

THE PERCEIVED STRESS AND TURNOVER INTENTION  
OF DIRECT-CARE STAFF  
OF COMMUNITY RESIDENTIAL FACILITIES

by

KEVIN EUGENE LIGHTLE

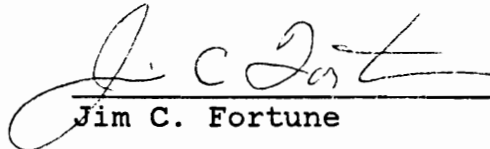
Dissertation submitted to the faculty of the  
Virginia Polytechnic Institute and State University  
in partial fulfillment of the requirements for the degree of  
DOCTOR OF EDUCATION

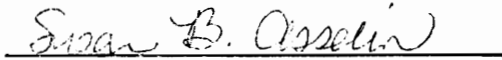
in

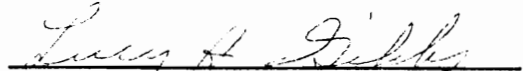
Administration and Supervision of Special Education

  
Philip R. Jones, Chairman

  
Bonnie S. Billingsley

  
Jim C. Fortune

  
Susan B. Asselin

  
Lucy S. Gibbs

August 1990

Blacksburg, Virginia

The Perceived Stress and Turnover Intention  
of Direct-Care Staff of Community Residential Facilities

by

Kevin Eugene Lightle

Chairman: Philip R. Jones

Special Education Administration

(Abstract)

This study examines turnover among direct-care staff of community residential facilities. Turnover is of concern as the projected rate indicated by direct-care staff is 34%. A review of personnel records project an annual turnover rate of 40%.

Stress is examined for its relationship to turnover. The Maslach Burnout Inventory is used to measure the perceived stress level of staff. Results indicate direct-care staff are not stressed to the point of burnout in two of the three subscales of the Maslach Inventory. Further analysis reveals no significant relationship between stress and turnover intention.

Role conflict, role ambiguity, and role overload are examined for any relationship to degree of stress and turnover. No relationships were found between these sources of stress.

Although no relationship exists between perceived stress, roles, and turnover, direct-care staff's reasons for

leaving may be related to more money and better management.  
In order to reduce turnover, potential strategies for  
administrator's may to be to clearly define the job of  
direct-care staff and provide sufficient recognition.

## ACKNOWLEDGEMENTS

The author takes this opportunity to recognize those individuals who have been an inspiration in completion of this degree.

The committee chairman, Dr. Jones, through his persistence and grateful provision of time gave me the many opportunities that have led to experiences in the field, and ultimately, the completion of my study. Committee members Dr. Billingsley, Dr. Fortune, and Dr. Asselin each in their own way provided direction, feedback, and often times the humor that enabled me to keep the study in perspective. Dr. Gibbs gave of her time to participate as an active team member whose support was felt throughout every step of the way.

A special comment goes to those colleagues, past and present, who band together to form lifelong friendships, and through our efforts, attempt to effect a positive change in services to the handicapped. Two individuals that have made a special impact on my family and myself are Dr. Jeffrey Egleston and Dr. Michael Showfety. Through association with these two have I been provided the "jumpstart" in my goals.

The dream and ultimate completion of such an endeavor as completed here could have not been possible without my family. Thanks go to my parents who taught me the values of

perseverance, and to my brothers who early on taught me about survival.

To my daughter Kelly: During the time I have spent on this project you have given to me endless pleasure, making all the hard times a fleeting image. Through your eyes, life's pleasures abound. You may not realize this now but through this expression of appreciation will you forever understand my love.

Although a lot of time and many words have passed throughout this project, there may never be enough time or words to express my happiness and gratitude to my wife, Olivia. Whenever I had a wild idea, Olivia helped it to become a reality, and whenever I began to stray from the task Olivia stepped in to keep things on track. It is with great pleasure and undying love that I dedicate this work to Olivia.

TABLE OF CONTENTS

|  | Page |
|--|------|
| ABSTRACT. . . . .                                  | i    |
| ACKNOWLEDGEMENTS. . . . .                          | iii  |
| LIST OF TABLES. . . . .                            | ix   |
| CHAPTER  |      |
| I. INTRODUCTION AND LITERATURE REVIEW . . . . .    | 1    |
| Introduction . . . . .                             | 1    |
| Literature Review. . . . .                         | 3    |
| Monetary Effects of Stress . . . . .               | 3    |
| Effects of Stress on the Agency. . . . .           | 6    |
| Effects of Stress on the Employee. . . . .         | 7    |
| Effects of Stress of the Client. . . . .           | 11   |
| Stress and Burnout Defined . . . . .               | 12   |
| Stress Defined . . . . .                           | 17   |
| Sources of Stress: External. . . . .               | 19   |
| Sources of Stress: Personality . . . . .           | 23   |
| Sources of Stress: Organizational Role . . . . .   | 24   |
| Direct-Care as a Human Service Occupation. . . . . | 26   |
| Historical Perspective of Community                |      |
| Residential Facilities . . . . .                   | 27   |
| The Direct-Care Staff of CRF's . . . . .           | 29   |
| Management Problems of CRF's . . . . .             | 31   |
| Stress and Turnover Within CRFs. . . . .           | 33   |
| Problem Statement. . . . .                         | 34   |
|  | vi   |

|  | Page |
|--|------|
| Purpose Statement. . . . .                 | 34   |
| Research Questions . . . . .               | 35   |
| Null Hypothesis. . . . .                   | 35   |
| Significance of the Study. . . . .         | 36   |
| Delimitations. . . . .                     | 37   |
| Limitations. . . . .                       | 37   |
| Organization of the Study. . . . .         | 38   |
| II. METHODOLOGY. . . . .                   | 39   |
| Introduction . . . . .                     | 39   |
| Research Questions . . . . .               | 39   |
| Null Hypothesis. . . . .                   | 39   |
| Procedure. . . . .                         | 40   |
| Population and Sample. . . . .             | 40   |
| Research Design. . . . .                   | 41   |
| Instrumentation. . . . .                   | 42   |
| Burnout. . . . .                           | 42   |
| Organizational Characteristics . . . . .   | 43   |
| Turnover . . . . .                         | 43   |
| Demographic Information. . . . .           | 44   |
| Assessment of Non-Response Bias. . . . .   | 44   |
| Summary. . . . .                           | 45   |
| III. RESULTS. . . . .                      | 46   |
| Descriptive and Demographic Data . . . . . | 46   |
| Employment Characteristics . . . . .       | 47   |
| Family and Social Life . . . . .           | 50   |

|  | Page |
|--|------|
| Personal Characteristics . . . . .         | 55   |
| Degree of Burnout. . . . .                 | 60   |
| Sources of Stress: Role. . . . .           | 65   |
| Turnover Intent. . . . .                   | 68   |
| Non-Response Assessment. . . . .           | 80   |
| IV. DISCUSSION . . . . .                   | 83   |
| Analysis of Findings . . . . .             | 83   |
| Burnout. . . . .                           | 83   |
| Turnover . . . . .                         | 85   |
| Sources of Stress. . . . .                 | 86   |
| Discussion . . . . .                       | 87   |
| Sampling . . . . .                         | 88   |
| Turnover . . . . .                         | 89   |
| Burnout. . . . .                           | 91   |
| Implications and Recommendations . . . . . | 92   |
| Field of Stress. . . . .                   | 92   |
| Turnover . . . . .                         | 93   |
| Administrators of CRF's. . . . .           | 94   |
| Conclusion . . . . .                       | 95   |
| Researcher's Commentary. . . . .           | 95   |
| REFERENCES. . . . .                        | 98   |
| APPENDICES. . . . .                        | 107  |
| VITA                                       |      |



LIST OF TABLES

| Table | Page  |    |
|-------|---|----|
| 3.1   | Descriptive Information - Geographic Setting and Response Data. . . . .   | 48 |
| 3.2   | Demographic Characteristics - "Employment" Geographic Setting and Length of Employment N=158. . . . .                         | 49 |
| 3.3   | Demographic Characteristics - "Employment" Geographic Setting and Other Employment N=150. . . . .                             | 51 |
| 3.4   | Demographic Characteristics - "Family and Social Life" Marital Status and Other Employment, N=151. . . . .                    | 52 |
| 3.5   | Demographic Characteristics - "Family and Social Life" Marital Status and Religious Attendance, N=160. . . . .                | 53 |
| 3.6   | Demographic Characteristics - "Family and Social Life" Marital Status and Satisfaction With Social Life, N=160. . . . .       | 54 |
| 3.7   | Demographic Characteristics - "Family and Social Life" Satisfaction with Social Life and Religious Attendance, N=159. . . . . | 56 |
| 3.8   | Demographic Characteristics - "Personal" Race and Gender, N=159 . . . . .   | 57 |
| 3.9   | Demographic Characteristics - "Personal" Race and Geographic Setting, N=157 . . . . .   | 58 |
| 3.10  | Demographic Characteristics - "Personal" Gender and Geographic Setting, N=158 . . . . .                                       | 59 |
| 3.11  | Demographic Characteristics - "Personal" Age and Gender, N=160. . . . .   | 61 |
| 3.12  | Demographic Characteristics - "Personal" Education and Gender, N=160. . . . .   | 62 |
| 3.13  | Demographic Characteristics - "Personal" Education and Race, N=159. . . . .   | 63 |

|   | Page |
|---|------|
| 3.14 Burnout Scores . . . . .   | 64   |
| 3.15 Burnout Scores - Means and Standard<br>Deviations for the Subscales of the<br>Maslach Burnout Inventory for Machlach's<br>Sample and for a Sample of Direct-Care<br>Staff. . . . . | 66   |
| 3.16 Sources of Stress - Role Within the<br>Organization . . . . .  | 67   |
| 3.17 Turnover Results - Burnout<br>Personal Accomplishment and Turnover<br>Intent, N=155. . . . .   | 69   |
| 3.18 Turnover Results - Burnout<br>Depersonalization and Turnover Intent<br>N=160. . . . .  | 71   |
| 3.19 Turnover Results - Burnout<br>Emotional Exhaustion and Turnover Intent<br>N=159. . . . .   | 72   |
| 3.20 Turnover Results - Role Within Organization<br>Role Conflict and Turnover Intent, N=160 . . . .  | 73   |
| 3.21 Turnover Results - Role Within the<br>Organization - Role Overload and Turnover<br>Intent, N=161 . . . . .   | 75   |
| 3.22 Turnover Results - Role Within the<br>Organization - Role Ambiguity and Turnover<br>Intent, N=160 . . . . .  | 76   |
| 3.23 Turnover Results - Geographic Setting<br>and Turnover Intent, N=158. . . . .   | 77   |
| 3.24 Turnover Results - Age and Turnover<br>Intent, N=159 . . . . .   | 78   |
| 3.25 Turnover Results - Level of Education<br>and Turnover Intent, N=159. . . . .   | 79   |
| 3.26 Turnover Results - Reasons for Leaving. . . . .  | 81   |

## CHAPTER I

### INTRODUCTION AND LITERATURE REVIEW

#### Introduction

A dramatic change has occurred in the philosophy of service delivery to developmentally disabled persons over the past twenty years. Changing social attitudes and government policies have enabled disabled individuals to live and work closer to their families and/or friends in community residential facilities. The 1970s were years of deinstitutionalization and growth in community settings. Deinstitutionalization was a process or movement that embodied the philosophical concepts of normalization, least restrictive alternative, and developmental models of programming. These concepts have led to a general view that community residential services should be small, homelike, and stress education and training for client's integration into the community (Bruininks, Kudla, Hauber, Hill, & Wieck, 1981). Residing in the community has been recognized as a viable alternative throughout the history of caring for mentally retarded citizens. The last 20 years have been a period for merger of financial support, aggressive court action, governmental legislation, and the social advocacy for rights.

Like many new movements, change has been forced and moved more rapidly than systems could adequately accommodate.

The community has been overloaded with clients who are not properly prepared to live in it, and others who are released without adequate resources to support themselves.

Deinstitutionalization has been equated with "dumping" or releasing dangerous individuals into the community, and taxing local governments with a problem for which they are not adequately prepared. Early community residential facilities (CRF's) lacked the proper management and staff training to communicate a new philosophy of active treatment and normalization. The care and training in these facilities were as inadequate as those in institutional settings.

During the 1980s, standards for client identification and service delivery were aggressively enforced by private and public agencies. With the emphasis on quality of service delivery, the next decade may be more challenging to provide and maintain services as financial insecurity, challenging clients, and continued advocacy for human rights are issues to be overcome.

CRF administrators express their most pressing problems as those of staffing, funding, interagency relationships, and administrative problems (Bruininks, Kudla, Wieck, & Hauber, 1980). The most pervasive problems of staffing are recruitment of qualified staff, reduction of turnover, and training. The intent of this study is to provide CRF

administrators with further insight into the issue of staff turnover.

Turnover related factors to be examined are perceived stress and job roles performed in an agency. The human service field has received much attention due to the severity of stress related consequences on the agency, the provider of direct services, and to the recipient of services. Stress has been substantially linked to absenteeism, turnover, job satisfaction, and loss of commitment (Gupta & Beehr, 1979; Paine, 1982; Zaharia & Baumeister, 1978). When an agency is experiencing such staffing problems, the program suffers, and costs of providing services soar.

The following literature review provides information on the effects of stress upon agencies, employees, and clients. Stress and burnout are reviewed and conceptually defined in order to examine and predict the relationship of stress and the actions of employees within a community residential facility.

## Literature Review

### Monetary Effects of Stress

Stress and its effects can be found in all sectors of the world of work. The cost of dysfunctional stress has been implicated in the quantity and quality of production throughout the United States. The United States Clearing House for Mental Health Information as reported by Matteson

and Ivancevich (1987) indicates that U.S. industry has an annual \$17 billion decrease in production capacity due primarily to stress related problems. Matteson and Ivancevich (1987) report further research concerning the monetary affects by the National Safety Council, the College of Insurance, and the National Institute for Occupational Safety and Health. Their findings conclude that:

- approximately 75 to 85% of all industrial accidents are caused by an inability to cope with stress, and in recent years such accidents cost U.S. companies \$32 billion.
- heart disease associated with stress is responsible for an annual loss of more than 135 million work days.
- stress related headaches are the leading cause of lost work hours in American industry.
- psychological or psychosomatic problems contribute to more than 60% of long term disability cases, and \$26 billion is spent annually on disability payments and medical bills.

The above findings represent a few of the costs of workplace stress. However, other costs are seemingly incalculable due to the inability to measure stress affects on employment terminations, failed opportunities, increased

insurance costs, absences from work, negligent or even criminal employee activities, and more costly worker compensation claims (The Bureau of National Affairs, Inc., 1987).

Due to the link between work related stress and harmful effects on the employee, a new cost to industry and employers has emerged. This new financial burden to the employment market are those employees who, because of stress-related burnout, seek monetary recovery either in the form of worker's compensation claims or high-damage personal injury lawsuits. The following trends published by the Bureau of National Affairs Inc. (1987) report the change in attitude toward supporting employee claims due to workplace stress.

These trends are:

- employees are receiving larger amounts of money in damage suits based on workplace stress.
- worker's compensation systems of most states are more receptive to stress-related claims.
- mental disabilities caused by everyday workplace stress may be compensable in the future.
- most states recognize "mental-physical" workers compensation injury or accident

claims, when a mental stress causes a physical illness, such as an ulcer.

- insurance claims for mental stress injuries more than doubled between 1980 and 1982, while claims for other disabling work injuries decreased. Mental stress claims also accounted for 11% of all occupational disease claims during this period.

### Effects of Stress on the Agency

Effects of stress extend further than that of costs to the agency. Poor performance, absenteeism, and turnover are obvious effects. Other, more subtle effects may be a decrease in work effort or increase in passive behaviors. An individual's lack of performance either in quality or quantity affects the organization but so does the employee's behaviors of decreased satisfaction and withdrawal that may lead to absenteeism and turnover (Matteson & Ivancevich, 1987). As industry may be able to identify a cost figure as a result of absenteeism and turnover, the human services sector may not be able to calculate that loss. Absenteeism and turnover can disrupt program continuity and adversely affect those clients served because of frequent disruptions and change in their primary care-givers (Cherniss, 1980). Due to these disruptions, quality and goals of the agency are likewise effected.



## Effects of Stress on the Employee

Researchers have demonstrated in a variety of situations that job stress leads to dissatisfaction, psychological and somatic strain, and that there exists an empirical relationship to this strain and the intentions to leave one's job (Jones, 1981; Kafry, 1981; Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964; French & Caplan, 1972; Maslach & Jackson, 1979). In a review of stress and the employee, Beehr and Newman (1978) indicate that the perception of stressful situations and their effect on employee health and well being has been replicated consistently. It is believed that 70% of all patients treated by physicians in general practice may be suffering from conditions that have roots in unrelieved stress (Greenburg & Valletutti, 1980). The listing by Beech, Burns, and Sheffield (1982) provides an illustration of an individuals response to stress.

### Physiological:

#### Cardiovascular:

- heart rate elevated/increased
- increased blood pressure
- increased heart rate variability
- coronary heart disease

#### Digestive:

- increased stomach acidity
- nausea

- loss of appetite
- reduction in flow of saliva
- ulcers
- disruption of rhythmic peristalsis

Muscular:

- tense muscles
- tension headaches
- tightness of chest cavity
- backache
- muscle contractions
- tension at back of neck
- tension around the stomach
- spasms of esophagus/colon

Behavioral:

- decreased performance level
- avoidance of stressful situations
- passivity/inertia

Cognitive:

- distortions of thinking
- lowered intellectual functioning
- unproductive, ruminative, anxiety-generating patterns of thinking
- indecisiveness

Psychological:

- reduced personal accomplishments

- loss of self-esteem
- depression
- easily agitated
- cynicism
- growing dissatisfaction with job, self,  
and others

Stress that is not alleviated or coped with successfully may leave an individual vulnerable to further upsets. Unmediated stress may then lead to the following variety of diseases or conditions. These conditions summarized by Beech, Burns, and Sheffield (1982) are:

Cardiovascular:

- coronary heart disease
- hypertension
- strokes
- rhythm disturbances of the heart

Muscular System:

- tension headaches
- muscle contraction backache

Gastrointestinal Disturbances:

- ulcer
- irritable bowel syndrome
- diarrhea
- nausea and vomiting
- ulcerative colitis

Locomotor System:

- Rheumatoid arthritis
- related inflammatory disease  
of connective tissue

Respiratory-Allergic Disorders:

- lowered resistance
- auto immune disease

Genitourinary Disturbances:

- diuresis
- impotence
- frigidity

Dermatological Disease:

- eczema
- neurodermatitis
- acne

Other:

- fatigue
- lethargy

Stress placed on an individual with inadequate coping techniques may result in a variety of illnesses which may affect performance at the worksite, but it may also extend to the family, friends, and community (Maslach, 1982a).

## Effects of Stress on the Client

For the human service worker, stress interferes with and reduces effectiveness or helping behaviors. The practitioner responds to stress in a variety of ways, all of which negatively affect those they serve. A compilation of characteristic attitudes and responses of human service workers to stress from the following authors (Cox, 1978; Cherniss, 1980; Farber, 1983; Freudenberger, 1977; Maslach, 1982a; Paine, 1982), indicates how staff respond to stress. These responses are:

- a decline in motivation
- negative and uncaring feelings
- higher state of tension, irritability, and frustration
- lack of commitment
- decision capabilities reduced
- verbalize a sense of hopelessness, and helplessness about the clients
- speak of the clients in cynical, degrading, derogatory, and jargon terms
- withdraw from work and clients psychologically, physically, and emotionally
- depersonalization

These authors indicate that through these responses, staff tend to treat the clients as objects and services become

routinized and thoughtless. The staff pay less attention to the clients' needs, display insensitivity, and may often resort to physical force. These responses to stress by the staff contribute to the interpersonal and developmental problems from which the clients seek relief, comfort, or training.

### Stress and Burnout Defined

Agencies need a conceptual basis for identifying and addressing stress producing aspects of the workplace. The problem with defining and conceptualizing the phenomena of stress is there are numerous definitions ranging from vague to contradictory to overly conclusive. The first step in understanding stress is to separate stress from burnout. Although the concepts appear to be similar, and sometimes researchers have further confused the issue by using them interchangeably, the concepts are not identical. Burnout is not a term that sprang into existence but rather developed out of the 60's and 70's referring to psychiatric patients and from the slang of drug addicts who "burned-out" (Paine, 1982). The term burnout has gained prominence in human services research as burnout is the primary reason people leave the human service field (Greensburg & Valletutti, 1980). As confusion exists in defining a new field of inquiry, it also exists in defining burnout. Maslach (1982b) provides the following summarization of definitions for

burnout which indicate there is no standard definition nor clear consensus among clinicians, consultants, or researchers:

- \* A syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do "people work" of some kind.
- \* A progressive loss of idealism, energy, and purpose experienced by people in the helping professions as a result of the conditions of their work.
- \* A state of physical, emotional, and mental exhaustion marked by physical depletion and chronic fatigue, feelings of helplessness and hopelessness, and the development of a negative self-concept and negative attitudes toward work, life, and other people.
- \* A syndrome of inappropriate attitudes toward clients and self, often associated with uncomfortable physical and emotional symptoms.
- \* A state of exhaustion, irritability, and fatigue that markedly decreases the worker's effectiveness and capability.
- \* To deplete oneself. To exhaust one's physical and mental resources. To wear oneself out by

excessively striving to reach some unrealistic expectations imposed by oneself or by the values of society.

- \* To wear oneself out doing what one has to do. An inability to cope adequately with the stresses of work or personal life.
- \* A malaise of the spirit. A loss of will. An inability to cope adequately with the stress of work or personal life.
- \* To become debilitated, weakened, because of extreme demands on one's physical and/or mental energy.
- \* An accumulation of intense negative feelings that is so debilitating that a person withdraws from the situation in which those feelings are generated.
- \* A pervasive mood of anxiety giving way to depression and despair.
- \* A process in which a professional's attitudes and behavior change in negative ways in response to job strain.
- \* An inadequate coping mechanism used consistently by an individual to reduce stress.
- \* A condition produced by working too hard for too long in a high-pressure environment.



\* A debilitating psychological condition resulting from work-related frustrations, which results in lower employee productivity and morale (Maslach, 1982b, p. 30-31).

Despite the myriad of definitions, Maslach (1982b), identifies a common core or general theme. The similarities appear in the following manner:

1. A general agreement that burnout occurs at an individual level.
2. Burnout is an internal psychological experience involving feelings, attitudes, motives, and expectations.
3. Burnout is a negative experience for the individual in that it concerns problems, distress, discomfort, dysfunction, and/or negative consequences.

Using these similarities Maslach (1982b) identifies an evolving three dimensional pattern to define burnout. These three dimensions are:

1. Exhaustion - defined as wearing out, loss of energy, depletion, debilitation, and fatigue. This may also include a physical or psychological exhaustion manifesting itself as a loss of feeling and concern, a loss of trust, a loss of interest and spirit.

2. Depersonalization - a negative shift in responses to others, negative or inappropriate attitudes towards clients, loss of idealism, and irritability. This dimension occurs over time which is why it is referred to as a shift, change, development, or accumulation.
3. Personal Accomplishment - a negative response toward oneself, and one's accomplishments, depression, low moral, withdrawal, reduced productivity or capability, and an inability to cope.

In light of this framework, one can view burnout as a result not of stress but of unmediated stress engendered by individual, work related, and societal factors. Burnout is the last stage of an accumulation of stressors, of being stressed and having no way out, no buffers, no support system, which ultimately propels individuals beyond their comfortable coping limits resulting in a person submitting to distortion, anger, and depletion (Farber, 1983; Golembiewski, Munzenrider, & Stevenson, 1986). Despite the effects on the individual, the visible signs of an employee experiencing stress to the point of burnout are;

1. a significant decrement in the quality of services provided to clients.
2. poor staff morale

3. increased absenteeism
4. higher staff turnover - a decrease in average length of stay
5. increased accidents
6. increased employee thefts
7. increased drug and/or alcohol use on the job or during breaks (Paine, 1982).

### Stress Defined

In order to uncover or identify the cause of burnout, research must steer away from identifying the people and toward uncovering the characteristics of the bad situations where many good people function (Farber, 1983). Emphasis is thereby placed on examining the work role and the nature of the setting in the etiology of burnout that begins with job stress.

The term stress was derived from Latin and was used in the seventeenth century to mean hardships, straits, adversity, or affliction. During the late eighteenth century the term was adopted in the field of physics where it referred to any strain, pressure or force applied to a system (Cooper, 1981). Cooper (1981) traced the term to Hans Selye where in 1926 he introduced the term into the allied health field in attempts to explain his general adaptation theory of stress related illnesses. As with burnout, there appears a lack of agreement to a single definition. A cursory review

of stress research reveals the following definitions of stress and stressors:

- \* Events in which environmental or internal demands (or both) tax or exceed the adaptive sources of an individual (Lazarus & Launier, 1978).
- \* Job stress occurs when the job either poses demands that the worker cannot meet or fails due to insufficient supplies that the worker needs (French, 1973).
- \* Stress is the state of an organism where one perceives that his well being is endangered and that he must divert all his energies to its protection (Caplan, 1964).
- \* Stress - the nonspecific (that is, common) result of any demand upon the body (Selye, 1982).
- \* Stress - a physical, mental, or environmental reaction resulting from an individual's response to environmental tension, conflicts and pressures. A person's reaction to such stressors may be clearly visible or it may be so subtle that he or she is unaware of the effects (Greenburg & Valletutti, 1980).
- \* The pattern of psychological, behavioral, and physiological responses of the individual to demands of the physical and social environment that exceeds

one's capacity to cope effectively (Goldberger & Breznitz, 1982).

Despite the variety of definitions, there again emerges an underlying theme that helps operationalize the study of stress in the workplace. This theme is a stimulus or stressor evokes a stress response either from external events or conditions; and stressors affect the organism. It must be noted that all stressors are not negative. Stress arousal does have positive aspects in that stress may be a motivating force or arousal in preparation for physical exertion, however, rarely does one have the opportunity to respond to stress in a physical or active manner within the normal work setting. Therefore, a stimulus becomes a negative stressor by virtue of the cognitive meaning or interpretation that an individual assigns to the stimulus or by virtue of the fact that the stimulus affects the individual by way of some sensory or metabolic process which is in itself inherently stressful (Everly & Rosenfield, 1981).

#### Sources of Stress: External

Since burnout is a result of stress, and stressors are the source of stress, it is imperative that stress related variables are identified. Within the human services sector, causes and/or sources of stress are due to the inherent working conditions, philosophy of the field, the individuals'

personal and social characteristics, and to the organizational and administrative functions of such agencies.

Although all worksites have the potential of producing stressful situations, the human services sector stands out among others as being a highly stressful occupation. The characteristics of human services personnel and their occupations are such that they may exacerbate the negative effects of stress. Those that choose to work in the human services sector are often attracted to the sense of responsibility for others. The responsibility requires direct interaction with recipients who have a problem. The reason for choosing such an occupation is the satisfaction of working directly with people and in some way making an impact on their lives. But it is that very principle of interacting with people that is the crux of causes and sources of stress. The following by Greenburg and Valletutti (1980) is a compilation of characteristics associated with the responsibilities of the practitioner that increases their vulnerability to negative stress interpretation.

Human Service Professionals:

- become deeply involved in the lives and well being of others.
- wield some degree of control in directing the activity of others.

- are regularly exposed to human grief, deprivation, struggle and failure, as well as the inability of others to cope adequately with their daily functions.
- spend long, usually irregular hours accomplishing specific tasks.
- are expected to or expect to perform a variety of activities, many of which may not be directly related to his or her specific function.
- have a greater personal interaction and more in depth knowledge of their clients personal values and attitudes.
- often are required to serve too many people, with too few resources.

When a person chooses the field of human services as an occupation, they often don't realize that the staff to client interaction is soon overshadowed by administrative and supervisory chores, although vital, rarely offer the same sense of satisfaction to the staff as directly interacting with clients. Greensburg and Valetutti (1980) point out that not only are administrative duties everpresent, the satisfaction of interaction becomes a chore as the practitioner not only interacts with the clients, but with peers, supervisors, and members of support and follow-up

agencies. This field continues to be identified as a highly stressful occupation due to the extent of the staff's responsibilities that are sources of stress that lead to burnout.

Through research by Farber (1982), Greenburg and Valletutti (1980), Kanas (1986), and Maslach (1982b), a variety of conditions in the workplace common to the human services sector have been identified as sources of stress.

These conditions are:

- clients who are difficult or dangerous
- clients' lack of cooperation and constant neediness
- unexpected violence
- shrinking budgets
- inequity in salary and status
- excessive or irregular work hours/shift work
- isolation from colleagues
- lack of support services among coworkers and administration
- lack of participation in an agency's planning activities
- lack of decision making authority
- lack of autonomy
- lack of criteria to measure job performance
- inadequate job training



- administrative indifference
- lack of positive feedback

### Sources of Stress: Personality

Workplace factors are not the entire source of stress. Internal factors, or what a person brings to the situation play an important part as well (Maslach, 1982a). Individuals who have specific personality traits interpret and cope with stressors in different manners. Five personality traits have been identified by Cherniss (1980). Cherniss contends that these personality traits are more prone to stress in the human services setting.

These traits are:

1. Neurotic anxiety - results in excessive and conflicting motivation, emotionality, and instability.
2. Type A Personality - prone to a striving, competitive, time pressured lifestyle.
3. Locus of Control - internal vs. external conflicts
4. Flexibility vs. Rigidity - more susceptible to role conflict because they find it difficult to say no to demands.
5. Introversion - more likely to withdraw, weak, and unassertive.

In addition to personality traits, other personal characteristics have been identified which affect the way in

which one handles stress. Maslach (1982a) suggests that burnout due to stress is greatest when those working with people are young, possibly due to less work experience as burnout is reported highest among those within the first 5 years of work. People who are single experience the highest degree of stress, while those married and with children experience the least. Those who have less education experience low levels of stress, possibly meaning those who seek higher education create wider gaps between their goals and expectations compared to their actual achievement. Although not empirically supported there is a belief that due to urbanization, geographic movement, and class mobility there has occurred a decline in informal community groups and structures. The primary support systems consisting of neighborhoods, church, and extended families have decayed leaving those with stress related conditions to cope by themselves which exacerbates the condition further (Goldberger & Breznitz, 1982; Cherniss, 1980).

#### Sources of Stress: Organizational Role

The agency or organization is an additional component contributing to stress. The agency has a major input on the "role" the practitioner is to perform both to the agency and the clients they serve. Role conflicts, role ambiguity, and role overload are characteristics that have been cited frequently as sources of job-related stress, which have been

related to numerous negative attitudinal and behavioral outcomes (Brief & Aldag, 1976; Szilagyi, Sims, & Keller, 1976).

Role conflict is a discrepancy between the patterns of expectations attached to a given role by the practitioner and that attached by the agency manager, and clients. The conflict or stressor occurs when the individual is required to conform simultaneously to a number of expectations that are mutually exclusive, contradictory, or inconsistent (Greensburg & Valletutti, 1980). In addition to expectations, there may also be responsibilities which may directly conflict with each other (Beech, Burns, & Sheffield, 1982).

Role ambiguity exists due to tasks that are defined in broad terms, are poorly defined, and not clearly delimited. Lack of clarity may exist about the work objective, scope, and responsibilities associated with the job, but also extends to colleagues, and peers expectations of the work role (Gardner & Chapman, 1985; Cooper & Marshal, 1976). Cooper and Marshal (1976) identified those people who identified role ambiguity, experienced conditions of depressed mood, lowered self-esteem, life dissatisfaction, low motivation to work, and intention to leave the job.

Role overload is a stressor of most professions. There is the quantitative nature of overload which occurs when the employee works excessive or unusual hours. Overload is also

associated with being burdened with too many tasks to be accomplished in a unreasonable amount of time (Greensburg & Valletutti, 1980). This also includes times when staff are forced to make decisions on a moment's notice without reasonable planning and preparation. The qualitative aspect of overload occurs when work exceeds the technical or intellectual competence of the individual (Beech, Burns, & Sheffield, 1982). There is also periodic overload which is irregular, sudden, and/or excessive (Gardner & Chapman, 1985).

#### Direct-Care as a Human Service Occupation

There exists a subset of human service workers who comprise the single largest workforce providing services to the developmentally disabled. This work force has been accorded such titles as attendants, technicians, paraprofessionals, and habilitation specialists. For the purposes of this review the generic term of direct-care worker will be employed.

The direct-care worker makes up 75% of all facility personnel and accounts for one-half of facility budgets constituting the single largest category of expenditures in such organizations (Lakin, Bruininks, Hill, & Hauber, 1982; Zaharia & Baumeister, 1978). Direct-care staff may be found serving clients in mental health institutions, nursing homes, institutions for the mentally retarded, and most recently in

the expanding service area of group home or community residential facilities (CRF). MacNamara (1986) reports a generic definition of residential facilities provided by The Joint Commission on Accreditation of Hospitals (1971) as an organizational entity that has physical identity and administrative integrity and conducts a program of services directed primarily to enhancing the health, welfare, and development of individuals classified as mentally retarded. The primary purpose of a residential facility is to protect and nurture the dignity, health, and development of each individual requiring twenty-four hour programming services. (p.xiii)

#### Historical Perspective of Community Residential Facilities

The attention to the staff of community residential facilities has occurred due to evolving societal attitudes, and changing governmental policies toward the pattern of service delivery to developmentally disabled individuals (Bruininks, Hauber, & Kudla, 1980). These changes in approach are expressions of normalization, least restrictive environment, and developmental models of programming (Bruininks, Meyers, Sigford, & Lakin, 1981). The least restrictive doctrine defined by court decisions emphasizes that people should be served under conditions that maximize opportunities to live in normal settings in society

(Halderman v. Pennhurst, 1977; Welsch V. Likens, 1974; Wyatt v. Stickney, 1972).

The most common means by which this provision of services may be provided has been achieved through the small, group-based residential homes located within established urban and rural neighborhoods. These changes of placement from large Public Residential Facilities (PRF) reflect the least restrictive doctrine and provide a normalized setting for personal growth and integration into society. Bruininks, Kudla, Wieck, and Hauber (1980) describe this change of service delivery from large based institutional settings to small based group home settings as the process of deinstitutionalization. This process has resulted in a reduction of about 25% in the number of people who live in large, publicly owned residential facilities (Lakin, 1979) and parallels the rapid growth of community residential facilities (Bruininks, Kudla, Wieck, & Hauber, 1980). This trend is not over, as approximately 6,000 clients per year are depopulating the large PRF's as services are being replaced by smaller community programs (Hill, Lakin, & Bruininks, 1984).

The growth of CRF's continues, due not only to the deinstitutionalization philosophy, but also to the related reports of the detrimental effects of prolonged institutionalization (Lakin, Bruininks, Hill, & Hauber,

1982). Conversely, clients in community residential facilities achieve success in terms of improved developmental progress in language, and adaptive behaviors, self-help, socialization, and lead lives which are significantly more active and varied because of the greater opportunity to run one's own life (Aames & Moen, 1976; Felce, Kock, & Repp, 1986; Kleinberg & Galligan, 1983; O'Neill, Brown, & Schonhorn, 1985; Sokol-Kessler, Conroy, Feinstein, Lemanowicz, & McGurnin, 1983). In addition to clients' growth and well being, studies tend to support community based programs as more cost effective than the public institutions (Sokol-Kessler, Conroy, Feinstein, Lemanowicz, & McGurnin, 1983; Heal, Sigelman, & Switzky, 1979).

#### The Direct-Care Staff of CRF's

With the substantial increase in the number of developmentally disabled persons living in the community, the need for appropriately trained and qualified staff has increased accordingly (Schalock, 1983; 1985; Ziarnick, Rudrud, & Bernstein, 1981). This need has been repeatedly identified as the most crucial factor determining the success of the program and the avoidance of clients' reinstitutionalization (Intagliata & Willer, 1982; Schalock, Harper, & Genung, 1981). An adequately trained and stable staff provide an environment for the clients that is beneficial for their developmental growth and further

interaction and integration to society. Thaw and Wolfe (1986) indicate "that future program initiatives in residential facilities will, in large part, depend on the performance of these personnel for success. Their history, attitudes, norms, practices, and working conditions will be active variables in this process" (p. 84).

Over time, the group of employees in a residential facility, have developed characteristic patterns of behavior sufficient to distinguish itself from other groups within the human service sector (Thaw & Wolfe, 1986). The working world of a direct care employee of a residential facility is alien to most people. The employee is required to be a consistent, role model through which a client may learn socialization and independence (Freudenberger, 1977). The expectations of the staff are to treat the total needs of the client, parents, advocates, and the facility in a setting that has little structure, supervision, and guidance (Harrington, & Honda, 1986; Shaddock, 1988). The professional expectations of the staff are to demonstrate all of the attitudes and values esteemed by the established professions by showing initiative, self-reliance, and disinterested commitment. "They must appreciate and endorse the values of normalization and continually seek opportunities to promote the quality of life of the residents" (Shaddock, 1988, p. 87), yet receive few of the advantages professionals accrue. The work of



residential staff is more public, more open to scrutiny, and the effects of unprofessional conduct are potentially serious. "Few professionals have to maintain such a level of commitment to such a devalued group in such public prominence as residential workers in community settings" (Shaddock, 1988, p. 87). These all encompassing requirements may tax the senses, press an individual against people with terrible handicaps and deformities, be at times physically dangerous, have little status, provide for little recognition and much criticism, perform domestic chores and cleaning up after incontinent and destructive clients, with little promise or opportunity for promotion, all for a negligible salary (Freudenberger, 1977; Thaw & Wolfe, 1986). The many so-called professional labels afforded the direct care worker may not necessarily be in recognition of their skill and commitment but as a flattering symbolic reward to conceal poor conditions, poor pay, lack of career mobility, and even their exploitation (Goldner & Ritti, 1977).

#### Management Problems of CRF's

In regard to the requirements of the direct-care worker in CRF's, as cited above, it may not be surprising that the most frequently identified problems by CRF administrators are staffing and personnel (Bruininks, Kudla, Wieck, & Hauber, 1980). Areas of personnel difficulty have included; recruitment of staff, staff training, and high rates of

turnover (Crystal, Fleming, Beck, & Smolka, 1987). Lakin, Bruininks, Hill, and Hauber (1982) note the rate of direct care staff turnover is one of the most serious problems in the provision of residential care. Staff turnover is considered a drain on resources as it entails reoccurring recruitment, selection, and training of staff. Even greater costs are incurred when the effects of turnover require adaptation of both staff and clients through many new relationships which affect the quality of care (O'connor, 1976). Turnover creates a cycle of perpetual crisis in that most organizations cannot maintain a full staff while new personnel are in training. High turnover creates crisis training which, by inadequate training, results in additional stress which, in turn, increases frequency of turnover (Wetzel & Hoschouer, 1984).

In attempts to understand and combat this phenomenon, researchers have identified a myriad of possible organizational variables responsible for turnover. Within large public residential facilities, variables related to turnover are: low wages; little or poor prospect of advancement; little time off; little intragency support; and little interagency or peer support (Bruininks, Kudla, Wieck, & Hauber, 1980; Harrington, Rosenthal, Paule, & Behar, 1980). Although these variables to turnover would seem to be

relevant to the direct care staff of CRF's, there has yet been no substantial proof.

### Stress and Turnover Within CRF's

It has been previously identified that the issue of turnover may also be linked to the effects of stress and its ultimate effect, that of burnout. A summary of the effects of stress in human service occupations indicate that stress has been linked to a variety of variables affecting the organization, the employee, and the client. Stress and burnout affect the employee through a negative change of attitude, loss of concern and caring, and physical and emotional exhaustion, all of which affect the quality of services and may ultimately result in a person's desire to quit their job and profession. Despite the relationship between stress and the major concern of CRF's management, that of turnover, the issue remains inadequately identified. Previous examination of CRF staff and stress indicate the organization and specific demographics of age and religion were identified as both sources of stress and satisfaction (Bersani & Heifetz, 1985; Fimian, 1984). This research proved to support basic tenants of burnout research in the human services, however, the authors identified the need for further study to determine staff stress and perceived sources of stress. In addition to identifying staff stress, there remains the need to identify whether any relationship exists

between perceived stress to the degree of burnout, and turnover intent. Without further research into staff turnover in community residential facilities, the success of developmentally disabled clients' integration into the community may be at risk. Without the success of this integrative concept, those individuals who have the right, and with training, the ability to live in the community may again be relegated to a degrading impersonal place in society.

#### Problem Statement

Stress and turnover of direct care staff of community residential facilities have been approached briefly by Bersani and Heifetz (1985) and Fimian (1984). Although their findings were consistent with the literature on stress and human services personnel, both studies indicated the need for further research into direct care staff's perceptions of burnout and how it may relate to turnover. Current research has failed to identify whether direct-care staff of community residential facilities perceive the job to be stressful to the point of burnout, and whether the staff's role in the organization has any relationship to turnover intent.

#### Purpose Statement

The purpose of this study is to identify whether direct care staff of community residential facilities are

experiencing stress to the degree of burnout and whether there is any relationship to this measure and turnover intention.

### Research Questions

The following questions were addressed in this investigation to provide further knowledge regarding staff of community residential facilities and their perceived degree of stress and turnover intention.

1. What degree of burnout, as a result of stress, do direct care staff of community residential facilities experience?

2. Is there any relationship between the degree of burnout due to stress that staff experience and their stated intent to leave the job?

3. What is staff's perceived role within the organization and does this have any relationship to staff's intention to leave?

### Null Hypothesis

Direct-care staff of community residential facilities are not experiencing stress to the point of burnout, and there is no relationship between stress, their role within the organization, and turnover intent.

## Significance of the Study

Collecting facts about the perceptions of staff is the first step in establishing, maintaining, and validating a work improvement program (Fimian, 1984). These perceptions provide the best form of feedback on current conditions and implications for future events. Using such information justifies the allocation of resources, and the best use of these resources in determining a course of action an agency may take in improving the agency and the services they provide. Personnel issues remain in the forefront of concern for many agencies and similar concerns are expressed by those administrators providing services to developmentally disabled adults. In an effort to improve services to developmentally disabled adults residing in community residential facilities, this study will provide to facility administrators information about those people they employ to provide a direct service. Results of this study will also expand the literature on stress and human service providers, and provide characteristics of that group of people who provide direct care.

Once administrators learn of staff's perceived stressors, and whether these relate to turnover, they will then be able to establish programs to intervene. By establishing programs of support and/or training, the issues

of turnover may be diminished and through a stable work force the quality and cost of services may be improved.

### Delimitations

This study is delimited to those direct care staff of licensed Intermediate Care Facilities for the Mentally Retarded (ICF/MR). Only full-time employees who have worked longer than 90 days are included in the population. All staff are employed by a private-for-profit management company that manages homes in both rural and urban environments throughout Ohio, West Virginia, and the District of Columbia. All homes are community residential facilities serving 6-12 developmentally disabled adults. The clients reside in the homes, receive 24 hour active treatment, and have some form of employment outside the home within workshops or the community.

### Limitations

The instruments of investigation are restricted to those items and constraints of survey sampling. The response rate may be affected by the type of population surveyed, events occurring within the homes, specific questions, as well as the staff's perception of the use of such information. The respondents' overall subjective viewpoints of the elements questioned of the work setting or organization may also be a factor to the response rate. Although a representative

sample of direct care employees of community residential facilities, generalization is limited to those environments and conditions as outlined for this study.

### Organization of the Study

The remaining portion of this study is presented in the following manner. Chapter II presents methodologies used to conduct the study including; population, research design, instrumentation, and methods of analysis. Chapter III presents the findings and results while Chapter IV contains a discussion of the findings, conclusions, and implications and recommendations for the field of stress research and administration and management of community residential facilities.



## CHAPTER II

### METHODOLOGY

#### Introduction

The purpose of this study was to identify whether direct care staff of community residential facilities are experiencing stress to the degree of burnout and whether there was any relationship between this measure and turnover intention.

#### Research Questions

The following questions guided this study.

1. What degree of burnout, as a result of stress, do direct care staff of community residential facilities experience?
2. Is there any relationship between the degree of burnout due to stress that staff experience and their stated intent to leave the job?
3. What is the staff's perceived role within the organization and does this have any relationship to staff's intention to leave?

#### Null Hypothesis

Direct-care staff of community residential facilities are not experiencing stress to the point of burnout, and there is no relationship between stress, their role within the organization, and turnover intent.

## Procedure

A mail survey was conducted in both urban and rural settings throughout Ohio, West Virginia, and the District of Columbia. Respondents were asked to complete a four page questionnaire (see Appendix A) consisting of demographic information, a stress-burnout scale, and an organizational scale measuring role ambiguity, role conflict, and role overload.

## Population and Sample

The target population was those individuals who are responsible for the day-to-day care and habilitation of developmentally disabled adults residing in community residential facilities. The facilities are those serving 6-12 adult clients and are certified as an Intermediate Care Facility for the Mentally Retarded (ICF/MR). The sample chosen for this study are employees of such facilities which are managed by a private-for-profit agency. There are 56 such facilities employing 389 full-time, shift personnel. Full-time is defined as working a minimum of 35 hours per week on a yearly average. For the purpose of this study, staff needed to be employed a minimum of 90 days. It is within reason to infer that the population chosen is a representative sample of the total population of direct care staff serving developmentally disabled adults in community

residential facilities. Appendix B contains a copy of a job description for direct-care staff surveyed in this study.

### Research Design

This research was conducted as a cross sectional survey providing explorative, predictive, and descriptive information. Data was collected at one point in time and describe the distribution of traits and perceptions among direct care staff of a private-for-profit agency. The survey procedure was based upon the Total Design Method by Dillman (1978). These techniques provide for an acceptable response that yields generalizable results.

The agency provided the names and addresses of those employees who met the qualifications of the population. A survey packet was mailed to each of the 389 employees. The survey packet included a cover letter (Appendix C) explaining the problem and a request for their assistance in providing a possible solution. The cover letter assured the respondents confidentiality of any information provided. The packet also included the four page survey and a self-addressed stamped envelope to return responses. One week after the initial mailing date a follow-up postcard was mailed to all of the participants (Appendix D). After three weeks from the initial mailing date, nonrespondents were sent a second request letter, another copy of the survey, and a

self-addressed envelope to return their responses (Appendix E).

## Instrumentation

### Burnout

Level of burnout as perceived by staff was measured by the Maslach Burnout Inventory (MBI)(1986). The MBI assesses three aspects of the burnout syndrome; emotional exhaustion, depersonalization, and the lack of personal accomplishment. The emotional exhaustion subscale measures one's feelings of being emotionally overextended and exhausted by one's work. The depersonalization subscale measures an unfeeling and impersonal response towards the service or care provided to recipients. The personal accomplishment subscale assesses feelings of competence and successful achievement in one's work with people. The frequency the respondent experiences is assessed using a six-point Likert-type format ranging from 0("never") to 6("everyday"). This format allows for the conceptualization of burnout as a continuous variable, ranging from low to moderate to high degrees of experienced feelings. Due to the limited knowledge concerning the relationship between the three aspects of burnout, the scores for each subscale are considered separate and are not combined into a single, total score.

The reliability coefficients for the subscales are the following: .90 for emotional exhaustion; .79 for

depersonalization; and .71 for personal accomplishment. The standard error of measurement for each subscale is as follows: 3.80 for emotional exhaustion; 3.16 for depersonalization; and 3.73 for personal accomplishment. External validity, and concurrent and predictive validity is confirmed through outside observations and further research conducted by Maslach (1976), Pines & Kafry (1978), Maslach & Jackson (1979, 1981), and Geer and Walkey (1988).

### Organizational Characteristics

In order to measure staff's perception of sources of stress as it may relate to the organization, the researcher used the same 6 item Likert-type scale to measure role ambiguity, role conflict, and role overload (questions 23-32). Role ambiguity refers to a lack of clarity regarding an employee's rights, responsibilities, methods, goals, status, or accountability. Role conflict measures inconsistent, incompatible, or inappropriate demands. Role overload is excessive workload or not enough time to do the duties required.

### Turnover

Turnover intent is determined by asking the question that Gupta & Beehr (1979) asked of staff employed in a variety of organizations. That is "whether they (staff) plan on leaving the job within the next year - yes or no?"

Turnover intent will also be supported through examination of one month's personnel records regarding the number of staff from the population selected who separated from the agency. This number is multiplied by 12, and divided by the total number in the sample to provide a projected turnover rate.

### Demographic Information

This section of the survey was developed by the researcher and consists of nineteen items of a demographic nature. The items cover characteristics of their employment, family, and personal information

The total instrument was initially field tested with 31 staff employed within a Public Residential Facility. Upon recommendations, the instrument was further revised and again field tested with 10 staff employed within a Community Residential Facility.

### Assessment of Non-Response Bias

To determine if a response bias existed between respondents' and non-respondents' returns, a follow-up telephone interview was conducted with a 10% cross-sectional sample of those individuals who did not respond. In order to obtain that percentage, sample calls were made to directory assistance to obtain their listings. Eighty attempts were made to locate the phone numbers of non-respondents. Of

these, 14(18%) were nonpublished numbers, and 33(41%) had a number listed in another person's name or did not have a phone. The purpose of the survey was to determine the reason the survey was not returned, and to obtain information about perceived burnout, their role in the organization, and their intention to leave the job.

### Summary

Chapter II has been concerned with the development and design of methods to gather and analyze relevant information to answer the research questions posed by this study. A mail survey was conducted across three states with direct-care staff of community residential facilities. Each respondent answered questions regarding their perceived degree of stress using the three subscales of depersonalization, emotional exhaustion, and personal accomplishment from the Maslach Burnout Inventory. Respondents also answered questions regarding their role within the organization using three subscales of role conflict, role ambiguity, and role overload. Further information was gathered concerning the respondents' employment and turnover intention, social and family life, and their personal characteristics. The above variables were statistically defined in relation to providing insight to the three research questions presented for this study.

## CHAPTER III

### RESULTS

This chapter presents the survey results including descriptive and demographic information regarding the respondents. Included in this chapter is the analysis of whether staff are experiencing stress to the point of burnout and their perception as to their role within the organization and whether these variables have any relationship to turnover intent. An analysis of non-response bias is included.

#### Descriptive and Demographic Data

The original population that received the survey packet totaled 389. One week after the mailing date a post-card follow-up was mailed. At this point eighteen surveys were returned, accounting for a 5% response rate. After three weeks from the original mailing date a follow-up letter and survey was mailed to those who had not responded. At this time 24 surveys were returned due to: inability to locate; moved with no forwarding address; or were not at the address indicated. This reduced the accessible population to 365. Of those 365, 116 were returned accounting for a 32% response rate. Seven weeks from the original mailing date all who would respond were considered to be returned. Five more surveys were returned due to inability to locate making a total of 32 or 8% of the original population who could not be reached. This reduced the total population to 357. Of



those 357, 162 were returned for a response rate of 46%. Table 3.1 describes the response data as it relates to the geographic setting of the respondents. Although the original population was fairly equal with only a 16% difference between rural and urban, rural response was higher than urban, generating a 38% difference between the two settings. Of the 163 responses three of those, or 2%, a geographic setting was not possible to determine. Regarding the subsequent tables, the column and row totals reflect 100% of the 46% response sample.

#### Employment Characteristics

The population accessed for this study were those individuals who worked full-time (35+ hours/week), employed longer than 90 days, employed within a community residential facility (CRF), licensed as an ICF/MR and managed by a for-profit agency. The mean length of employment among the respondents was 2 years. Table 3.2 indicates only 18% had worked longer than 3 years and of those who had, 86% resided in a rural setting.

In regard to hourly rate of pay: 48% earned between \$4.30 and \$5.06; 39% earned between \$5.06 and \$5.82; while the remaining 13% earned more than \$5.82. This indicates approximately 87% earn less than \$6.00 an hour or less than \$10,000 a year. Please refer to Appendix F.

Table 3.1

Descriptive Information

Geographic Setting and Response Data

| Mailing<br>&<br>Response | Geographic Setting |            |            |            |            |            |
|--------------------------|--------------------|------------|------------|------------|------------|------------|
|                          | Rural<br>#         | Rural<br>% | Urban<br># | Urban<br>% | Total<br># | Total<br>% |
| Originally<br>Mailed     | 224                | (58%)      | 164        | (42%)      | 389        |            |
| Unable to<br>Deliver     | 13                 | (41%)      | 19         | (59%)      | 32         | (8%)       |
| Total<br>Accessible      | 211                | (59%)      | 145        | (41%)      | 357        |            |
| Total<br>Received        | 111                | (69%)      | 49         | (31%)      | 163        | (46%)      |

Table 3.2

Demographic Characteristics

"Employment"

Geographic Setting and Length of Employment

N=158

---

| Geographic<br>Setting | Length of Employment<br>mean= 2 years |       |          |       |         |       | Row<br>Total |        |
|-----------------------|---------------------------------------|-------|----------|-------|---------|-------|--------------|--------|
|                       | 1-2 yrs.                              |       | 2-3 yrs. |       | >3 yrs. |       | #            | %      |
|                       | #                                     | %     | #        | %     | #       | %     |              |        |
| Urban                 | 37                                    | (77%) | 7        | (15%) | 4       | (8%)  | 48           | (30%)  |
| Rural                 | 74                                    | (67%) | 11       | (10%) | 25      | (23%) | 110          | (70%)  |
| Column<br>Total       | 111                                   | (71%) | 18       | (11%) | 29      | (18%) | 158          | (100%) |

---

In order to determine whether the staff worked other jobs to support themselves, staff were asked whether they worked either a full or part-time job. Twenty percent indicated they worked a part-time job and 5% indicated they worked a full-time job besides their work within the CRF. Refer to Table 3.3 which further illustrates that of the 5% who worked a full-time job, 88% were within the urban setting.

### Family and Social Life

An examination of those staff who work another job and marital status yields little variation. Of those who work a part-time job, marital status has little affect on their choice, while those who worked a full-time job (5%), were either separated or single. Please refer to Table 3.4.

Staff provided information related to their marital status and religious attendance. For those who attended religious service frequently (1 or more times a week), marital status was not a factor. Table 3.5 illustrates that for each category of marital status, there is an even distribution across the continuum of attendance. Out of the 160 who answered this question 19% attended weekly or more, and 28% did not attend at all.

Refer to Table 3.6 regarding whether marital status had any effect on staff's stated satisfaction with their social life. Sixty-one percent were satisfied with their social

Table 3.3

Demographic Characteristics

"Employment"

Geographic Setting and Other Employment

N=150

| Geographic Setting | Work Another Job |             |             |             |       |       | Row Total |        |
|--------------------|------------------|-------------|-------------|-------------|-------|-------|-----------|--------|
|                    | Part-time #      | Part-time % | Full-time # | Full-time % | N/A # | N/A % | #         | %      |
| Urban              | 10               | (21%)       | 7           | (15%)       | 30    | (64%) | 47        | (31%)  |
| Rural              | 20               | (19%)       | 1           | (1%)        | 82    | (80%) | 103       | (69%)  |
| Column Total       | 30               | (20%)       | 8           | (5%)        | 112   | (75%) | 150       | (100%) |

Table 3.4

Demographic Characteristics

"Family and Social Life"

Marital Status and Other Employment

N=151

| Marital Status    | Work Another Job |             |             |             |       |       | Row Total |        |
|-------------------|------------------|-------------|-------------|-------------|-------|-------|-----------|--------|
|                   | Part-time #      | Part-time % | Full-time # | Full-time % | N/A # | N/A % | #         | %      |
| Never Married     | 9                | (27%)       | 4           | (12%)       | 20    | (61%) | 33        | (22%)  |
| Divorced          | 6                | (24%)       | 0           | (0%)        | 19    | (76%) | 25        | (17%)  |
| Separated         | 1                | (11%)       | 2           | (22%)       | 6     | (67%) | 9         | (6%)   |
| Widowed           | 2                | (15%)       | 0           | (0%)        | 4     | (67%) | 6         | (4%)   |
| Married           | 10               | (15%)       | 2           | (3%)        | 56    | (82%) | 68        | (45%)  |
| Living w/ Someone | 2                | (20%)       | 0           | (0%)        | 8     | (80%) | 10        | (7%)   |
| Column Total      | 30               | (20%)       | 8           | (5%)        | 113   | (75%) | 151       | (100%) |

Table 3.5

Demographic Characteristics

"Family and Social Life"

Marital Status and Religious Attendance

N=160

| Marital Status       | Frequency of Religious Attendance |                 |                 |            |     |       |   |   | Row Total |   |
|----------------------|-----------------------------------|-----------------|-----------------|------------|-----|-------|---|---|-----------|---|
|                      | Wkly.<br># %                      | 1-3x/mo.<br># % | Fewx/yr.<br># % | N/A<br># % | #   | %     | # | % | #         | % |
| Never Married        | 7 (21%)                           | 8 (24%)         | 11 (32%)        | 8 (24%)    | 34  | (21%) |   |   |           |   |
| Divorced             | 7 (27%)                           | 5 (19%)         | 8 (31%)         | 6 (23%)    | 26  | (16%) |   |   |           |   |
| Separated            | 0 (0%)                            | 3 (30%)         | 2 (20%)         | 5 (50%)    | 10  | (6%)  |   |   |           |   |
| Widowed              | 1 (14%)                           | 4 (57%)         | 1 (14%)         | 1 (14%)    | 7   | (4%)  |   |   |           |   |
| Married              | 16 (10%)                          | 12 (8%)         | 24 (15%)        | 20 (13%)   | 72  | (45%) |   |   |           |   |
| Living w/<br>Someone | 0 (0%)                            | 2 (18%)         | 4 (36%)         | 5 (45%)    | 11  | (7%)  |   |   |           |   |
| Column<br>Total      | 31 (19%)                          | 34 (21%)        | 50 (31%)        | 45 (28%)   | 160 | (99%) |   |   |           |   |

Table 3.6

Demographic Characteristics

"Family and Social Life"

Marital Status and Satisfaction with Social Life

N=160

| Marital Status       | Satisfied with Social Life |       |    |       | Row Total |        |
|----------------------|----------------------------|-------|----|-------|-----------|--------|
|                      | #                          | Yes % | #  | No %  | #         | %      |
| Never Married        | 18                         | (53%) | 16 | (47%) | 34        | (21%)  |
| Divorced             | 18                         | (69%) | 8  | (31%) | 26        | (16%)  |
| Separated            | 5                          | (50%) | 5  | (50%) | 10        | (6%)   |
| Widowed              | 3                          | (43%) | 4  | (57%) | 7         | (4%)   |
| Married              | 47                         | (64%) | 26 | (36%) | 73        | (46%)  |
| Living w/<br>Someone | 7                          | (70%) | 3  | (30%) | 10        | (6%)   |
| Column Total         | 98                         | (61%) | 62 | (39%) | 160       | (100%) |



life. Of those who were not, 26% were single while 42% were married. Forty-eight percent were married and satisfied with their social life. For those who were satisfied with their social life, religious attendance had very little bearing as Table 3.7 reveals 26% of those satisfied with their social life never attended religious service, while 21% of those satisfied attend weekly or more.

### Personal Characteristics

The CRF work force was predominately female: 71% versus 27% male. Table 3.8 indicates females were, 14% black, and 85% white, while males were 24% black, and 74% white. Of the staff who were white, 74% were female, while the remaining 26% were male. Fifty-nine percent of the black race were female, and 41% were male. Table 3.9 illustrates that 68% of black respondents lived in urban areas, while 78% of the white staff lived in rural areas. A further breakdown of the male and female staff and their geographic setting is presented in Table 3.10. Seventy percent of the respondents lived in rural areas. This table indicates a fairly equal distribution of females to males in both the urban and rural settings.

The age range is distributed equally among females. Although females make up 71% of the work force, males between the ages of 19 and 30 make up 57% of this age range. Of those

Table 3.7

Demographic Characteristics

"Family and Social Life"

Satisfaction with Social Life and Religious Attendance

N=159

| Religious Attendance | Satisfaction with Social Life |       |    |       | Row Total |        |
|----------------------|-------------------------------|-------|----|-------|-----------|--------|
|                      | Yes                           |       | No |       | #         | %      |
|                      | #                             | %     | #  | %     | #         | %      |
| Weekly               | 20                            | (65%) | 11 | (35%) | 31        | (19%)  |
| 1-3x/mo.             | 23                            | (68%) | 11 | (32%) | 34        | (21%)  |
| Few x/yr.            | 29                            | (58%) | 19 | (43%) | 50        | (31%)  |
| N/A                  | 25                            | (57%) | 19 | (43%) | 44        | (28%)  |
| Column Total         | 97                            | (61%) | 62 | (39%) | 159       | (100%) |

Table 3.8

Demographic Characteristics

"Personal"

Race and Gender

N=159

---

| Race         | Female |        | Male |        | Row Total |       |
|--------------|--------|--------|------|--------|-----------|-------|
|              | #      | %      | #    | %      | #         | %     |
| Black        | 16     | (59%)  | 11   | (41%)  | 27        | (17%) |
| White        | 96     | (74%)  | 34   | (26%)  | 130       | (82%) |
| Hispanic     | 0      | (0%)   | 1    | (100%) | 1         | (1%)  |
| Am. Indian   | 1      | (100%) | 0    | (0%)   | 1         | (1%)  |
| Column Total | 113    | (71%)  | 46   | (27%)  | 159       | (98%) |

---

Table 3.9

Demographic Characteristics

"Personal"

Race and Geographic Setting

N=157

| Race            | Geographic Setting |        |       |       | Row<br>Total |        |
|-----------------|--------------------|--------|-------|-------|--------------|--------|
|                 | Urban              |        | Rural |       |              |        |
|                 | #                  | %      | #     | %     | #            | %      |
| Black           | 19                 | (68%)  | 9     | (32%) | 28           | (18%)  |
| White           | 28                 | (22%)  | 99    | (78%) | 127          | (81%)  |
| Hispanic        | 1                  | (100%) | 0     | (0%)  | 1            | (1%)   |
| Am. Indian      | 1                  | (100%) | 0     | (0%)  | 1            | (1%)   |
| Column<br>Total | 49                 | (31%)  | 108   | (69%) | 157          | (100%) |

Table 3.10

Demographic Characteristics

"Personal"

Gender and Geographic Setting

N=158

| Gender          | Geographic Setting |            |            |            | Row Total |        |
|-----------------|--------------------|------------|------------|------------|-----------|--------|
|                 | Urban<br>#         | Urban<br>% | Rural<br># | Rural<br>% | #         | %      |
| Female          | 31                 | (28%)      | 80         | (72%)      | 111       | (70%)  |
| Male            | 17                 | (36%)      | 30         | (64%)      | 47        | (30%)  |
| Column<br>Total | 48                 | (30%)      | 110        | (70%)      | 158       | (100%) |

staff who were 41 or older, 33% were female, while 5% were male. The mean age of the staff was 34 (Table 3.11).

Regarding highest level of education, 57% had either a GED or high school diploma. No educational differences were evident between female and male. Referring to Table 3.12, females predominate consistently in all levels of education. Of the 57% who had a high school degree or GED, both black and white equally represented their race making up 57% (Table 3.13).

#### Degree of Burnout

The degree of stress was measured using the three burnout subscales of personal accomplishment, depersonalization, and emotional exhaustion. Table 3.14 presents the analysis of the respondent's scores on these subscales. Staff were not experiencing stress to the point of burnout from the work they do. The results on the personal accomplishment subscale indicate 3% of the staff were experiencing or were burned out and thus had feelings of incompetence and/or lack of achievement in their work. While 75% were feeling accomplished and successful, the subscale of depersonalization indicated that 6% were stressed to the point of burnout. This indicates these staff were experiencing an unfeeling and/or impersonal response towards those they were serving. The emotional exhaustion subscale reports 30% of staff felt emotionally overextended and

Table 3.11

Demographic Characteristics

"Personal"

Age and Gender

N=160

| Age          | Female |       | Male |       | Row Total |        |
|--------------|--------|-------|------|-------|-----------|--------|
|              | #      | %     | #    | %     | #         | %      |
| 19-30        | 43     | (38%) | 27   | (57%) | 70        | (44%)  |
| 31-40        | 33     | (29%) | 15   | (32%) | 48        | (30%)  |
| 41-50        | 24     | (21%) | 2    | (4%)  | 26        | (16%)  |
| >50          | 13     | (12%) | 3    | (1%)  | 16        | (10%)  |
| Column Total | 113    | (71%) | 47   | (29%) | 160       | (100%) |

Table 3.12

Demographic Characteristics

"Personal"

Education and Gender

N=160

| Education    | Female |       | Male |       | Row Total |        |
|--------------|--------|-------|------|-------|-----------|--------|
|              | #      | %     | #    | %     | #         | %      |
| GED          | 22     | (79%) | 6    | (21%) | 28        | (18%)  |
| High School  | 44     | (70%) | 19   | (30%) | 63        | (39%)  |
| Voc/Trade    | 18     | (62%) | 11   | (38%) | 29        | (18%)  |
| Comm. Coll.  | 21     | (75%) | 7    | (25%) | 28        | (18%)  |
| Other        | 8      | (67%) | 4    | (33%) | 12        | (8%)   |
| Column Total | 113    | (71%) | 47   | (29%) | 160       | (100%) |



Table 3.13

Demographic Characteristics

"Personal"

Education and Race

N=159

| Education    | Race    |         |         |         |         |         |       |       | Row Total |        |
|--------------|---------|---------|---------|---------|---------|---------|-------|-------|-----------|--------|
|              | Black # | Black % | White # | White % | Hisp. # | Hisp. % | Am. # | In. % | #         | %      |
| GED          | 6       | (22%)   | 21      | (78%)   | 0       | (0%)    | 0     | (0%)  | 27        | (17%)  |
| High Sc.     | 10      | (16%)   | 52      | (84%)   | 0       | (0%)    | 0     | (0%)  | 62        | (39%)  |
| Voc/Trade    | 4       | (14%)   | 25      | (86%)   | 0       | (0%)    | 0     | (0%)  | 29        | (18%)  |
| Comm. Col.   | 5       | (17%)   | 22      | (76%)   | 1       | (3%)    | 1     | (3%)  | 29        | (18%)  |
| Other        | 3       | (25%)   | 9       | (75%)   | 0       | (0%)    | 0     | (0%)  | 12        | (8%)   |
| Column Total | 28      | (18%)   | 129     | (81%)   | 1       | (1%)    | 1     | (1%)  | 159       | (100%) |

Table 3.14

Burnout Scores

| Subscale                        | Degree of Burnout |       |          |       |      |       | Row Total |        |
|---------------------------------|-------------------|-------|----------|-------|------|-------|-----------|--------|
|                                 | Low               |       | Moderate |       | High |       | N         | %      |
|                                 | #                 | %     | #        | %     | #    | %     |           |        |
| Personal<br>Accomplish-<br>ment | 117               | (75%) | 34       | (22%) | 5    | (3%)  | 156       | (100%) |
| Depersonal-<br>ization          | 128               | (80%) | 32       | (14%) | 10   | (6%)  | 161       | (100%) |
| Emotional<br>Exhaustion         | 66                | (41%) | 46       | (29%) | 48   | (30%) | 160       | (100%) |

exhausted by their work and, therefore experiencing or were burned out. Table 3.15 presents the means and standard deviations on the subscales for burnout for direct-care staff, and for Maslach's sample of human service workers (i.e. teachers, other education, social service, medicine, mental health, and others).

#### Sources of Stress: Role

Sources of stress as they relate to ones perceived role in the organization were measured using three subscales of: role conflict, role ambiguity, and role overload. Not unlike the burnout scores, staff reported little problem coping with their role within the organization. Role conflict measured a person's perception of inconsistent, or incompatible demands. Within this subscale 20% were experiencing a high degree of role conflict. Compatible with the emotional exhaustion of the burnout subscale, role overload measured excessive workload or not enough time to do the job. Similar to the subscale score of burnout, 25% of the staff in this category were experiencing a high degree of role overload. Role ambiguity refers to an individual's lack of clarity regarding their job. Seventy-two percent of the staff were experiencing a high degree of role ambiguity and 27% a moderate degree (Table 3.16).

Table 3.15

Burnout Scores

Means and standard deviations for the subscales of the Maslach Burnout Inventory for Maslach's sample and for a sample of direct-care staff

| Sample      | MBI Subscales        |       |                   |      |                         |      |
|-------------|----------------------|-------|-------------------|------|-------------------------|------|
|             | Emotional Exhaustion |       | Depersonalization |      | Personal Accomplishment |      |
|             | M                    | SD    | M                 | SD   | M                       | SD   |
| Maslach's   | 20.99                | 10.75 | 8.73              | 5.89 | 34.58                   | 7.11 |
| Direct-care | 20.54                | 11.87 | 3.95*             | 5.89 | 41.37*                  | 4.85 |

\* indicates mean that is significantly different from corresponding mean in Maslach's sample (t-test,  $p < .05$ )

Table 3.16

Sources of Stress

Role Within the Organization

| Role           | Perception of Role Experience |       |            |            |        |        | Column Total |        |
|----------------|-------------------------------|-------|------------|------------|--------|--------|--------------|--------|
|                | #                             | Low % | Moderate # | Moderate % | High # | High % | #            | %      |
| Role Conflict  | 75                            | (46%) | 54         | (33%)      | 33     | (20%)  | 162          | (100%) |
| Role Ambiguity | 1                             | (1%)  | 44         | (27%)      | 117    | (72%)  | 162          | (100%) |
| Role Overload  | 45                            | (28%) | 77         | (47%)      | 41     | (25%)  | 163          | (100%) |

## Turnover Intent

When staff were asked whether they planned to leave the job within the next year, 34% responded yes. Based upon this response a projected annual turnover rate could be assessed at 34% for full-time direct-care staff. A review of personnel records for one month support this figure. Of the staff who met the criteria established for this study, 13 had terminated their employment. When this figure is multiplied by 12 and divided by the original sample, an annual projected turnover rate is 40%. In order to isolate those items that could predict or explain why such a high number of staff would leave their job, the variables of demographics, burnout subscales, and role subscales were entered into the Number Cruncher (NCSS) statistical program of principal components analysis (PCA). Items to be retained for further analysis were to be those of a minimum eigen value of 1. The results of this program indicated a variance near zero. Therefore, no relationship could be ascertained between turnover intent and the variables of burnout, role, and demographics.

Further analysis was then conducted using the NCSS program of cross tabulation. Cross tabulation results supported the initial findings of principal components analysis. For example, Table 3.17 shows that for the burnout subscale of personal accomplishment, of the 3% who scored high on burnout, 80% planned to leave the job. The other 92%

Table 3.17

Turnover Results

Burnout

Personal Accomplishment and Turnover Intent

N=155

| Degree of Burnout | Intend on Leaving the Job |       |     |       | Row Total |        |
|-------------------|---------------------------|-------|-----|-------|-----------|--------|
|                   | Yes                       |       | No  |       | #         | %      |
|                   | #                         | %     | #   | %     | #         | %      |
| Low               | 38                        | (32%) | 79  | (68%) | 117       | (75%)  |
| Moderate          | 10                        | (30%) | 23  | (70%) | 33        | (21%)  |
| High              | 4                         | (80%) | 1   | (20%) | 5         | (3%)   |
| Column Total      | 52                        | (34%) | 103 | (66%) | 155       | (100%) |

who planned to leave the job, scored both low and moderate on this subscale. Although staff were not experiencing burnout within this subscale, the data suggest those who do, plan to leave.

Referring to Table 3.18 for the burnout subscale of depersonalization and turnover intent, 60% of those who scored high on this subscale planned to leave the job. Eighty-nine percent who planned to leave the job, scored within the low to moderate range. Even though only 6% of all staff scored high on burnout, 40% of them planned to remain on the job.

The burnout subscale of emotional exhaustion indicated more staff (30%) were experiencing stress to the point of burnout. Of those who scored high on burnout 33% planned to leave the job, while 52% planned to remain. (See Table 3.19).

A summary of the role subscale of conflict and turnover intent is displayed in Table 3.20. For those staff who scored a high degree of conflict, 55% planned to leave the job while the remaining 45% were planning to remain on the job. Similar to the burnout subscales, of those staff who scored either low or moderate, 66% were planning to leave the job.

Another role subscale was that of overload. Twenty-five percent scored a high degree of overload with 54% planning to leave, while 46% plan to stay on the job. Of the 34% who



Table 3.18

Turnover Results

Burnout

Depersonalization and Turnover Intent

N=160

| Degree of<br>Burnout | Intend on Leaving the Job |          |     |         | Row<br>Total |        |
|----------------------|---------------------------|----------|-----|---------|--------------|--------|
|                      | #                         | Yes<br>% | #   | No<br>% | #            | %      |
| Low                  | 35                        | (28%)    | 92  | (72%)   | 127          | (79%)  |
| Moderate             | 12                        | (52%)    | 11  | (48%)   | 23           | (15%)  |
| High                 | 6                         | (60%)    | 4   | (40%)   | 10           | (6%)   |
| Column<br>Total      | 53                        | (33%)    | 107 | (67%)   | 160          | (100%) |

Table 3.19

Turnover Results

Burnout

Emotional Exhaustion and Turnover Intent

N=159

| Degree of Burnout | Intend on Leaving the Job |       |     |       |             |             |
|-------------------|---------------------------|-------|-----|-------|-------------|-------------|
|                   | #                         | Yes % | #   | No %  | Row Total # | Row Total % |
| Low               | 13                        | (20%) | 53  | (80%) | 66          | (42%)       |
| Moderate          | 17                        | (38%) | 28  | (62%) | 45          | (28%)       |
| High              | 23                        | (33%) | 25  | (52%) | 48          | (30%)       |
| Column Total      | 53                        | (33%) | 106 | (67%) | 159         | (100%)      |

Table 3.20

Turnover Results

Role Within Organization

Role Conflict and Turnover Intent

N=160

| Degree of Conflict | Intend on Leaving the Job |       |     |       |             |             |
|--------------------|---------------------------|-------|-----|-------|-------------|-------------|
|                    | #                         | Yes % | #   | No %  | Row Total # | Row Total % |
| Low                | 14                        | (19%) | 59  | (81%) | 73          | (46%)       |
| Moderate           | 21                        | (39%) | 33  | (61%) | 54          | (34%)       |
| High               | 18                        | (55%) | 15  | (45%) | 33          | (20%)       |
| Column Total       | 53                        | (33%) | 107 | (67%) | 160         | (100%)      |

planned on leaving the job, over half scored in the low to moderate range (Table 3.21).

Of all the role subscales, role ambiguity (Table 3.22), ranked the highest with 73% of the staff reporting a high degree of ambiguity in their role within the organization. Although 73% scored a high degree, only 29% of those planned on leaving the job. For the 34% who were planning to leave the job, 29% scored high, while 37% scored low to moderate.

Since the response rate was higher among rural staff, the geographic setting and turnover intent was analyzed. Like the response rate between the two settings, those who planned on leaving the job, 68% were in a rural setting while 32% were in an urban setting. In the urban setting 35% planned on leaving while 65% did not. Likewise, those in the rural setting, 33% planned to leave, while 67% planned to remain. (Refer to Table 3.23.)

Turnover intent was further analyzed with the demographic variables of age and education. Like the other variables these too had no significant bearing on predicting turnover. Those staff between the ages of 19-30 had the highest number of people leaving at 42%. Yet in the same age group, 54% were not leaving. Please refer to Table 3.24.

Table 3.25 supports the findings that of the 34% who were planning to leave, 69% had either a GED or a high school education. In comparison of those who would leave and those

Table 3.21

Turnover Results

Role Within the Organization

Role Overload and Turnover Intent

N=161

| Degree of Overload | Intend to Leave The Job |       |     |       | Row Total |        |
|--------------------|-------------------------|-------|-----|-------|-----------|--------|
|                    | Yes                     |       | No  |       | #         | %      |
|                    | #                       | %     | #   | %     |           |        |
| Low                | 10                      | (23%) | 33  | (77%) | 43        | (27%)  |
| Moderate           | 22                      | (29%) | 55  | (71%) | 77        | (48%)  |
| High               | 22                      | (54%) | 19  | (46%) | 41        | (25%)  |
| Column Total       | 54                      | (34%) | 107 | (66%) | 161       | (100%) |

Table 3.22

Turnover Results

Role Within the Organization

Role Ambiguity and Turnover Intent

N=160

| Degree of<br>Ambiguity | Intend on Leaving the Job |        |     |       |              |        |
|------------------------|---------------------------|--------|-----|-------|--------------|--------|
|                        | Yes                       |        | No  |       | Row<br>Total |        |
|                        | #                         | %      | #   | %     | #            | %      |
| Low                    | 1                         | (100%) | 0   | (0%)  | 1            | (1%)   |
| Moderate               | 19                        | (44%)  | 24  | (56%) | 43           | (27%)  |
| High                   | 34                        | (29%)  | 82  | (71%) | 116          | (73%)  |
| Column<br>Total        | 54                        | (34%)  | 106 | (66%) | 160          | (100%) |

Table 3.23

Turnover Results

Geographic Setting and Turnover Intent

N=158

| Geographic Setting | Intend on Leaving the Job |       |     |       | Row Total |        |
|--------------------|---------------------------|-------|-----|-------|-----------|--------|
|                    | Yes                       |       | No  |       | #         | %      |
|                    | #                         | %     | #   | %     |           |        |
| Urban              | 17                        | (35%) | 31  | (65%) | 48        | (30%)  |
| Rural              | 36                        | (33%) | 74  | (67%) | 110       | (70%)  |
| Column Total       | 53                        | (34%) | 106 | (66%) | 158       | (100%) |

Table 3.24

Turnover Results

Age and Turnover Intent

N=159

| Age          | Intend on Leaving the Job |       |     |       |           |        |
|--------------|---------------------------|-------|-----|-------|-----------|--------|
|              | Yes                       |       | No  |       | Row Total |        |
|              | #                         | %     | #   | %     | #         | %      |
| 19-30        | 29                        | (42%) | 40  | (58%) | 69        | (43%)  |
| 31-40        | 16                        | (33%) | 32  | (67%) | 48        | (30%)  |
| 41-40        | 5                         | (19%) | 21  | (81%) | 26        | (16%)  |
| >50          | 4                         | (25%) | 12  | (75%) | 16        | (10%)  |
| Column Total | 54                        | (34%) | 105 | (66%) | 159       | (100%) |



Table 3.25

Turnover Results

Level of Education and Turnover Intent

N=159

| Level of Education | Intend to Leave the Job |       |     |       | Row Total |        |
|--------------------|-------------------------|-------|-----|-------|-----------|--------|
|                    | Yes                     |       | No  |       | #         | %      |
|                    | #                       | %     | #   | %     |           |        |
| GED                | 7                       | (25%) | 21  | (75%) | 28        | (18%)  |
| High School        | 20                      | (32%) | 42  | (68%) | 62        | (39%)  |
| Voc/Trade          | 11                      | (39%) | 17  | (61%) | 28        | (18%)  |
| Comm. Coll.        | 10                      | (34%) | 19  | (66%) | 29        | (18%)  |
| Other              | 6                       | (50%) | 6   | (50%) | 12        | (8%)   |
| Column Total       | 54                      | (34%) | 105 | (66%) | 159       | (100%) |

who would stay, there is a similar relationship between all levels of education.

Those staff who indicated they intend to leave the job were asked to identify from a list of 14 items reasons why they would leave. These items covered a range of topics related to commitment, management, and personal reasons. Of those 15 items, only 2 items were identified as significant. These were for more money, and lack of support from management. Please refer to Table 3.26.

#### Non-Response Assessment

The non-response assessment provided a sampling frame of 80% from rural and 20% from urban, with 65% female, and 35% male. Eighty percent remembered receiving the survey, while 20% did not remember anything about receiving a survey in the mail. Reasons for not responding were similar. Twenty-five percent indicated they were not interested in surveys and 40% of those refused to assist further with the survey. The remaining individuals indicated they did not have enough time, or simply "didn't get around to it. " Descriptive and cross tabulation statistics indicated similar responses as from those who had responded by mail. Twenty-eight percent indicated they would leave the job within the next year, yet there was no relationship to role and burnout subscales. Those who would leave were all from the rural setting, and 60% were female. All other subscale

Table 3.26

Turnover Results

Reasons for Leaving

| Reason                                | #  | %     | Total |
|---------------------------------------|----|-------|-------|
| 1) More money                         | 47 | (76%) | 62    |
| 2) Lack of support from management    | 29 | (48%) | 61    |
| 3) Problems with management           | 24 | (39%) | 62    |
| 4) To go to school                    | 15 | (24%) | 62    |
| 5) Having to work weekends/holidays   | 13 | (21%) | 61    |
| 6) Not enough materials to do the job | 13 | (21%) | 62    |
| 7) Promotion                          | 13 | (21%) | 62    |
| 8) Getting hurt by clients            | 12 | (19%) | 62    |
| 9) Personal reasons                   | 8  | (13%) | 62    |
| 10) Do not get enough training        | 5  | (8%)  | 61    |
| 11) Work is too hard                  | 2  | (3%)  | 62    |
| 12) More job freedom                  | 2  | (3%)  | 62    |
| 13) Don't like the clients            | 1  | (2%)  | 62    |
| 14) To work with more friends         | 1  | (2%)  | 61    |

variables yielded like and similar results as previously documented.

In addition, six responses were received in the mail too late to be analyzed with the other data. A review of these responses supported the non-significant trend as previously cited.

CHAPTER IV  
CONCLUSIONS AND RECOMMENDATIONS

Analysis of Findings

Burnout

Burnout has been conceptualized as a three dimensional independent pattern of exhaustion, depersonalization, and personal accomplishment (Maslach, 1982b). These stress induced conditions affect the quality of services when the employee responds with a variety of inappropriate reactions to their job and those they serve. Subsequently, the agency experiences a decrease in work effort, performance, frequent absenteeism and high turnover (Matteson & Ivancevich, 1987). In addition, the general health and well being of the employee may be jeopardized.

Stress is the primary reason people leave the human service profession (Greensburg & Valletutti, 1980) and turnover is the most frequently identified problem by CRF administrators (Bruininks, Kudla, Wieck, & Hauber, 1980). Although burnout has been documented extensively among human service workers (Perlman & Hartman, 1982), the results of this investigation of CRF direct-care staff do not support the assumption that all human service occupations experience a high degree of burnout.

Using the three dimensional pattern of burnout proposed by Maslach (1982b), within the subscale of emotional exhaustion, the direct-care staff experience a degree of burnout similar to other human service workers. This consistency indicates that employees in human services experience similar degrees of stress and burnout relating to emotional exhaustion. However, stress is found in all occupations and this score may be comparable to that of most individuals in the work force. This degree of emotional exhaustion may be the norm, and may indicate that there is a group of individuals who do not cope with a job as well as others.

Fimian (1984), attempted to identify organizational variables related to stress among CRF staff and determined that the staff do not experience either extremely high or low levels of burnout. This study draws similar conclusion that direct-care staff do not perceive themselves as burned out in either of the two subscales of personal accomplishment and depersonalization. Unlike those individuals examined by Maslach and Jackson (1986), the direct-care staff of CRF's perceive themselves as treating the clients with dignity and respect, and clearly feel good and accomplished about the job they perform.

## Turnover

The result of stressed and burned out staff may be higher staff turnover (Paine, 1982). One problem with turnover is the disruption of program continuity. Frequent disruptions and change in the client's primary caregiver, diminishes the quality of services (Cherniss, 1980). Another problem associated with turnover is the cost to the agency. In this study, it was posited that direct-care staff would have burnout scores similar to other helping professions and that those who were burned out would intend to leave the job. If staff are not stressed to the point of burnout, planned intent to leave should be low. However, the results of this study indicate a high rate of turnover but no relationship between high levels of burnout and intent to leave the job. Even low to moderate scores on burnout subscales had no relationship on plans to stay.

This study was an attempt to identify specific characteristics of people who plan to leave the job versus those who plan to stay, regardless of burnout level. Based on the findings, no particular characteristics were identified as predictors of who may leave their job before others.

## Sources of Stress

Examples of job stressors are; role ambiguity, role conflict, and role overload (Gupta & Beehr, 1979). These stressors have been found to have a relationship with turnover (Brief & Aldag, 1976; Szilagyi, Sims, & Keller, 1976). When these stressors are perceived, staff may feel unable to meet the demands of the work environment, and therefore, plan to leave the job. Role overload, which measures the perception of too much to do, has been previously cited as a source of stress among teachers (Kyriacow & Sutcliffe, 1979; Pratt, 1978). Taking into consideration the job responsibilities expected of direct-care staff, similar findings could be expected, yet the results of this study indicate a low to moderate degree of overload. This discrepancy may be due to a disparity between management's expectations, and what the staff feels compelled to perform. On a scale of low to high degree of overload, the findings indicate that the higher the degree of overload, the more likely staff were to plan to leave the job.

Role clarity becomes a stressor when the individual is required to respond simultaneously to a number of expectations that may be contradictory or inconsistent (Greensburg & Valletutti, 1980). This form of stressor is not significantly evident among direct-care staff of CRF's.



Apparently management's broad range of goals is consistent with staff's expectations. Of those staff who do perceive a high degree of conflict, there is no evidence to suggest they are more willing to leave the job than to stay.

Role conflict may not be present among the staff, but ambiguity exists. Expectations for their role may be clear, but the staff report a high degree of ambiguity, regarding how to do the job. Due to frequent changes in methods and responsibilities, staff experience a high degree of role ambiguity. Although Cooper and Marshal (1976) report people experiencing high degrees of role ambiguity are more likely to leave the job, this study indicates the opposite. For those staff who are experiencing a high degree of ambiguity, the results indicate the majority are not planning to leave.

### Discussion

The results of this study indicate no relationship between the variables of burnout, role within the organization, demographics, and turnover among direct-care staff of CRF's. Staff are not experiencing a high degree of burnout or conflict, or overload with their job. Possible reasons for the results contradicting the literature of stress in the human services follows.

## Sampling

The sample frame employed for this study must be examined for its representation of previous literature among human service workers. The population examined in this study is similar to other research conducted of human service workers, however the majority of research has involved those individuals who may be considered professional due to education and certification. The direct-care staff have little further education beyond high school. Possibly due to the lack of higher education, direct-care staff experience less stress from their job than those previously identified in professional human service occupations. Pines and Maslach (1978) propose that staff with higher education choose the human services occupations for self-fulfillment rather than the job conditions. Due to their training these professionals may enter the work force with high expectations but become overwhelmed over time with the problems associated with clients. These staff may view clients negatively, become pessimistic, dissatisfied and burned out trying to overcome their inadequacy. Maslach (1982a) suggests that those individuals with higher education create wider gaps between their goals and expectations and their actual achievement. The direct-care staff may experience less burnout by setting and achieving more realistic goals. Rank within the organization may also have an affect on perceived stress.

Pines and Maslach (1978) indicate lower ranking staff had more direct contact with the clients and staff's attitudes were less dehumanizing towards the client's than those in administration. It would appear that as one moves further up in the organization, away from clients, stress is more prevalent.

### Turnover

Although the variables examined have no relationship to turnover, questions remain as to why there is such a high rate of turnover and why staff who are burned out or experience high degrees of ambiguity, remain on the job.

To remain on the job despite stressful experiences may be in part related to the lack of higher education. Although research is inconclusive, the lack of education may make a person less marketable. Despite extreme feelings, they feel they have no alternatives. Others may not intend to leave the job due to the labor market, and the state of the economy. At the time of this survey, the national unemployment rate was 5.2, and the unemployment rate for the areas where staff were surveyed were; 5.5 for Ohio, 7.6 for West Virginia, and 5.6 for Washington D. C.. The possibility of other occupations that accept the level of education or experiences of direct-care staff may not be available. Others may stay for the stability, and would not want to lose benefits or security.

Why such a high number of staff who quit are not experiencing burnout and/or role ambiguity, may again be due to lack of higher education. Without an education or specialization within a field, direct-care staff may lack commitment to a field or organization, and therefore have the ability to move from one occupation to another depending on the pay scale. Direct-care staff may represent a mobile, transient group of people.

Staff have also reported leaving the job due to lack of support from management. Support can be interpreted in many fashions, but direct-care staff, may leave the job due to lack of recognition. Due to the scattered locations of CRF's, rarely do staff see or are recognized personally by administrators. Nor do staff have opportunities to be recognized by peers from other facilities. Rewards from working with developmentally disabled clients come few and far between, and are often so minuscule, that they are not recognized. Money is a form of recognition, yet staff perceive the salary to be inadequate, and may seek alternative forms of recognition. The community, as a whole, still opposes placement of CRF's within neighborhoods and work with developmentally disabled clients may be considered dehumanizing and devalued by family, friends, and neighbors. The only other readily accessible source of recognition is from the manager, or employing agency.

## Burnout

Further issues remain to be addressed as a result of this study. One is to postulate why direct-care staff do not perceive or report degrees of burnout similar to other human service workers, and another is why there is such a high degree of role ambiguity. Three conditions can lead to high degrees of ambiguity; (a) rapid organizational change, (b) organizational complexity, and (c) managerial philosophies (Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964). The agency that employs the staff surveyed for this study has grown from serving twenty clients, to serving over seven hundred clients in eleven years. This sizeable growth may contribute to the staff's perceived role ambiguity. In an informal conversation with an employee of the personnel department of this agency, turnover for all positions throughout the entire agency for one year was 69%. An unstable work force may hamper the ability to develop and transmit consistent philosophies to both middle management, and on down to the direct-care staff. The lack of consistent or sound methods of performing the job, leave the direct-care staff with the opportunity to develop their own methods and definitions of how to do the job. Since staff may develop their own job definition, and self-evaluate their effectiveness, the low scores on the burnout scales of personal accomplishment and depersonalization may be justified. When staff define their

job, the methods or extent of work may not be in line with management's standards. These standards may not be appropriate or of the quality expected by administrators or professionals within the field. Thus the work staff perform, according to their definition, is not considered stressful.

Results of this study may raise concern for the quality of services clients receive in a CRF. Employee stress may affect clients through a variety of negative attitudes displayed by staff. Although perceived stress is not reported as high, for those who do report high levels, just as many staff plan to remain on the job as those who plan to leave. Services by some staff may be routinized and thoughtless, while others may display insensitivity or use physical force to be in control.

## Implications and Recommendations

### Field of Stress

This study contributes additional findings to the phenomena of stress. The results of this study fail to conclusively support the assumption that human service occupations are stressful. The findings do indicate, that for some people the job may be rewarding. Unlike other human service occupations, direct-care staff seem to cope with the various job demands and perceive the CRF as providing a fulfilling environment. Stress research needs to further

expand and examine people over a diversity of fields. Research must go beyond the accessible professional and study those people providing the direct services in the field. Further studies may identify certain characteristics of the job, or of the employee, that will indicate whether stress will be more prevalent. In so doing, employers may plan for interventions in the field, and identify those individuals who may be more susceptible to stress related conditions. Education and rank within the agency may provide insight as to how or why stress may be perceived less.

This research needs to be replicated among direct-care staff employed in private, non-profit, and state operated CRF's. The MBI is an instrument that needs broad use, primarily among other occupations to determine whether emotional exhaustion is a phenomenon of human service workers or, is a norm for all occupations that effect a standard group of people.

### Turnover

Turnover, or employee withdrawal, remains a serious concern for both the agency and the client's served. This study indicates stress is not a factor in predicting turnover, nor is it to be ruled out completely. Research examining turnover will have to identify other reasons besides stress to determine why staff, at such high numbers, leave the job. An examination of whether staff leave

voluntarily or not, may reveal a clearer picture of turnover rate. Intent to leave may reflect staff knowledge that they will be terminated. Examining staff who leave the job before ninety days may provide insight as to whether pre-training met a level of expectation or properly prepared staff for responding to client needs.

Considering stress was not a major factor related to turnover among staff in CRF's, other aspects of the staff and job must be examined. Job satisfaction has been highly correlated with turnover, and in the case of CRF staff, salary and recognition should be examined. Further research of individual's educational experiences, may identify or predict a rate of turnover for direct-care staff. The turnover rate may be a constant for all direct-care staff that employers and administrators of CRF's may have to accept, and prepare accordingly.

#### Administrator's of CRF's

This study may not be interpreted to mean stress is not a factor among CRF staff. Indications that staff may not be stressed from the work they do may mean turnover is a result of stress due to dissatisfaction with socio-economic factors. Replication of this study with other CRF's should provide insight into understanding the staff's perceived role ambiguity. CRF administrators must determine whether the staff are responding to the methods and principles dictated,



or whether staff are directing their own actions and ultimately the course of the agency. As a result of the findings of this study, for-profit agencies may provide training, and work environments which alleviate stress.

### Conclusion

Direct-care staff of CRF's are responsible for the care, training, and well being of developmentally disabled clients. In addition to these skills, staff provide friendship, and act as surrogate families. Turnover has been documented to affect agencies both monetarily, and in the provision of services. Turnover goes beyond documentation and effects the bond and relationships formed between staff and client. This study indicated staff perceive the job in a positive and caring manner. Despite the feelings for the clients and the job, staff leave the position at an alarming rate. This research may indicate staff who provide a high degree of care and respect to clients, require an equal amount of recognition and respect from the employer.

### Researcher's Commentary

This study brought to light issues contrary to an established norm. The norm appears to have been established among published research and further enhanced by media, seminars, and commercial products. The literature supporting stress as a major issue confronting quality and costs of

services among human service personnel is overwhelming. This study, among other unpublished research, indicates stress is an unfounded link to the work place. Topics related to stress, such as turnover and quality of services are diverse in meaning, and it is unreasonable to link just a diverse and undefined topic such as stress as the cause to these issues. Stress should be viewed as just one phenomena of the work place and should be regarded as such when trying to establish a reason for happenings about the work place.

This is not to mean stress does not occur or that people do not burn out. These may very well be happening to one or more persons at distinct periods of their life. What must be put into perspective is that these are individual reactions that do not lend themselves to norms. Definitions of stress have indicated that stress is a personal response affected by one's endurance and coping strategies. Attempts to establish norms or classify people into categories loses the true stress response that may occur.

Future research regarding stress should break away from the established media trend. Research should not attempt to identify stress as the sole source to issues of work place dysfunction. Just as diverse and individualistic as people are, so are the solutions to problems with people and work. In order for stress to gain respect, research must look at individuals through case by case studies, and only then make

an individual connection to issues that concern the work place.

## REFERENCES

- Aanes, D., & Moen, M. (1976). Adaptive behavior changes of group home residents. Mental Retardation, 14(4), 36-40.
- Beech, H. R., Burns, L. E., & Sheffield, B. F. (1982). A behavioral approach to the management of stress. New York: John Wiley & Sons.
- Beehr, T. A., & Newman, J. E. (1978). Job stress, employee health, and organizational effectiveness: A facet analysis, model, and literature review. Personnel Psychology, 31, 655-699.
- Bersani, Jr., H. A., & Heifetz, L. J. (1985). Perceived stress and satisfaction of direct-care staff in community residences for mentally retarded adults. American Journal of Mental Deficiency, 90(3), 289-295.
- Brief, A. P., & Aldag, R. J. (1976). Correlates of role indices. Journal of Applied Psychology, 61, 468-472.
- Bruininks, R. H., Hauber, F. A., & Kudla, M. J. (1980). National survey of community residential facilities: A profile of facilities and residents in 1977. American Journal of Mental Deficiency, 84(5), 470-478.
- Bruininks, R. H., Kudla, M. J., Hauber, F. A., Hill, B. K., & Wieck, C. A. (1981). Recent growth and status of community residential alternatives. In R. H. Bruininks, C. E. Meyers, B. B. Sigford, & K. C. Lakin (Eds.), Deinstitutionalization and community adjustment of

- mentally retarded people (pp. 14-27). American Association on Mental Deficiency, Monograph No. 4. Washington D. C.: 5101 Wisconsin Avenue, N. W.
- Bruininks, R. H., Kudla, M. J., Wieck, C. A., & Hauber F. A. (1980). Management problems in community residential facilities. Mental Retardation, 18(3), 125-130.
- Bruininks, R. H., Meyers, C. E., Sigford, B. B., & Lakin, K. C. (1981). Deinstitutionalization and community adjustment of mentally retarded people. American Association on Mental Deficiency, Monograph No. 4. Washington D. C.: 5101 Wisconsin Avenue, N. W.
- Caplan, G. (1964). Principles of preventive psychiatry. London: Tavistock.
- Cherniss, C. (1980). Staff burnout. Beverly Hills: Sage.
- Cooper, C. L. (1981). The stress check. Englewood Cliffs, NJ: Prentice Hall.
- Cooper, C. L., & Marshall, J. (1976). Occupational sources of stress: A review of the literature relating to coronary heart disease and mental health. Journal of Occupational Psychology, 49, 11-28.
- Cox, T. (1978). Stress. Baltimore: University Park Press.
- Crystal, S., Fleming, C., Beck, P., & Smolka, G. (1987). The management of home care services. New York: Springer Publishing.

- Department of Labor, Employment and Training Administration (1977). United states federal government dictionary of occupational titles, 4th edition.
- Everly, Jr., G. S., & Rosenfield, R. (1981). The nature and treatment of the stress response. New York: Plenum Press.
- Farber, B. A. (Ed.). (1983). Stress and burnout in the human professions. New York: Pergamon Press.
- Felce, D., Kock, U., & Repp, A. C. (1986). An eco-behavioral analysis of small community-based homes and traditional large hospitals for severely and profoundly mentally handicapped adults. Applied Research in Mental Retardation, 7, 393-408.
- Fimian, M. J. (1984). Organizational variables related to stress and burnout in community-based programs. Education and Training of the Mentally Retarded, 19(3), 201-209.
- French, J. R. P. Jr. (1973). Person-role fit. Occupational Mental Health, 3, 15-20.
- French, J. R. P., Jr., & Caplan, R.D. (1972). Organizational stress and individual strain. In A.J. Marrow (Ed.), The failure of success (pp. 30-66). New York: AMACON.
- Freudenberger, H. J. (1977). Burn-out: Occupational hazard of the child care worker. Child Care Quarterly, 6(2), 90-99.
- Gardner, J. F., & Rosenfield, R. (1981). The nature and treatment of the stress response. New York: Plenum Press.

- Goldberger, L., & Breznitz, S. (1982). Handbook of stress. New York: Macmillan.
- Goldner, F. H., & Ritti, R. R. (1967). Professionalism as career immobility. American Journal of Sociology, 72, 489-502.
- Golembiewski, R. T. , Munzenrider, R. F. , & Stevenson, J. G. (1986). Stress in organizations. New York: Praeger.
- Green, D. E., & Walkey, F. H. (1988). A confirmation of the three-factor structure of the Maslach Burnout Inventory. Educational and Psychological Measurement, 48, 579-585.
- Greenburg, S.F., & Valletutti, P.J. (1980). Stress and the helping professions. Baltimore: Paul H. Brooks.
- Gupta, N., & Beehr, T. A. (1979). Job stress and employee behaviors. Organizational Behavior and Human Performance, 23, 373-387.
- Halderman v. Pennhurst State School & Hospital, 451 US 1, 1981.
- Harrington, W. A., & Honda, G. J. (1986). The roles of the group home direct-care worker. Community Mental Health Journal, 22(1), 27-38.
- Harrington, W. A., Rosenthal, S. B., Paul, J. L., & Behar, L. B. (1980). The development of a technical assistance system for residential treatment programs. Child Care Quarterly, 9(2), 100-111.

- Heal, L. W., Sigelman, C. K., & Switzky, H. N. (1978).  
Research on community residential alternatives for the  
mentally retarded. In N. Ellis (Ed.). International review  
of research on mental-retardation (vol. 9) (pp. 210-250).  
New York: Academic Press.
- Hill, B. K., Lakin, K. C., & Bruininks, R. H. (1984). Trends  
in residential services for people who are mentally  
retarded: 1977-1982. Journal of the Association for  
Severe Handicaps, 9(4), 243-250.
- Intagliata, J., & Willer, B. (1982). Reinstitutionalization  
of mentally retarded persons successfully placed into  
family care and group homes. American Journal of Mental  
Deficiency, 87(1), 34-39.
- Jones, J.W. (Ed.). (1981). The burnout syndrome. Park Ridge,  
IL: London House Management Press.
- Kafry, D. (1981). The research. Appendix in A.M. Pines & E.  
Aronson, Burnout: From tedium to personal growth. New  
York: Free Press.
- Kahn, R. L., Wolfe, D. M., Quinn, R. P., Snoek, J. D., &  
Rosenthal, R. A. (1964). Organizational stress: Studies  
in role conflict and ambiguity. New York: John Wiley.
- Kleinberg, J., & Galligan, B. (1983). Effects of  
deinstitutionalization on adaptive behavior of mentally  
retarded adults. American Journal of Mental Deficiency,  
88(1), 21-27.



- Kyriacou, C., & Sutcliffe, J. (1979). Teacher stress: A review. Educational Review, 29, 299-306.
- Lakin K. C. (1979). Demographic studies of residential services for the mentally retarded: An historical review of methodologies and findings. Minneapolis: University of Minnesota.
- Lakin, K. C., Bruininks, R. H., Hill, B. K., & Hauber, F. A. (1982). Turnover of direct-care staff in a national sample of residential facilities for mentally retarded people. American Journal of Mental Deficiencies, 87(1), 64-72.
- Lazarus, R. S., & Launier, R. (1978). Stress-related transactions between person and environment. In L. A. Pervin, & M. Lewis (Eds.). Perspectives in interactional psychology (pp. 287-327). New York: Plenum.
- MacNamara, R. D. (1986). Forces in the administration of public residential facilities. In J. Thaw, & A. Cuvo (Eds.). Developing responsive human services (pp. 51-82). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Maslach, C. (1976). Burned-out. Behavior, 5(9), 16-22.
- Maslach, C. (1982a). Burn-out the cost of caring. Englewood Cliffs, NJ: Prentice Hall.
- Maslach, C. (1982b). Understanding burnout. In W. S. Paine (Ed.). Job stress and burnout (pp. 29-40). Beverly Hills: Sage.

- Maslach, C., & Jackson, S.E. (1979). Burned-out cops and their families. Psychology Today, 12(12), 59-62.
- Maslach, C., & Jackson, S. E. (1986). Maslach burnout inventory. Palo Alto, CA: Consulting Psychologists Press.
- Matteson, M. T., & Ivancevich, J.M. (1987). Controlling work stress. San Francisco, Jossey-Bass.
- O'Connor, G. (1976). Home is a good place. American Association on Mental Deficiency, Monograph No. 2. Washington D. C.: 5101 Wisconsin Avenue, N. W.
- O'Neill, J., Brown, M., Gordon, W., & Schonhorn, R. (1985). The impact of deinstitutionalization on activities and skills of severely/profoundly mentally retarded multiply-handicapped adults. Applied Research in Mental Retardation, 6, 361-371.
- Paine, W. S. (Ed.). (1982). Job stress and burnout. Beverly Hills: Sage.
- Perlman, B., & Hartman, E. A. (1982). Burnout: Summary and future research. Human Relations, 35(4), 283-304.
- Pines, A., & Kafry, D. (1978). Occupational tedium in the social services. Social Work, 23, 499-507.
- Pines, A., & Maslach, C. (1978). Characteristics of staff burnout in mental health settings. Hospital & Community Psychiatry, 29(4), 233-237.

- Pratt, J. (1978). Perceived stress among teachers: The effects of age and background of children taught. Educational Review, 30(2), 3-14.
- Schalock, R. L. (1983). Services for developmentally disabled adults: Development, implementation, and evaluation (pp. 133-156). Baltimore, MD: University Park Press.
- Schalock, R. L. (1985). Comprehensive community services: A plea for interagency collaboration. In R. H. Bruininks, & K. C. Lakin (Eds.). Living and learning in the least restrictive environment (pp. 37-63). Baltimore, MD: Paul H. Brooks.
- Schalock, R. L., Harper, R. S. & Genung, T. (1981). Community integration of mentally retarded adults: Community placement and program success. American Journal of Mental Deficiency, 85(5), 478-488.
- Selye, H. (1982). History and present status of the stress concept. In L. Goldberger, & S. Breznitz (Eds.). Handbook of stress (pp.7-17). New York: Macmillan.
- Shaddock, A. J. (1988). The occupational status of staff in community residences for people with intellectual handicaps. The British Journal of Mental Subnormality,, 34(67), 86-96.
- Sokol-Kessler, L. E., Conroy, J. W., Feinstein, C. S., Lemanowicz, J. A., & McGurrin, M. (1983). Developmental

- progress in institutional and community settings. The Association for Severe Handicaps Journal, 8, 43-48.
- Szilagyi, A. D., Sims, H. P., & Keller, R. T. (1976). Role dynamics, locus of control, and employee attitudes and behavior. Academy of Management Journal, 19, 259-276.
- Thaw, J., & Wolfe, S. F. (1986). The direct-care worker: A socio-cultural analysis. In J. Thaw, & A. Cuvo (Eds.). Developing responsive human services (pp. 83-148). Hillsdale, NJ: Lawrence Erlbaum Associates.
- The Bureau of National Affairs, Inc. (1987). Stress in the workplace: Costs, liability, and prevention.
- Welsh v. Likens, 373 F. Supp. 487 (D. Minn. 1974).
- Wetzel, R. J., & Hoschouer, R. L. (1984). Residential teaching communities. Glenview, IL: Scott, Foresman and Company.
- Whitehead, J. T. (1985). Job burnout in probation and payroll. Criminal Justice & Behavior, 12(1), 91-110.
- Wyatt v. Stickney, 344 F. Supp 387 (M.D. 1972), aff'd Wyatt v. Aderholt. 503 F. 2d 1305 (5th Cir. 1974).
- Zaharia, E. S., & Baumeister, A. A. (1978). Technician turnover and absenteeism in public residential facilities. American Journal of Mental Deficiency, 82(6), 580-593.
- Ziarnik, J. P., Rudrud,, E. H., & Bernstein, G. S. (1981). Data vs. reflections: A reply to Moxley and Ebert. Mental Retardation, 19, 252.

APPENDIX A

### INSTRUCTIONS

On the following pages there are statements about your job. Please read each statement and decide if you ever feel this way about your job. If you never have the feeling write a "0" (zero) before the statement under "HOW OFTEN." If you have this feeling, tell how often you feel it by writing the number (from 1-6) that best describes how often you feel that way. Use only one number for each response. An example is shown below.

**Example:**

---

|            |       |                                     |                            |                              |                   |                             |              |
|------------|-------|-------------------------------------|----------------------------|------------------------------|-------------------|-----------------------------|--------------|
| HOW OFTEN: | 0     | 1                                   | 2                          | 3                            | 4                 | 5                           | 6            |
|            | Never | A few<br>times<br>a year<br>or less | Once a<br>month<br>or less | A few<br>times<br>a<br>month | Once<br>a<br>week | A few<br>times<br>a<br>week | Every<br>day |

---

HOW OFTEN

0-6

Statement:

\_\_\_\_\_ I feel sad at work.

If you never feel sad at work, you would write the number "0" (zero) under the heading "HOW OFTEN." If you feel sad at work, a few times a year or less, you would write the number "1." If you feel this way a few times a week, but not daily, you would write a "5."

Please turn the page and begin.

"Adapted and reproduced by special permission of the Publisher, Consulting Psychologists Press, Inc., Palo Alto, CA 94306, from Maslach Burnout Inventory by Christina Maslach and Susan Jackson (c) 1986. Further reproduction is prohibited without the Publisher's consent."

| HOW OFTEN: | 0     | 1                                   | 2                          | 3                            | 4                 | 5                           | 6            |
|------------|-------|-------------------------------------|----------------------------|------------------------------|-------------------|-----------------------------|--------------|
|            | Never | A few<br>times<br>a year<br>or less | Once a<br>month<br>or less | A few<br>times<br>a<br>month | Once<br>a<br>week | A few<br>times<br>a<br>week | Every<br>day |

**HOW OFTEN**

0-6

Statements:

1. \_\_\_\_\_ I feel emotionally drained from my work.
2. \_\_\_\_\_ I feel used up at the end of the workday.
3. \_\_\_\_\_ I feel tired when I get up in the morning and have to face another day on the job.
4. \_\_\_\_\_ I can easily understand how my clients feel about things.
5. \_\_\_\_\_ I feel I treat some clients as if they were objects.
6. \_\_\_\_\_ Working with people all day is really a strain for me.
7. \_\_\_\_\_ I deal very well with the problems of my clients.
8. \_\_\_\_\_ I feel burned out from my work.
9. \_\_\_\_\_ I feel I'm helping other people's lives through my work.
10. \_\_\_\_\_ I've come to care less for people since I took this job.
11. \_\_\_\_\_ I worry that this job is hardening me emotionally.
12. \_\_\_\_\_ I feel very energetic.
13. \_\_\_\_\_ I feel frustrated by my job.
14. \_\_\_\_\_ I feel I'm working too hard on my job.
15. \_\_\_\_\_ I don't really care what happens to some clients.
16. \_\_\_\_\_ Working with people directly puts too much stress on me.
17. \_\_\_\_\_ I can easily create a relaxed atmosphere with my clients.

| HOW OFTEN: | 0     | 1                                   | 2                          | 3                            | 4                 | 5                           | 6            |
|------------|-------|-------------------------------------|----------------------------|------------------------------|-------------------|-----------------------------|--------------|
|            | Never | A few<br>times<br>a year<br>or less | Once a<br>month<br>or less | A few<br>times<br>a<br>month | Once<br>a<br>week | A few<br>times<br>a<br>week | Every<br>day |

**HOW OFTEN**

0-6

Statements:

18. \_\_\_\_\_ I feel very happy after working closely with my clients.
19. \_\_\_\_\_ I have done many good things in this job.
20. \_\_\_\_\_ I feel like I'm at the end of my rope.
21. \_\_\_\_\_ In my work, I deal with emotional problems very calmly.
22. \_\_\_\_\_ I feel clients blame me for some of their problems.
23. \_\_\_\_\_ People tell me different ways of how to do my job.
24. \_\_\_\_\_ I know what I am supposed to do at work.
25. \_\_\_\_\_ I have too much work.
26. \_\_\_\_\_ It seems no matter how I do my job, someone wants me to do it differently.
27. \_\_\_\_\_ I feel like I have too much to do at work.
28. \_\_\_\_\_ My job duties and responsibilities change.
29. \_\_\_\_\_ My supervisors don't know what I am supposed to do.
30. \_\_\_\_\_ It seems like people expect me to be doing things that I don't think are important.
31. \_\_\_\_\_ I do not have enough time to do everything I need to do at work.
32. \_\_\_\_\_ My job duties are clear to me.
33. Are you planning to leave this job within the next year?

[1] \_\_\_\_\_ yes

[2] \_\_\_\_\_ no- if no, go to question 35.

Please Continue



34. If you are planning on leaving your job please check the reasons why you would.

- [1] \_\_\_\_\_ To go to school
  - [2] \_\_\_\_\_ Personal reasons that have nothing to do with work
  - [3] \_\_\_\_\_ Work is too hard
  - [4] \_\_\_\_\_ Don't like the clients
  - [5] \_\_\_\_\_ More money
  - [6] \_\_\_\_\_ Problems with management
  - [7] \_\_\_\_\_ More job freedom
  - [8] \_\_\_\_\_ Not enough materials to do the job
  - [9] \_\_\_\_\_ Getting hurt by the clients
  - [10] \_\_\_\_\_ Promotion
  - [11] \_\_\_\_\_ Lack of support from management
  - [12] \_\_\_\_\_ To work with more friends
  - [13] \_\_\_\_\_ I do not get enough training
  - [14] \_\_\_\_\_ Having to work weekends and holidays
  - [15] \_\_\_\_\_ Other (please specify) \_\_\_\_\_
- 

Please provide the following information about yourself.

35. How long have you been at this job? \_\_\_\_\_ year(s) \_\_\_\_\_ months

36. Shift:(Check only one)
- [1] \_\_\_\_\_ 7-3
  - [2] \_\_\_\_\_ 3-11
  - [3] \_\_\_\_\_ 11-7
  - [4] \_\_\_\_\_ Varies

37. Average hours per week: \_\_\_\_\_

38. Hourly rate of pay? \$ \_\_\_\_\_ or, Salary per month? \_\_\_\_\_

39. For the work you do, do you feel you are paid enough?
- [1] \_\_\_\_\_ yes
  - [2] \_\_\_\_\_ no

40. Do you hold another job? \_\_\_\_\_ If yes, is it (please check)
- [1] \_\_\_\_\_ part-time
  - [2] \_\_\_\_\_ full-time

41. How often do you attend religious services?

- [1] \_\_\_\_\_ Attend services weekly or more.
- [2] \_\_\_\_\_ Attend services one to three times a month.
- [3] \_\_\_\_\_ Attend services a few times a year.
- [4] \_\_\_\_\_ Do not attend services.

Please Continue

42. Your present marital Status: (please check)
- [1]  Never married
  - [2]  Divorced
  - [3]  Separated
  - [4]  Widowed
  - [5]  Married
  - [6]  Living with someone
43. Do you have any children? [1]  yes  
[2]  no
44. Do you have children living with you? [1]  yes  
[2]  no
45. Do day care services meet your need? [1]  yes  
[2]  no  
[3]  N/A
46. Are you satisfied with your social life? [1]  yes  
[2]  no
47. Does work interfere with your social life? [1]  yes  
[2]  no
48. What is the highest level of education you have completed?
- [1]  GED (High School Equivalent Degree)
  - [2]  High School
  - [3]  Vocational/ Trade School
  - [4]  Community College
  - [5]  Other (please specify) \_\_\_\_\_
49. Your race:
- [1]  Black
  - [2]  White
  - [3]  Hispanic
  - [4]  Asian
  - [5]  American Indian
  - [6]  Pacific Islander
  - [7]  Other (please specify) \_\_\_\_\_
50. Do you have a disability? [1]  yes  
[2]  no
51. Your age: \_\_\_\_\_
52. Your sex: [1]  Female  
[2]  Male
53. Sexual Preference: [1]  Heterosexual  
[2]  Homosexual  
[3]  Bisexual

THANK YOU

Please fold the questionnaire, place in envelope, and mail.

APPENDIX B

JOB DESCRIPTION AND PLACEMENT CRITERIA

Job Title: Habilitation Specialist Job Code: \_\_\_\_\_

Organization Location (i.e., Area, Facility address): All Areas

Physical Location: Open Grade: \_\_\_\_\_

Office of Personnel Approval: \_\_\_\_\_ Date:  / /

Dept. Mgr. or V.P. Concurrence: \_\_\_\_\_ Date:  / /

\*\*\*\*\*

I. OBJECTIVE: (A concise and accurate statement of the primary aim and purpose of the position)

People filling this position must provide the necessary services to maintain and develop clients' habilitation programs and to insure clients' health, safety and welfare.

II. RESPONSIBLE TO: Receives specific direction by designated authority indicated on the most recent table of organization.

III. RESPONSIBLE FOR: (list titles and grades of jobs reporting directly to this position) Total number of persons in unit 1-8

| Job Title  | Grade | Job Title | Grade |
|------------|-------|-----------|-------|
| Volunteers |       |           |       |

IV. DUTIES AND RESPONSIBILITIES: List the duties and responsibilities of this position, starting below and continuing on a sheet of white bond paper as necessary. It is helpful to list related duties together. The most significant duties should be listed first, the next most significant duties second, etc. Start all statements with action verbs and avoid any general or ambiguous words. Care should be exercised to prevent repeating or overlapping. Be as specific as possible; identify major areas of coordination and/or joint responsibility.

1. Performs personal care routines such as meals, grooming, toileting, dressing and utilization of adaptive device (e.g., wheelchairs) in accordance with direction given.
2. Observes and responds immediately the signs and symptoms of illness, accidents/injury, medication effects, or any unusual incidents affecting client health and welfare. Reports and documents responses and any unusual incidents to appropriate designated authority in a timely, accurate manner using correct grammar, spelling, etc. in all documentation and oral reports.
3. Interacts frequently and positively with clients, including role modeling, appropriate personal conduct, manners, appearance and uses active listening skills.

4. Under general direction and instruction, implements habilitation programs and activities with clients and prepare ADL assessments such as fire safety, recreation and human development. Provides feedback to Program Director with regard to client behavior and response to program interventions.
5. Documents required entries into client records such as but not limited to: programs, plan of care, daily log, treatment orders, and maintains client personal funds according to policies and procedures.
6. Maintains the facility in an orderly, safe and sanitary condition including cleaning, disinfecting laundry and related tasks as needed.
7. Prepares food in a safe and sanitary manner as directed by physician.
8. Attends all assigned meetings and training sessions and acquires required skills.
9. Has a knowledge of and follows all current policies and procedures.
10. Assists designated authority in the daily facility operations.
11. Assumes responsibility in absence of the Family Coordinator.
12. Escorts to medical appointments and provides transportation and/or evacuation as needed using designated evacuation and transportation vehicles and procedures.
13. Performs other duties as assigned.

---

**PLACEMENT CRITERIA:** Placement Criteria should be listed after the section outlining duties and responsibilities and should begin with the statement "This description and grade are contingent upon evidence of:". List the criteria and end with the statement "Staffing exceptions to these criteria must be approved by:". Required approvals by title of both Personnel and the originating office are inserted here. This exception approval is to be the second level above the job being described, but in no instance lower than department level.

---

This description and grade are contingent upon evidence of:

1. Ability to read, write and comprehend documentation which may be of a technical nature and perform basic mathematical computations including addition, subtraction, multiplication, division, using fractions and decimals as normally required through completion of high school studies.
2. Ability to lift up to 60 lbs. unassisted, walk, reach, stand, stoop, kneel and assist others in walking, reaching, standing, stooping and kneeling.
3. Proven ability and legal authorization to operate vehicles assigned to the facility in a safe manner according to VOCA procedures.
4. Must provide proof of current certification in CPR and multi-media First Aid where required.
5. Must be accessible to receive and meet work schedule assignments.
6. Must possess proven knowledge of field as normally acquired through one to three years of related work experience.

Staffing exceptions to these criteria must be approved by the Area Management and the Human Resources Director.

APPENDIX C

March 12, 1990

Dear

Because of your work experiences you have been selected to help with studying the problem of stress on the job. The following questionnaire gives you the chance to tell about your job. The results of this study will help us understand the conditions you work under so that changes may be made to help you and the others you work with.

You may be assured your answers will not be seen by anyone you work with, nor by the company. The questionnaire has an identification number for mailing purposes only. Your name will never be placed on the questionnaire. This survey will only take about 10 minutes to complete. Once you have finished please place the questionnaire in the addressed stamped envelope, and mail it.

I would be most happy to answer any question or concerns you might have. Please write or call. The telephone number is  
(703) 231-9712.

Thank you for your help.

Sincerely

Kevin Lightle  
Study Coordinator

APPENDIX D



March 19, 1990

Recently a questionnaire was sent to you asking your help with understanding the problem of stress with your job. Because of your experiences and time with this job you were selected to fill out a questionnaire.

If you have already completed and returned it to me, please accept my sincere thanks. If not, please do so today. Because this questionnaire was only sent to a small group of people it is extremely important that your views are included.

If by chance you did not receive the questionnaire, or it got misplaced, please call me right now, collect at (703) 231-9712, and I will get another one in the mail to you today.

Sincerely,

Kevin Lightle  
Study Coordinator

APPENDIX E

April 2, 1990

Dear

About three weeks ago I wrote to you asking you to fill out a questionnaire about situations at work. As of today I have not received your completed questionnaire.

The purpose of your filling out the questionnaire is so that we can find out about situations at work that cause stress. The more we know about your job and how it affects you, the more likely it is that things can be changed to make your job easier.

I am writing to you again because I have not received your completed questionnaire. Your completed questionnaire is important to this study as it will be used to improve work conditions. Your name was chosen because of the type of work you do and the time you have spent in your position. Not everyone was chosen to help with this study so it is important that your views of the job are received. This is a rare opportunity to express yourself confidentially.

In the event that your questionnaire has been misplaced, a replacement is enclosed.

Your help is greatly appreciated.

Cordially,

Kevin Lightle  
Study Coordinator

APPENDIX F

Descriptive Information

Rate of Pay  
N=157

---

| Rate of Pay   | #   | Total | %      |
|---------------|-----|-------|--------|
| \$4.30-\$5.06 | 75  |       | (48%)  |
| \$5.07-\$5.82 | 61  |       | (39%)  |
| > \$5.83      | 21  |       | (13%)  |
|               | 157 |       | (100%) |

---

VITA

Kevin Eugene Lightle

1990

Office Address:  
Mount Rogers Community  
Services Board  
770 West Ridge Road  
Wytheville, VA 24382

Home Address:  
Rt. 2  
Box 212  
Austinville, VA 24312

Date of Birth:  
April 14, 1956

Social Security Number:  
518-54-2820

Marital Status:  
Married, Wife: Olivia M. Lightle  
Occupation: Educator  
Daughter: Kelly

Education:

- 1990      Doctor of Education  
Special Education Administration and Supervision  
Dissertation: "The Perceived Stress and Turnover  
Intention of Direct-Care Staff of Community  
Residential Facilities."  
Virginia Polytechnic Institute and State University  
Blacksburg, Virginia.
- 1986      Certificate of Advanced Graduate Study  
Special Education Administration and Supervision  
Emphasis:  
Staff Development; Voc. Ed/Spec. Ed.;  
Residential Facilities; and Public Administration.  
Virginia Polytechnic Institute and State University  
Blacksburg, Virginia.
- 1979      Master of Education  
Emphasis:  
Special Education; Learning Disabilities  
Lynchburg College  
Lynchburg, Virginia.
- 1978      Bachelor of Arts  
Emphasis:  
Art Education; Sculpture; and Pottery  
Virginia Polytechnic Institute and State University  
Blacksburg, Virginia.

## Professional Experience

### Director of Administrative Services Board

Mount Rogers Community Mental Health and Retardation  
Services Board  
Wytheville, VA 1990-

#### Duties:

Develop and monitor budget; maximize revenue generation; monitor financial practices for compliance with laws and regulations; develop and implement fiscal policies and procedures; serve as a resource to agency managers in developing and utilizing fiscal management skills. Supervise employees of the Business Office; Materials Management Department; and Management Information Services.

### Graduate Research Assistant

Virginia Polytechnic Institute and State University  
Blacksburg, VA 1989-1990

#### Duties:

Assist Professor of Special Education in various aspects of research projects and grant preparation; complete dissertation.

### Central Ohio Habilitation Director

VOCA Corporation  
Columbus, OH 1987-1989

#### Duties:

Responsible for the supervision and management of ICF/MR and POS residential homes serving over 100 developmentally disabled adults. Provide direct supervision to a professional staff consisting of Psychologist, Medical Coordinator, Social Workers, Program Directors, and administrative assistants. Develop monitoring and training materials. Assist in the development and monitoring of each facility's budget.

### Unit Director

Winfield State Hospital and Training Center  
Winfield, KS 1986-1987

#### Duties:

Manage a unit of 145 severe, profound, multihandicapped Mentally Retarded children and adults in an institute with a total population of 450. Supervise professionals consisting of a Program Coordinator, and Directors,





Social Workers, Psychologists, and Administrative Assistant. Manage a budget of approximately \$5,000,000. Chairman of IEP/IPP Committee, and member of Human Rights Committee. Maintain direct contact for the provision of Special Education for 65 children.

#### Graduate Research Assistant

Virginia Polytechnic Institute and State University  
Blacksburg, VA 1984-1986

##### Duties:

Assist Professor of Special Education in various aspects of research projects, grant preparation, serve on faculty search committee, maintain law reporter service, communication via SpecialNet.

##### Internships:

\*Salem City Schools, Salem, VA 6-86

Duties: Assist Special Education Director with appropriate activities.

\*Wise County, VA, and Norton, VA 5-86

Duties: Member of the Special Education team conducting a State Administrative Review; conduct interviews review records, assist in preparing final report.

\*Virginia State Department of Education Fall 85

##### Pre-School Handicap State Plan

Duties: Make appropriate contacts with school and community officials, publicize and conduct public forums, tabulate and submit final report for the Southwest Virginia, TAC 1 region.

#### Assistant Principal

The Achievement Center, Roanoke, VA 1982-1984

Duties: Principal designee for IEP meetings, Behavioral Specialist, Chairman of math and computer department, assist grant writing.

#### Teacher

The Achievement Center, Roanoke, VA 1979-1984

Duties: Math and Science educator for adolescent

children with Learning Disabilities in a self-contained classroom. Art educator for both elementary and secondary students.

### Certification

Art Education, Elementary/Secondary  
Special Education, Learning Disabilities  
Qualified Mental Retardation Professional/QMRP  
Supervisor/Administrator of Special Education

### Presentations

\*Ohio Department of Human Services  
Columbus, OH 1989

Duties: Assist and supervise the development of a pilot project of supported living for Developmentally Disabled Adults.

\*Alternative Residences Inc., Residential Options Inc.  
Columbus, OH 1987-1989

Duties: Prepare and present management reports.

\*Winfield State Hospital and Training Center  
Winfield, KS 1986

Duties: Staff Development; develop curriculum on stress and burnout and present course to the staff of the facility.

\*Roanoke City Schools  
Roanoke, VA 1985

Duties: Conduct inservice workshop for teachers and aides. Topic: Understanding and working with Special Needs Children.

\*Parents of Special Children  
Blacksburg, VA 1985

Duties: Presentation to parents of handicapped children.  
Topic: Understanding the Special Education Maze.

### Community Service

Parent Teacher Educational Advocacy Training Course  
Roanoke, VA 1981-1982

Duties: Coordinate the promotion and presentation of three-day workshops for parents and educators.

Tutor  
Roanoke, VA

1982-1984

Duties: Free lance tutorial services for children with Learning Disabilities.

#### Other Professional Activities

Attended 1989 NASDSE conference, Louisville, KY

Participated in seminar of "Management Under Stress", Columbus, OH

Participated in seminar of "How to Work with People", Columbus, OH

Attended the 8th, 9th, and 13th Annual Institute for Administration and Supervision of Special Education, Virginia Beach, VA

Participated in the Regional Orientation meeting of the revised regulations governing Special Education Programs for the Handicapped Children and Youth in Virginia

#### Memberships in Professional Organizations

Phi Delta Kappa  
Council for Exceptional Children  
American Association on Mental Retardation  
The Association for Persons with Severe Handicaps

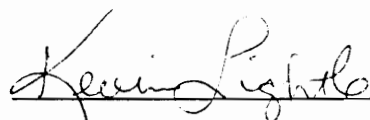
#### References and Educational Placement File

Philip R. Jones, Ed.D.  
Chairman, Special Education Administration  
Virginia Polytechnic Institute and State University  
University City Office Building, Rm. 232  
Blacksburg, Virginia 24061-0302  
(703) 231-9713

Bonnie S. Billingsley, Ed.D.  
Assistant Professor of Administration and Supervision  
of Special Education  
Virginia Polytechnic Institute and State University  
University City Office Building, Rm. 234  
Blacksburg, Virginia 24061-0302  
(703) 231-9715

Jeffrey D. Egelston, Ed.D.  
Assistant Superintendent/Director of Programs  
Gallipolis Developmental Center  
2500 Ohio Avenue  
Gallipolis, Ohio  
(614) 446-1642

University Placement Services  
Virginia Polytechnic Institute and State University  
Henderson Hall  
Blacksburg, Virginia 24061-0128  
(703) 231-6241

  
\_\_\_\_\_