI = 0.90$; $NNFI = 0.93$; $RMR = 0.054$). No mean differences were found in the three groups. The cultural inequality is evident in the relationship patterns of EI and negotiation behaviors. Chinese has the highest PSA scores among the three groups. However, the correlations between emotional awareness and negotiation variables are not significant in this sample. In the U.S. sample, emotional awareness is negatively correlated with self-other agreement on PSA ($r = -0.2348$, $p < 0.05$), while in the sample from Taiwan, emotional awareness is highly associated with both the self-other agreement on PSA and evaluations on negotiator's attractiveness. Interpretations and implications are further discussed.

Is brochure information effective in encouraging increased risk perception and screening behaviour for type 2 diabetes in high-risk groups?

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Objectives To investigate whether brochure information on symptoms and risk factors for type 2 diabetes is effective in encouraging increased risk perception and screening behaviour in high-risk groups.

Methods One hundred and thirteen patients recruited in a G.P. surgery in Austria, aged 45–89 years, not known to have diabetes, were randomly assigned to an intervention or control group. All participants completed a questionnaire on diabetes-related risk factors, previous medical advice on diabetes risk, perception of personal control, risk and seriousness of the illness. The intervention group then received the Diabetes UK "Are YOU at risk?" brochure followed by further questions regarding their risk perception of diabetes. Both groups were asked about intention to screen and subsequent screening behaviour was recorded.

Results Risk of developing diabetes was generally underestimated in the whole sample. Previous medical advice on risk but not actual risk status predicted perceived risk of diabetes. The intervention group was more likely to subsequently screen for diabetes, than the control group. Retired females were more likely to translate expressed screening intention into subsequent behaviour than employed males. Members of the high-risk group were more likely to change risk perception and the definition of their risk compared to members of the low-risk group. However, an overall underestimation of risk remained in all groups.