

To the Graduate Council:

I am submitting herewith a thesis written by James C. Carter entitled "An Investigation of Primary Stress Sources Among Human Service Workers." I recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science in Social Work.

Hugh F. Coyle
Hugh F. Coyle, Major Professor

We have read this thesis
and recommend its acceptance:

Gessie Fanny Harrison
Mary H. Bloch

Accepted for the Council:

L. Evans Beth
Vice Chancellor
Graduate Studies and Research

AN INVESTIGATION OF PRIMARY STRESS SOURCES
AMONG HUMAN SERVICE WORKERS

A Thesis
Presented for the
Master of Science in Social Work
Degree
The University of Tennessee, Knoxville

James C. Carter

June 1983

1182907

ABSTRACT

The purpose of this study was to examine the causes of stress among direct-care workers in community residential facilities for mentally retarded adults and children. Direct-care workers from two group homes for adults and one group home for children were chosen from Nashville, Tennessee, for the study. All employees who were designated as primary care-takers were solicited for this study. The sample included 40 workers with adults and 21 workers with children. There was a 68% rate of return from among the workers contacted.

The Work Stress Scale was developed by the investigator for use in this study. It was comprised of 28 stressful situations divided equally into the four categories of client, coworkers, supervisor, and agency. The test items were derived from a review of the literature on stress in human service agencies and the investigator's experience in the field. Subjects responded to each item according to the amount of stress they perceived to be associated with the item (on a scale from one to four). Demographic information including age, sex, job status, time in human service field, time in current position, and education level was also collected and used in the final analyses.

The major findings of the study indicated that the Work Stress Scale was a reliable instrument for measuring stress levels associated with the four categories. The client was found to be the primary stress source. There

was a significant correlation between the agency and supervisor subscales indicating that the sample did not differentiate between the two as stress sources. The co-worker subscale had very low stress scores.

Although the Work Stress Scale proved to have value with this sample, it should be tested with other human service populations before these results can be generalized to the entire field. The sample proved to have some peculiarities that distinguished it from the general human service population, i.e., minimal contact with coworkers and supervisors.

Stress is a significant factor in human service agencies that affect the delivery of services to clients. Identifying stress sources is a first step towards correcting problems associated with stress and improving agency performance.

TABLE OF CONTENTS

CHAPTER		PAGE
INTRODUCTION		1
I. LITERATURE REVIEW		4
	The Concepts of Stress, Tedium, and	
	Burnout	4
	Sources of Occupational Stress in Human	
	Service Organizations	8
	Effects of Stress in Human Service	
	Organizations	18
	Stress in Residential Community Facilities	
	for the Mentally Retarded	23
II. METHODS AND PROCEDURES		28
	Rationale	28
	Hypotheses to be Tested	29
	Sample	30
	Measure	31
	Analysis of Data	32
	Procedure	33
III. RESULTS AND DISCUSSION		34
	Sample Statistics	34
	Validity and Reliability of the <u>Work</u>	
	<u>Stress Scale</u>	37
	Inter-Item Correlations for Subscales . . .	42
	The Sources of Work Stress	50

CHAPTER	PAGE
IV. CONCLUSIONS AND IMPLICATIONS	54
Conclusions	54
Implications	58
LIST OF REFERENCES	61
APPENDICES	69
APPENDIX A. COVER LETTER	70
APPENDIX B. INFORMATION SHEET	71
APPENDIX C. <u>WORK STRESS SCALE</u>	72
VITA	75

LIST OF TABLES

TABLE		PAGE
I.	Correlation Coefficients for Client Subscale	
	Items	44
II.	Correlation Coefficients for Agency Subscale	
	Items	46
III.	Correlation Coefficients for Supervisor	
	Subscale Items	48
IV.	<u>t</u> -test for Difference Between Means of <u>Work</u>	
	<u>Stress Scale</u> Subscales	52

INTRODUCTION

Burnout is the emotional and physical depletion of an individual, and occurs among workers in a wide variety of organizational settings. Burnout is especially prevalent among workers in the human service profession, and is primarily due to the nature of the client contact and the characteristics of the human service organization. The human service worker is typically considered to be the intermediary between the agency and the client. This position requires that the worker not only actively participate in the actual delivery of services, but, and perhaps most importantly, do so on an intimate and personal level. Thus, the worker must be able to relate intimately and purposefully with the client and simultaneously interact with the organizational system. The cumulative effects of stress that is experienced by workers operating within the organization to provide services to clients often lead to burnout, a debilitating condition that renders the worker ineffective.

The focus of this investigation is on direct-care workers in community residential facilities for the mentally retarded. These facilities are small units that, although dependent on a larger organization, are often developed and operated apart from the parent organization. Workers in these units are expected to act semi-independently in making decisions regarding resident care and are, at the same time, dependent on the larger organization for supervision and support.

The primary duties of the group home worker may range from custodial care to educator, and require the worker to live in the group home. This produces a level of intimacy and alliance between work and life which often makes it difficult for workers to separate their own personal lives from their job. The inability to maintain a personal identity combined with conflicts between resident needs and organizational demands may lead to burnout levels of stress. To promote the effectiveness of these human service workers it is essential that these stress factors be identified and corrected.

Job characteristics that are considered to be stress factors can generally be organized under the four headings of client needs, coworker relationships, supervision, and agency requirements. These stress factors include personal factors such as the worker's need for emotional support and recognition as well as organizational factors such as the worker's need for role clarity and definition. Those workers who experience stress because of deficiencies in these areas are susceptible to burnout. However, since it is unlikely that any particular worker will have problems in all of the categories mentioned above, it would be useful to be able to identify specific stress sources as well as situations within these sources that are causing stress. Identification of stress sources is the first step in taking action towards correcting problems associated with stress.

The major purpose of this study is to investigate possible differences in the primary source and level of stress among direct-care workers in group homes for mentally retarded adults and children. Specifically, the study attempted to determine which of the four most often identified sources of stress is considered to be the most stressful by direct-care workers, i.e., the coworker, supervisor, agency, or client. The Work Stress Scale was developed by the investigator for this purpose and consists of 28 items (7 per category) identified by the professional literature as causing stress. The Work Stress Scale provides stress scores by summing responses to statements in each category. This will enable the investigator to determine the source of greatest stress for workers in the agencies involved in this study.

Stress is costly to agencies, clients and workers in human services. The identification and remediation of stressful situations can improve services to clients by allowing experienced workers to stay in the field rather than burning out and leaving the field. Resources are lost when workers are lost, and this serves only to decrease the agency's ability to be of benefit to the client.

CHAPTER I

LITERATURE REVIEW

The Concepts of Stress, Tedium, and Burnout

Job stress can either disrupt performance, or, lead to improved performance when stress levels are not excessive in degree or duration. Stress reactions can be physiological resulting in psychosomatic reactions such as hypertension, peptic ulcer, and cardiac disease, or, stress can result in impaired performance, increased rigidity of behavior, or reduced problem-solving ability (McLean, 1974). Under stressful conditions the individual's perceptive and rational capacities are often disrupted and rendered less useful. These conditions may lead to defensive behavior that allows the worker to avoid an awareness of threatening situations (Lazarus, 1966).

Job stress may be defined as the condition in which some factor, or combination of factors, interacts with a worker to disrupt psychological or physiological equilibrium (Margolis and Kroes, 1974; Daley, 1979a). The concept of factors interacting with the worker is significant since it is quite clear from informal observation, as well as controlled research, that individuals respond to identical job situations in very different ways. Margolis and Kroes (1974) found that in those cases where individuals susceptible to particular job stressors are removed from the job through

self-selection or weeding out by management, the remaining workers will in general show little reaction to the job stressors. It is very apparent that extreme reactions to job stress, i.e., physical or psychological, are more likely to occur when the worker's needs are frustrated or when abilities are mismatched with job responsibilities.

Levine and Scotch (1970) also consider stress reactions to be a social-psychological phenomenon: a matter of the relation between individuals and the social structure within which they find themselves. Moreover, the cause of stress can lie within individuals or the social structure. Stressors existing within the social structure are especially important considerations in Human Service Organizations (HSO's) due to the wide prevalence of extreme stress symptoms among individuals with varying levels of experience and education.

There are two primary indicators of stress: physiological and psychological. Physiological indicators, or changes in the body's physical state or level of performance, often accompany psychological reports of disturbed affect or changes in the adequacy of cognitive functioning (Levine and Scotch, 1970; Basowitz et al., 1955). In HSO's these may include reported changes in an individual's attitude toward clients which are considered to be inappropriate to the particular job.

Stress reactions also involve demands made on the individual that cannot be met by existing internal resources.

These demands must be reasonable and involve actions that have been done in the past. Scotch and Levine (1974) further characterize these demands as those which if not met may cause individuals to view themselves as undependable, or as having failed to live up to legitimate professional standards. It is the sense of personal failure in such situations that often leads to overwhelming levels of stress.

Pines and Kafry (1978) introduced tedium, a term similar to burnout in symptomatology since both are clusters of exhaustion reactions, as a general experience of physical, emotional, and attitudinal exhaustion. Tedium can be a result of prolonged chronic mental, physical, or emotional pressure, while burnout is usually the result of constant or repeated emotional pressures associated with an intense involvement with people over extended periods of time (Pines et al., 1981). Tedium is the result of having too many negative and too few positive features in one's environment: too many pressures, conflicts, and demands, combined with too few rewards, acknowledgments, and successes (Kanner et al., 1978).

Three components of tedium and burnout have been recognized: physical exhaustion, emotional exhaustion, and mental exhaustion (Pines et al., 1981). Physical exhaustion is characterized by low energy, chronic fatigue, weakness, and weariness. People who have burned out report such things as accident-proneness, increased susceptibility to illness, frequent headaches, nausea, muscle tension in the neck and

shoulders, back pains, and changes in eating habits and weight (Pines et al., 1981; Freudenberger, 1980; Armstrong, 1978). A study by Pines et al. (1981) also found the paradoxical combination of weariness and sleep problems.

Emotional exhaustion involves feelings of depression, helplessness, hopelessness, and entrapment leading in extreme cases to mental illness or thoughts of suicide (Beck et al., 1974). People who are emotionally exhausted may feel that they need all of the emotional energy they have left just to keep going through the motions of life.

Mental exhaustion is characterized by the development of negative attitudes toward one's self, toward work, and toward life (Pines et al., 1981). People experiencing tedium or burnout often report dissatisfaction with their work and way of life, and a lowered self-concept. They may feel inadequate, inferior, incompetent, and as though they just cannot "take it anymore."

Burnout, the point at which the worker's job performance may become detrimental to the client, is defined as a wearing out, exhaustion, or failure resulting from excessive demands made on energy, strength, or resources (Daley, 1979a; Freudenberger, 1977; Rochelle, 1968). Since the states of burnout or tedium involve the deterioration of emotional and physical well-being as well as job performance and satisfaction, they may lead to the devaluation or dehumanization of the client (Daley, 1979a; Maslach, 1971, 1976, 1979; Kahn, 1978). Individuals experiencing burnout or tedium may

perceive that their well-being, or integrity, is endangered and that they must divert all of their energy to self-preservation (Cofer and Apply, 1964; Haggard, 1949). Since a high percentage of the worker's energy is devoted to managing personal stress, there is a loss of positive feelings for clients and concern for managing client cases. The worker may have a tendency to resort to dehumanizing tactics to survive in the job or may choose to leave the organization. The choice of either alternative may have a detrimental effect on an HSO's ability to meet client needs.

Burnout, however, is not necessarily a linear phenomenon, a constantly increasing reaction to job stress. Periodic rewards or rests replenish the worker's energies. Burnout seems to be characterized by peaks of stress reduced by periods of rest. To prevent burnout, the rest periods must be long enough to allow the effects of stress to dissipate (Daley, 1979a).

Sources of Occupational Stress in Human Service Organizations

Human service workers experience certain job stressors that are shared with professionals in the business, scientific, and academic communities. Factors involving the worker's identity or role in the organization such as role conflict, role ambiguity, role support, role overload, role responsibility, and the degree of person-role compatibility are areas of potential dysfunction identified in the literature as

native to most highly organized occupations. However, the human services field has certain characteristics that are unique and not found in other occupations. This section will discuss both those factors considered to be unique to the human service field as well as those factors shared with other professions.

Stress Factors Inherent to Human Service Organizations

HSO's are client-oriented and are dominated by one significant theme: an incessant and recurring search for ways to help troubled people (Pines and Kafry, 1978). The relationship between the worker and client is often complementary rather than symmetrical, i.e., the worker gives and the client receives. This flow of emotion from the worker to the client may lead to the emotional depletion of the worker (Kadushin, 1974). People drawn into the social service field tend to be oriented more toward people and experience personal fulfillment in the process of being sympathetic, understanding, unselfish, and helpful to others (Pines and Kafry, 1978). Indeed, it is very likely that those attributes which make certain people especially suited to social service also make them more sensitive to the many emotional pressures involved in the work.

Several studies have indicated that there are high levels of stress associated with the constant exposure to emotionally stressful experiences with clients (Maslach and Pines, 1977; Kadushin, 1974; Podell, 1967; Feldman, Spotnitz,

and Nagelberg, 1953). It was also pointed out by Freudenberg (1977) that workers in live-in situations with children are also faced with the task of being a good role model, parent, brother, or sister. Babcock (1951) especially stresses the close alliance between job and life which makes the separation of work from other areas of life so difficult. Since, in social service work, the task, work, and living are often simultaneously experienced, anxiety is greater than in many other fields.

Social service work which involves an almost exclusive focus on the client and little or none on the worker has a unique set of built-in stressors. The worker is viewed as the provider of services and has a role that is defined by the presence of the client and the client's needs. However, the worker also experiences stress in these relationships, and, in many cases, levels of stress may ultimately reach burnout proportions.

Role Ambiguity

Role ambiguity is defined as the discrepancy between the amount of information a person has and the amount that is required to perform the role adequately (Kahn, 1974). Ambiguous role prescription was identified by Daley (1979a) as one of the common factors in the job environment that might prove stressful to the social service worker. Kadushin (1974) also found considerable occupational stress to be due to ambiguity about what a worker should be doing and how it should be done.

Studies in areas outside of HSO's also indicate high levels of stress associated with role ambiguity. Kahn (1974) found that among professionals at NASA the experience of ambiguity was correlated with job-related tension, job dissatisfaction, a sense of futility, and low self-confidence. It was also found to be associated with lack of trust and lack of positive regard for coworkers. Caplan (1971), in a study of engineers, also found role ambiguity to be related to anxiety and to a four-item scale of somatic symptoms of depression. French and Caplan (1973) obtained results similar to those reported above as well as a significant relationship between ambiguity and feelings of job-related threat to one's physical and mental well-being. In addition, they observed that the more ambiguity the person reported, the lower was the utilization of intellectual skills and knowledge, and the lower was the utilization of administrative and leadership skills. This lack of utilization also adversely affected satisfaction and increased job-related threat.

Role Responsibility

Job responsibility appears to be strongly associated with levels of stress leading to burnout. Daley (1979b) noted that staff members having primarily administrative duties burned out less frequently than those having direct contact with clients. Maslach (1971) also found that burnout was more likely to occur among workers with high client contact. Indeed, workers often escape into administrative positions when burnout seems inevitable.

Kahn (1978) suggests that stress levels are higher in situations where one participant has the responsibility for performance that rewards or punishes both participants. This is especially relevant to HSO's where relationships between worker and client are usually transactional. Workers often receive secondary rewards when clients function well and experience feelings similar to punishment when they do poorly.

The key concept of role responsibility involves the amount of responsibility the worker has for the welfare of others (Kahn, 1978; Cobb, 1974; Kadushin, 1974; Heilig and Klugman, 1963). Workers entering the human service field generally do so out of a conscientious desire to help others. This would seem to place human service workers at risk and insure maximum exposure to stress factors inherent in HSO's. Cobb (1974) provides evidence that responsibility for persons, rather than for things, contributes to heart disease among people who are overly conscientious. French and Caplan (1974) found that higher diastolic blood pressures were related to responsibility for the futures of other people while lower diastolic blood pressures were related to responsibility for objects. Cobb (1974) also suggests that the distance, whether spatial, social, or psychological, between the responsible individuals and those persons for whom they are responsible might mitigate the effects of stress. This would certainly account for the differences in burnout rates between workers providing direct services and those with administrative duties.

Role Conflict

Kahn (1974) defines role conflict as consisting of logically incompatible demands made upon individuals by two or more persons whose roles are functionally interdependent with their own. Professionals in HSO's may face counterpressures from the three subsystems of client, organization, and profession, each of which may have its own distinct preference of goals and means (Pines and Kafry, 1978; Pruger, 1973). The professional may be committed to treating clients as individuals and using agency resources creatively at the worker's own professional discretion (Blau, 1962). However, the bureaucratic structure may tend to categorize clients and use uniform regulations in determining eligibility for services.

Role conflict may be experienced when workers are subjected to demands made by persons inside the organization and those outside the organization (Daley, 1979b; Kahn, 1979), or, when professional commitments clash with agency rules and regulations. Morgan (1962) suggests that workers may experience a sense of alienation from their profession as they are forced to make compromises between meeting client's needs and those of the agency. Litwin and Stringer (1968) found that the conflict between the needs of the agency and those of the client may result in the worker becoming apathetic and disinterested in the job.

Finch (1976) notes that there may be a certain tension existing between the organization's need for the

professional's expertise on the one hand and its requirement of employee loyalty that may, on the other hand, inhibit the worker's identification with the profession. Rapoport (1960) suggests another source stemming from the difficulty workers may have of addressing client problems around issues they have not resolved for themselves. These issues may involve personal, psychological problems, or, as suggested by Toren (1969) may pose unique moral problems for workers when they are required to use utilitarian, normative, and coercive measures with some clients.

Green (1966) has emphasized that the worker's task is to function as well as possible with a minimum of conflict within both the system of professional requirements and that of organizational demands. Schein (1968) introduced the term "creative individualism" to describe the acceptance by the worker of the organization's general values and goals while mediating between professional and organizational standards. However, the worker, when responsible to both a profession and a bureaucracy, may be in a position facing two sets of mutually incompatible demands (Daley, 1979a; Kadushin, 1974; Green, 1966).

Research indicates that persons subjected to high role conflict report greater job-related tensions, lower job satisfaction, less confidence in the organization itself, and more intense experiences if conflict is unresolved (Kahn, 1974). These same studies also report that these persons trust their coworkers less, respect them less, like them less, and communicate with them less.

Other studies suggest that workers may choose alliances with either client, profession, or organization based on individual personality differences (Green, 1966; Billingsley, 1964). Some workers are described as conformists who generally follow agency standards when faced with incompatible demands while other workers may align with profession or client.

Role Overload

Role overload is directly related to the number of clients in a worker's caseload and the complexity of problems presented. Pines and Kafry (1978) found that caseload emerged as an important correlate of tedium. It appeared that as the number of clients assigned to them increased, staff members experienced work tedium in the form of cognitive and emotional overload which had a direct effect on the quality of services provided by them. Professionals not only liked their work less when the caseload was heavier, but also rated the agency lower. Most important for the client-centered social service profession was the correlation between caseload size and the development of negative attitudes toward clients.

Daley (1979a) and Maslach (1971, 1976, 1977) found that workers who spend large amounts of their job time with clients feel the effects of overload more than workers whose primary jobs are administrative. Kahn (1974) distinguishes between qualitative and quantitative work loads and identifies each as having different effects on the worker. He

devised an index of occupational overload with three items which were correlated with job-related tension: the amount of pressure felt to do more work, the feeling of not being able to finish one's work in an ordinary day, and the feeling that the amount of the work interferes with how well it gets done. Daley (1979a) also found that workers were frustrated about not being able to complete their jobs to their own personal satisfaction due to excessive work loads.

The quality aspect of human interaction among human service workers has more effects on worker self-ratings than the quantity or number of people contacted. Kahn (1974) found that quantitative overload correlated with physiological indices of stress, but, that qualitative overload correlated with physiological indices and feelings of low self-esteem among professionals.

Role Support

The human service worker requires support from a variety of subsystems within the HSO including the supervisor and coworkers. Nelson (1980) states that the workers should acknowledge that failure to receive support within the professional setting may affect their ability to give support. He also noted that lack of support by supervisors may implicitly suggest to workers how they should behave with clients. Several authors (Daley, 1979a,b; Pines and Kafry, 1978; Freudenberger, 1977; Maslach, 1977; Kermish and Kushin, 1969; McLean, 1974) found that higher stress levels were associated

with workers who received less than adequate supervisory support. This support included direct feedback from the supervisor and staff meetings that encouraged open communication among agency staff.

Maslach (1971, 1978) also found that burnout rates were lower for those professionals who actively expressed, analyzed, and shared their personal feelings with colleagues. French (1974) and McLean (1974) found that stress could be decreased by providing a supportive supervisor and a cohesive and supportive group of coworkers. Such supportiveness was shown to directly reduce psychological strain and increase the effectiveness of the worker.

Person-role Compatibility

There are two ways in which an individual can be said to be compatible with a particular job (French, 1974). The first kind of compatibility is the degree to which a person's abilities and skills match the demands and requirements of the job. The second and perhaps most significant in terms of stress levels in HSO's is the degree to which the needs of the individual are supplied in the job environment. Individuals seek work in a particular field on the basis of their perception of the likelihood of obtaining rewards which are either financial, status-related, or emotional. Research indicates that for individuals seeking human service careers the value of working with people is the primary basis for selecting that occupation (Daley, 1979b).

The nature of the occupational tasks tends to act as a screening device attracting and selecting people with particular kinds of personality attributes (Kadushin, 1974). Since many people go into human service occupations because they have a desire to help people, they are often frustrated by work loads that limit effectiveness and by other elements of the job that do not involve direct service, e.g., paperwork, transportation, etc.

Effects of Stress in Human Service Organizations

Burnout is a very costly phenomenon. It is costly for those who quit their jobs in terms of their wasted training, and it is costly for those who stay in terms of the psychological price they pay. It is costly for the organization in terms of lost talent and poor performance, and it is costly for the clients and patients. As a result of burnout, clients wait longer to receive less attention and concern. The quality of the care they receive is poorer and the experience of obtaining it humiliating. (Pines et al., 1981, p. 17)

The key role of HSO's is to provide services to those in need. This is accomplished through the effective use of human service workers. Burnout decreases employee effectiveness and severely restricts the ability of the HSO to provide needed services. Often agencies invest a considerable amount of time and money in the training of workers only to have them become emotionally drained, or burned out, within a year (Kermish and Kushin, 1969). The recruitment and training of new workers and the revitalization of workers who have become emotionally drained can be an additional expense to an agency

whose primary function is the distribution, rather than utilization, of resources. High employee turnover represents a direct loss of resources as well as a decrease in worker effectiveness while replacements are being trained.

Research on turnover further indicates that many of those who leave the agency have high levels of performance (Daley, 1979b). A study by Podell (1967) found that those beginning workers who had achieved the highest scores on the civil service examinations were the most likely to leave the agency within nine months or less.

The primary source of job stress is considered to be the interpersonal contact between the worker and client. Maslach (1976) describes several techniques used by workers who are approaching burnout to provide emotional distance between themselves and clients: the use of certain types of language when referring to clients, e.g., caseload, coronary, retardates; compartmentalization by making a sharp distinction between job and homelife; and, objectification of client situations by re-casting them in more intellectual and less emotional terms. Other techniques of withdrawal include the minimizing of time spent in stressful situations, maintaining social distance, and avoiding eye contact with clients. Daley (1979a) cites as another important symptom of burnout the total reliance on bureaucratic procedures and regulations in providing services to clients.

Burnout is highly correlated with low morale, absenteeism, and high job turnover as well as other indices of

human stress such as alcoholism, mental illness, marital conflict, and suicide (Pines and Kafry, 1978; Maslach, 1971, 1976, 1978). Burnout often leads to a deterioration of physical well-being. The professional becomes exhausted, is frequently sick and may suffer from insomnia, ulcers, and migraine headaches as well as the exacerbation of more serious illnesses (Maslach, 1971). A study by Armstrong (1978) identified such symptoms of burnout as daily resistance to going to work, clockwatching, postponing client contacts, resisting client phone calls and office visits, stereotyping clients, the inability to concentrate on what the client is saying, feeling intolerant of client's anger, feeling immobilized and helpless, cynicism regarding clients, and a blaming attitude toward clients. Freudenberger (1975) also found such symptoms as cynicism, negativism, and a tendency to be inflexible. To avoid client contact many competent professionals return to school for further education that will allow them to move into administrative areas.

Studies done by Green (1966) and Billingsley, Streshinsky, and Gurgin (1966) indicated that the relatively low level of job satisfaction among HSO workers interviewed was not significantly related to positions held within the agency. Kermish and Kushin (1969) also found that salary and fringe benefits were unrelated to reasons for leaving the agency. They cited complaints, in order of frequency, to be overwhelming job demands, poor atmosphere and morale

within the agency, inability to be of real help to the client, poor supervision, little respect, encouragement, and support for the worker by agency administration, and little opportunity to use initiative and creativity. Also crucial to questions of morale which had direct effects on turnover was the strongly felt need of access to and participation in the decision-making processes within the agency.

The importance of identifying sources of job satisfaction is supported by Vroom (1970) who reported that job satisfaction was dependent upon situation and personal variables and was predictive of turnover. Herzberg et al. (1959) analysis of employee perceptions led them to conclude that some elements of work appear to be highly related to job satisfaction and to dissatisfaction. They found that events positively associated with achievement, recognition, the work itself, responsibility, and the opportunity for growth and advancement were experienced as extremely satisfying and motivated individuals to superior effort and performance. On the other hand, environmental and contextual conditions such as factors associated with company policy, administrative procedures, supervision, salary, and working conditions served only to bring about dissatisfaction. Leonard et al. (1981) also found other satisfying factors to be input into the decision-making process, autonomy, clear-cut knowledge of purpose, and the ability to effectively assess essential program resources. Dissatisfying factors included lack of interpersonal support, inadequate training and preparation,

myriad job responsibilities, and the instability of the community residential facility.

Whittaker (1971) has suggested that in many situations the choice of supervisory staff may reflect the needs of organizational expediency (i.e., need for a good managerial overseer) rather than the need to support direct-care staff. It is apparent, however, that the appropriate supervision and support are important factors in maintaining positive motivation among direct-care workers (Reed, 1977).

Stress as a phenomenon has been identified and empirically studied among a variety of human service organizations. It has been characterized by its effects on agency, client, and worker, and has been found to be detrimental to all three in terms of financial, physical and emotional costs. Numerous studies discussed above have linked employee performance with the agency's effectiveness in delivering services to clients. However, there is little empirical data to identify specific sources of stress in human service agencies providing community residential care for the mentally retarded. The direct-care worker in a live-in situation is exposed to a unique set of stressors that are not found in other human services occupations. The following section will discuss the research and problems associated with this area of human service work.

Stress in Residential Community Facilities
for the Mentally Retarded

Rational for Study of the Direct-Care Worker

The one characteristic that community residential facilities for the mentally retarded have in common with each other is that they are first and foremost organizations. George (1981) suggests that viewing these facilities in this way permits the application of research strategies that relate the health of organizations to the stability and morale of the employee work force. The assumptions inherent in this approach is that organizations that are characterized by an unstable work force cannot function effectively to achieve their goals.

Zaharia and Baumeister (1978) have pointed out that there are indications that some community residential facilities for the mentally retarded have encountered many of the same problems that have confronted larger public residential facilities. Seltzer and Seltzer (1977) have especially noted the prevalence of problems such as the predominance of young, transient, and poorly trained staff members that emerge to create problems within the agency. Turnover has been found by several authors to be the major problem affecting agency effectiveness (George, 1981; Meyer, 1980; Baker et al., 1977; O'Connor, 1976; Wolfensberger and Vanier, 1974). These problems are especially crucial since experts predict that community residential facilities for the mentally retarded will emerge as primary providers of care in the 1980's (Roos, 1978).

Community residential facilities for the mentally retarded can be said to play the role of "mediating structures" between society and the individuals residing in them (Berger and Neuhaus, 1977). It has been suggested by George (1981) that to fulfill their roles these facilities must be able to provide a stable environment for individuals and at the same time promote a connection between these individuals and the larger, mainstream structure of society. Leonard et al. (1981) also suggested that in most cases environmental consistency and staff stability are needed for well-planned and diagnostically responsive programming. Since it takes considerable time for staff and residents to get to know each other well enough to develop supportive, interpersonal relationships, it is essential that conditions leading to high turnover be identified and corrected.

The primary function of community residential facilities is to assist in improving the quality of life for mentally retarded persons. Most of this assistance is provided in the form of direct interactions between the service providers and the residents (George, 1981). In the interest of maximizing the quality of this interaction process, it is essential that recruitment, training, and retention of personnel be the principle considerations in the development of effective community-based programs (George, 1981).

Research on Job Satisfaction Among Direct-Care Workers

In a national study of community residential facilities, O'Connor and Sitkei (1975) reported that the three most

serious problems are inadequate funding, lack of staff training, and maintaining staff. Other studies (Baker et al., 1977; Bruininks et al., 1977; O'Conner, 1976) also concur that recruitment, training, and staff turnover are major problems in operating and maintaining their facilities. The magnitude of the problem is further emphasized by Dellinger and Shope (1978) who found that the mean length of employment for staff in residential facilities for the mentally retarded was only 6.8 months, and by Pines et al., (1981) who suggest that people in human services who live on the job tend to burn out within a year.

A number of investigators (Nihira and Nihira, 1975; Brown et al., 1959) have examined the characteristics of developmentally disabled persons that are predictive of successful placement in community settings. George (1981) found a direct relationship between behavior problems with residents (one index of successful community placement) and staff turnover. Sarata (1975) and Zaharia and Baumeister (1978) have suggested that a major source of direct-care worker dissatisfaction is a lack of client progress. Zaharia and Baumeister (1978) found in their analysis of technical (direct-care) level staff that client IQ (one index of resident potential) was inversely related to turnover rate. These studies point out yet another dimension to the relationship between staff and residents in the community living setting.

Characteristics of Work with the Mentally Retarded

The relationship between the direct-care worker and the resident is uniquely personal since it involves the sharing of individual living spaces as well as emotional experiences. Holland (1978) has described the decision to become a house-parent (direct-care worker) to be "an expressive act which reflects the person's motivation, knowledge, personality, and ability" (p. 5). Katz and Kahn (1978) have further emphasized the "people-changing" functions of human service work as opposed to the "object-changing" functions of business organizations.

The direct-care worker has a wide array of responsibilities which may include custodial work, nursing, physical therapy, counseling, and education (Fox, 1980). However, the most threatening and demanding responsibilities are those involving crises or situations that may represent the threat of danger to the resident (Reed, 1977). The direct-care workers' perpetual exposure to the stressful environment tends to aggravate and intensify all of the potential conflict-producing influences. Grossbard (1960) suggests that the worker's "amorphous omnipresence" provides limited opportunities for withdrawal and psychological repair. There is a tremendous expenditure of both physiological and psychological energy in dealing with the frustration, anger, and anxiety generated by residents, other staff, and agency policies and procedures, with little provision for personal recuperation (Reed, 1977).

It was suggested by Reed (1977) that extremely routinized procedures are a result of the organization's need for control rather than concern for the development of the resident. Due to the frequency and intensity of resident contact in direct-care work, individual relationships and acute sensitivities to the needs of residents often develop. Workers may be placed in positions that diminish positive motivation when they are forced to choose between standard agency policies and procedures, and the individual needs of residents. Reed (1977) suggests that this may sometimes force workers to take stands that may jeopardize their employment with the agency. Direct-care workers are especially sensitive to these types of issues since most of those who stay do so because of the personal satisfaction gained from their work (Felsenthal and Scheerenberger, 1978).

Due to the nature of direct-care work with the mentally retarded it is especially desirable that those who obtain rewards such as self-fulfillment from the work itself be encouraged to stay. To this end, it is essential that research be conducted that will enable agencies to identify sources of stress and to develop methods of reducing this stress, thus, enhancing the work life of the direct-care worker. This type of research will be of benefit to the client as well as the agency and worker.

CHAPTER II

METHODS AND PROCEDURES

Rationale

Stress can be measured using a variety of methods which may include physiological or psychological observations as well as self-reporting techniques. The latter method is generally less costly and has been shown by Flanagan (1954) to be a reliable technique for identifying situational variables that affect individuals. This method is especially useful in human services since it has been established that there are specific situations that cause the worker to experience psychological and physiological feelings that are symptomatic of stress. These situations are easily recognized by the worker and involve aspects of the job (such as those discussed in Chapter I) that decrease the worker's chances of performing the job to personal or agency satisfaction.

This study purported to measure the amount of stress experienced by the worker which could be attributed to the different aspects of the human service job, i.e., client needs, relationships with supervisor and coworker, and agency requirements. The four categories of client, supervisor, coworker, and agency and the respective items in the categories were selected from the literature on stress in human service organizations and the investigator's own experience

in the field. Subjects were asked to respond to statements about situations that are known to cause stress in human service workers. These responses were based on the subject's own perception of the amount of stress associated with a particular situation and, thus, constitute a self-reporting technique.

The statements or test items comprised the Work Stress Scale which was developed by the investigator for use in this study. It was used to determine the source (i.e., which of the four categories of job stressors causes the greatest amount of stress) and the amount, or level, of stress relative to each category. The Work Stress Scale was evaluated using statistical techniques for determining scale validity and reliability.

Hypotheses To Be Tested

This study tested the following null hypotheses:

1. The Work Stress Scale has no utility for comparing levels of stress among direct-care workers arising from various sources. The expected outcome is that the Work Stress Scale can significantly measure levels of stress within the identified categories of client, supervisor, agency, and coworker.
2. There are no differences in the levels of stress associated with various stress sources among direct-care workers in group homes for mentally retarded children and adults. The expected outcome is that there are significant

differences in mean stress levels among the stress categories of client, coworker, supervisor, and agency.

Sample

The sample was drawn from three agencies offering residential group home services to mentally retarded (MR) adults and children in Nashville, Tennessee. A total of 57 persons were solicited across two agencies serving MR adults with 40 (70%) responding, while a total population of 32 workers with MR children yielded a sub-sample of 21 (65%). Thus, of a total of 89 potential subjects there were 61 respondents (68% overall rate of response).

All agency employees whose primary responsibilities involved direct-care work with group home residents were included as potential subjects. Job classifications were diverse and included Housemanager, Houseparent, and Behavior Management Specialist. However, the one characteristic that distinguished these workers from other agency workers was their unique position as intermediary between the group home residents and the agency. The primary responsibilities of this position included the provision of health and safety needs and the training of residents in self-help and socialization skills.

The direct-care worker is in a position to have the greatest impact on the resident, and is for this reason considered by the investigator to be the crucial element in the agency's ability to deliver services. This position also

places the worker at risk since demands made by residents for services often conflict with agency requirements and resources.

Measure

The Work Stress Scale (Appendix C) is comprised of 28 items divided equally into four subscales measuring stress levels attributed to coworker, client, supervisor, and agency. The items are randomly ordered and require a response on a four-value Likert scale (i.e., almost never, sometimes, often, and almost always). Four summary scores are obtained by summing the ratings for the seven items on each subscale. A total score is also obtained by summing across all subscales.

The scale was developed by the investigator from a review of stress sources identified by researchers in the human service field. Although other investigators do not necessarily categorize stress sources as the Work Stress Scale attempts to do, the identified sources of stress do logically fall into the respective categories of client, coworker, agency, and supervisor. The categories were developed as a result of the investigator's extensive experience in the group home service field as both housemanager and supervisor. The scale is expected to be useful as a diagnostic tool for identifying major sources of stress within human service agencies.

An additional question (Appendix B) requested the subject to rank-order the four stress categories according to perceived level of stress, i.e., from least to most. This question was used to determine how well the worker's perception of stress source compared to actual subscale stress scores.

Analysis of Data

Scale validity and reliability was estimated using several methods. Six social work professionals were asked to Q-sort the 28 scale items into their respective subscales. This was done to determine if each of the 28 items could be easily identified as belonging in one (and only one) of the four categories (subscales).

Correlations were obtained between the subject's rank ordering of stress sources (rank-order question) and respective subscale scores to indicate how well the worker's perception of stress source compared to actual stress scores on subscales. A reliability coefficient (coefficient alpha) was computed to determine how well the Work Stress Scale discriminated between categories (subscales) of stress. Correlations were also obtained for subscale items to determine how well these sets of items held together as single subscales. The rejection or acceptance of the first null hypothesis depended on the results of these statistical tests of validity and reliability.

A standard t-test was used to examine the differences between the means of the four subscales to determine if the expected outcome of the second hypothesis could be accepted.

Demographic information (Appendix B) was obtained from the 61 respondents and included sex, age group, level of education, time in current position, time in human service field, and part-/full-time job status. Correlations between these items and scores on stress measure were used to identify demographic variables relevant to stress among the subjects in this sample.

Procedure

Each identified subject received a survey package consisting of a seven-item demographic form, a single question asking the subject to rank-order the four categories in terms of perceived stress associated with each, and the Work Stress Scale. A one-page information sheet (Appendix A) accompanied each package explaining the purpose of the study, providing instructions for completing the scale, and guaranteeing the anonymity of each subject. The completed survey was mailed to the investigator in the self-addressed, stamped envelop provided with the survey package.

CHAPTER III

RESULTS AND DISCUSSION

Sample Statistics

The sample of 61 subjects included 40 workers with mentally retarded (MR) adults and 21 with MR children. The importance of job status (part-time/full-time) as a variable could not be ascertained since only 2 of the 61 subjects worked part-time. These two subjects were kept as part of the sample since part-time workers at these agencies worked more than 24 hours per week. This was considered by the investigator to be sufficient work time to make these two subjects comparable with the sample on stress reports.

The investigator does not believe that there were any significant differences between those who responded to the questionnaire and those who did not. However, it was apparent that a large proportion (53 percent) of those responding were full-time employees since there were only two part-time employees who responded out of the 14 solicited. There were no reasons attributed to these findings that were considered to affect the results of this study.

The relative frequencies of subject responses to the categories of the variables "time in current position" and "time in human service field" were comparatively equal for both subsamples. Forty-six percent of subjects had been in

their current position for less than one year with 40 percent reporting one to two years and 14 percent reporting more than one year. Fifty-three percent of the subjects reported that they had been in the human service field over two years compared to 47 percent with less than two years.

The variable "education level" was divided into two categories: high school degree and college degree. Forty-five percent of the subjects reported having high school degrees with 55 percent having at least two years of college. There were five subjects in the latter category that had not been awarded a degree. These were retained since they were currently enrolled in a college and had completed at least two years.

The relationship between the subjects' sex and type of client served and that between age-group and type of client served were not statistically significant. In general, however, workers with MR children tended to be female (85 percent) and fall in the 18-to-31 year age category (71 percent) and the 46-and-older age category (29 percent). Workers with MR adults were about evenly distributed (19 males and 21 females), and ranged across all age categories.

Twenty-nine percent of workers with MR children were in the 46-and-older age category as compared to 7 percent of workers with MR adults in this category. This is consistent with findings by Anderson and Crawley (1982) that successful caregivers are significantly older than their unsuccessful

counterparts. Sternlicht (1978) suggests a clear trend for older persons to provide better care and to provide it on a long-term basis. These investigators consider age to be an important variable in direct-care service among children but not necessarily among adults.

There were statistically significant differences found in comparing age group with education level and type of client with education level. Younger workers tended to have more education than older workers ($\chi^2 = 37.139$, $df = 20$, $p = .01$), and those working with MR adults had more education than those working with MR children ($\chi^2 = 9.502$, $df = 4$, $p = .04$).

There was a difference in basic skills level and IQ between the two populations of MR residents that could possibly account for these findings. The MR adults were higher functioning than the MR children and required more complex training programs. The success rate was also higher and more easily measured for MR adults. The majority of the MR children were profoundly to severely retarded and were learning basic self-help skills (toileting, bathing, self-feeding) as compared to the educational and vocational skills training in the MR adult programs. The training programs for the MR adults were more complex than those for the MR children and required workers to have more advanced levels of education and training.

A Pearson correlation calculated using the variables "time in human service field" and "time in current position" indicated that those workers with more employment time in the

human service field also tended to have more employment time in their current direct-care position ($r = .7878$, $p < .001$). This would suggest that those workers who have been in human services for longer periods of time have either learned how to cope and thus avoid burnout, or, are more suited to this type of work and, therefore, less susceptible to the particular stressors in the field. The latter view is supported by Holland (1978) who suggested that becoming a housemanager is as much a matter of personality preference as job qualification.

Validity and Reliability of the Work Stress Scale

Research that is based on measurement must be concerned with the issues of validity and reliability. These issues are especially important when directed to the task of developing a scale for determining and measuring stress factors among a population as diverse as human service workers. Stress is a global concept that occurs in a variety of situations, and is often as much a function of the individual as the situation. Keeping this in mind in developing the Work Stress Scale, the investigator has attempted to identify and operationalize basic principles underlying situations that have been recognized by other professionals in the field of human services as causing or contributing to stress. It is possible to proceed in this fashion since human service workers in all areas share basic goals and methods of relating to clients and the organizations in which they work.

It is essential that validity, or the degree to which an instrument measures what it is expected to measure, be established before the results of an instrument can be accepted as representative of a population. There are several types of validity that are of importance to this study which will be discussed in the following section. Reliability, or internal consistency, of the instrument will also be assessed in an attempt to examine the worthiness of the instrument as a predictor of stress in human services.

Validity

Content validity, or adequacy of the test contents or substance to measure a given variable, was estimated by having six social work professionals Q-sort the 28 test items into the four subscale categories. Five of the six professionals sorted all items into the correct categories while one person sorted a supervisor item into a client category. This item (28) was not considered misleading by the other professionals and was not changed. The items also had high face validity (another determination made on content that is basically judgmental), and were representative of stressful situations previously identified in the literature on stress in human services.

All subscale scores were consistent with the total Work Stress Scale score as shown by positive correlations (client, $r = .3908$, $p = .001$; agency, $r = .5853$, $p < .001$; supervisor, $r = .6487$, $p < .001$; coworker, $r = .5246$, $p < .001$).

From this it could be reasonably assumed that the subscales are measuring the same variable as the total scale.

There were significant correlations between subjects' indicated source of stress (rank-order question) in the areas of client and supervisor and correspondingly high scores on the client and supervisor subscales of the Work Stress Scale (client subscale score with client identified by subjects as source of greatest stress, $r = .6919$, $p < .001$; supervisor subscale scores with supervisor identified by subjects as source of greatest stress, $r = .4870$, $p < .001$). Similarly significant relationships were not found between choice of agency and coworker with corresponding subscale scores. However, only two people identified the coworker as the source of greatest stress while 11 people identified the agency as such.

From the data it appears that the Work Stress Scale can be used as a valid measure of stress. However, interpretations based on the subscale scores must be used with caution until the scale can be tested with other populations within the human service field. The Work Stress Scale can possibly be reduced to make it more precise and reliable as a measure of stress. Reliability of the subscales will be discussed in the following section in an attempt to further improve the measuring characteristics of the total scale.

Reliability

Reliability, or internal consistency, of an instrument assesses whether or not all items measure a variable along the

same dimension. If a test has substantial internal consistency, the results can be interpreted as being representative of the variable being measured. If a test is composed of heterogeneous items, each measuring a different factor, it is uncertain which factor is to be used to explain the meaning of the score. For a test to be interpretable, therefore, it is essential that a large proportion of the test variance be attributable to the variable being measured (Cronbach, 1951).

Each of the subscales was assessed as an individual test measuring stress within the parameters of the respective category (client, coworker, supervisor, or agency). A reliability coefficient was obtained to determine the internal consistency among test items in each subscale, and a correlation coefficient was obtained among the subscale scores to determine the independence of the subscales.

Reliability of the subscales was assessed using coefficient alpha, a measure of internal consistency. Coefficient alpha provides an estimation of reliability based on the average correlation among items within a test and the number of test items. If it proves to be low, either inter-item correlation or length of test may be examined as the possible cause.

The reliability coefficient for the client subscale was the strongest ($\alpha = .6526$) with the coefficient for the coworker subscale being the weakest ($\alpha = .2677$). Coefficients for the agency and supervisor subscales were .5306 and .4296,

respectively. The coworker subscale was very weak and factorially insignificant since the correlations even among the subscale items were low and not significant. The investigator believes that this was attributable to the nature of the work since the majority of the group home workers generally had frequent interactions with only one other coworker while on duty (some worked alone). The coworker was also identified as being the least stressful relationship on the rank-order question by all but two subjects in the sample.

There was some indication that the two subscales of agency and supervisor elicited similar responses from subjects since they were significantly correlated ($r = .3902$, $p = .001$), and had means that were essentially the same. This was also attributed by the investigator to the nature of group home work since the group homes in this study were located from 3 to 15 miles from their respective central offices. Group home workers had infrequent contact with supervisors (once per week was average), and generally received policy and procedure instructions from the administration/agency staff through their supervisors. This is a situation that is probably unique to this population and not representative of the human services field as a whole since other studies cited in the literature have identified stress factors that are associated with agency and supervisor functions as discrete sources.

All subscales correlated negatively with the client subscales, but only those with the agency and supervisor

were significant ($r = -0.4189$, $p < .001$; $r = -0.2985$; $p = .01$, respectively). This was expected since it was clear that subjects made a distinction between the client and the supervisor as stress sources. Although the difference in the means of the client and agency subscales was weak, as will be discussed in a later section, the obtained negative correlation between these two subscales offers evidence that the Work Stress Scale was able to discriminate between the two stress sources.

Inter-item Correlations for Subscales

Coworker Subscale

The items of the client subscale with item numbers as they appear in the Work Stress Scale are:

1. I find it difficult working with co-workers who don't respect me.
7. I find it difficult working with co-workers who are not loyal to their peers.
9. It makes me feel bad when one of my co-workers gets into trouble with the supervisor.
16. I feel like I have to do my job better than my peers.
21. It adds to my worry when I am not able to "let off steam" with my co-workers about work problems.
23. My job is more difficult because I don't get needed emotional support from my co-workers.

The coworker subscale proved to be the weakest ($\alpha = .2672$) although alpha was increased by the deletion of items 21 and 23 (to a maximum of .4307). The remaining items had low inter-correlations that were significant at the $p < .05$

level with the exception of items 7 and 9 ($r = .5840$, $p < .05$) and a negative correlation between items 1 and 21 ($r = -0.2534$, $p < .05$).

Items 21 and 23 are not stated precisely enough to avoid misinterpretation and the subscale is statistically improved when they are removed. The remaining items reflect feeling that workers may have toward coworkers, e.g., respect (item 1), loyalty (item 7), empathy (item 9), and competition (item 16). Item 22 could also be eliminated since it is too vague in content, i.e., all arguments are not necessarily destructive.

Client Subscale

The items of the client subscale with item numbers as they appear in the Work Stress Scale are:

5. It is especially difficult to constantly give the emotional support needed by my client/patients.

6. I can only work with a client/patient for a long time if I don't get emotionally involved with the problem.

8. I spend only as much time as is absolutely necessary with each client/patient.

13. My personal life is disturbed by thoughts of my client/patient's problems.

14. I would rather be doing anything else than working with the kinds of client/patients I have.

19. My inability to really help my client/patients is very discouraging to me.

20. It is distressing to work with client/patients who have the same problems that I or a member of my family have had.

Correlations among client subscale items were significant for five of the seven items as shown by Table I. The

alpha coefficient was also increased with the deletion of items 13 and 20 from the scale (to a maximum of .6910). This subscale proved to have the strongest and most consistent scores of the Work Stress Scale and was improved by the deletion of items 13 and 20.

TABLE I
CORRELATION COEFFICIENTS FOR
CLIENT SUBSCALE ITEMS

Items	5	6	8	14
5	1.0000			
6	.2233*	1.0000		
8	.4918*	.1913**	1.0000	
14	.4048*	.1430**	.4504*	1.0000
19	.5762*	.2501*	.4312*	.2341*

* $p < .001$

** $p < .05$

The client subscale questions that were considered significant focused on emotional issues such as support (item 5) and involvement (item 6). Item 8 represents a form of emotional distancing used by workers to decrease involvement with clients, and item 14 is an indicator of the worker's attitude towards the job. The worker's feelings of success in working with people is the theme of item 19, and is an important factor that has been shown (see Literature Review)

to correlate with the worker's motivation for entering human service work.

Agency Subscale

The items of the agency subscale with item numbers as they appear in the Work Stress Scale are:

4. I have a hard time understanding agency rules and regulations as they apply to me.

10. I have to work too hard at my job because the agency doesn't have enough employees.

15. I find it very difficult to satisfy agency requirements and fulfill my obligations as a professional helper.

17. It bothers me that this agency doesn't seem to care very much about the people who work directly with its client/patients.

18. There is too much pressure from this agency to follow regulations and not enough to use personal initiative and creativity.

25. I have to spend so much time on paperwork and other agency business that I am not able to fulfill my primary responsibility of helping people.

26. I feel hopelessly stuck in my position because the agency doesn't offer opportunities for advancement.

Correlations among agency subscale items were significant for four of the seven scale items as shown by Table II. There was also a significant correlation ($r = .3939$, $p < .001$) between items 18 and 25, even though item 25 did not correlate significantly with the other items. The alpha coefficient was increased by deleting item 26 (to .5460) from the subscale. However, alpha was not increased with the deletion of items 17 and 25 even though these items did not have significant correlations with the other items.

TABLE II
CORRELATION COEFFICIENTS FOR
AGENCY SUBSCALE ITEMS

Items	4	10	15
4	1.0000		
10	.2778	1.0000	
15	.2979	.2394	1.0000
18	.2175	.1876	.3773

$p < .001$

The four items that were significantly correlated in the agency subscale represented stress factors that are well documented in the professional literature. These factors included role ambiguity (item 4), role overload (item 10), role conflict (item 15), and use of personal initiative and creativity (item 18). Item 26 (career advancement) was found to decrease alpha for the subscale as a whole although it was positively correlated with education level ($\chi^2 = 48.208$, $df = 12$, $p < .001$). It appeared that those workers with higher levels of education were dissatisfied with their promotion opportunities at the agencies involved in the study. The significant correlation between items 18 and 25 was expected since the use of initiative and creativity is usually opposed to the structure and procedure usually represented by paperwork. Item 17 (emotional support from agency) was a significant item to the total scale although it did not

correlate significantly with other items (this item did, however, have a low positive correlation with other subscale items).

Supervisor Subscale

The items of the supervisor subscale with item numbers as they appear in the Work Stress Scale are:

2. My job is frustrating because it is difficult for me to determine just what my supervisor expects of me.

3. My supervisor would be more understanding of my problems at work if he/she traded places with me for a month.

11. I don't feel very valuable as a worker because my supervisor doesn't place much value on my opinions.

12. I get nervous when my supervisor seeks me out because I know I will probably be reprimanded for something.

24. My supervisor doesn't take the active personal interest in me that I need.

27. It bothers me when my supervisor expects me to do something that goes against what I think is best for my client/patients.

28. My supervisor gives me more client/patients than I can adequately handle.

Correlations among supervisor subscale items were also significant for three of the seven scale items as shown by Table III. There was a high correlation between items 24 and 28 ($r = .3543$, $p. < .04$) that did not hold true for these two items among other scale items. The alpha coefficient was increased by deleting items 3, 12, and 24 (to a maximum of .4615).

TABLE III
CORRELATION COEFFICIENTS FOR
SUPERVISOR SUBSCALE ITEMS

Items	2	11
2	1.0000	
11	.4580	1.0000
27	.3244	.2252

$p < .04$

The three items that had significant positive inter-correlations in this subscale were item 2 (role ambiguity), item 11 (participation in the service delivery process), and item 27 (role conflict, especially regarding personal judgment and action). The items that represented emotional issues with the supervisor were deleted from the scale to increase the alpha coefficient. It could not be determined why this was true since the literature indicates a strong need for personal support from the supervisor. It is possible that among the workers in this particular sample a significant number of supervisors were seen as emotionally supportive. However, the positive correlation between items 24 and 28 appeared to indicate that workers related overload (item 28) to the supervisor's lack of personal interest in the worker (item 24).

Conclusion

The Work Stress Scale provides an index of stressful situations that human service workers might encounter on their jobs. Although it has been shown to be an adequate measure of stress among the workers of this sample, it would be desirable to test this scale with samples from other human service populations. A broader survey of workers from other social service organizations such as mental health centers, welfare agencies, and protective service agencies would provide data that could be generalized to the whole field of human services rather than specifically to group home workers with mentally retarded adults and children. This should be done before items in the scale are deleted as suggested by the results of the reliability analyses.

As previously suggested, it is possible to identify basic principles underlying situations that lead to stress in human service organizations. However, there are some difficulties involved in developing precise statements (test items) to represent these principles that can be generalized to all types of human service organizations. There is some need as identified in the subscale reliability section to clarify several test items that appeared to be poorly understood by the subject. The majority of the items, however, clearly represent basic stress situations and are considered to be reliable measures of stress. It is possible to reject the first null hypothesis since the Work Stress Scale does measure levels of stress among workers in this sample.

The Sources of Work Stress

The scores obtained on the Work Stress Scale fell in the lower range of the continuum of possible scores (range of scale was 28 to 112). The scale mean was 42.93, with a standard deviation of 5.22. The mode was 39.00 and the median was 42.28. The scores approximated a normal curve within the score range of 28 to 57 with one score falling in the 64 to 69 group (Figure I).

The scores from this sample of subjects were considered to be extremely low given the extent of burnout in human services indicated by the literature. This can be attributed to the low response to the coworker subscale and the use of only four values on the Likert scale for each subscale. The investigator believes that the relative range of scores would have been wider if the scale had been rated using a five or seven value Likert scale.

The lack of response to the coworker subscale was not considered to be unusual for this sample due to the infrequent contact between coworkers. This would not be expected to hold true for other human service populations, however, since most direct-care workers in other agencies have much more frequent contact with one another. The other logical alternative to the low scores is simply that subjects in this sample had no problems with their coworkers.

The Work Stress Scale was divided into the four subscales of supervisor, client, coworker, and agency for the

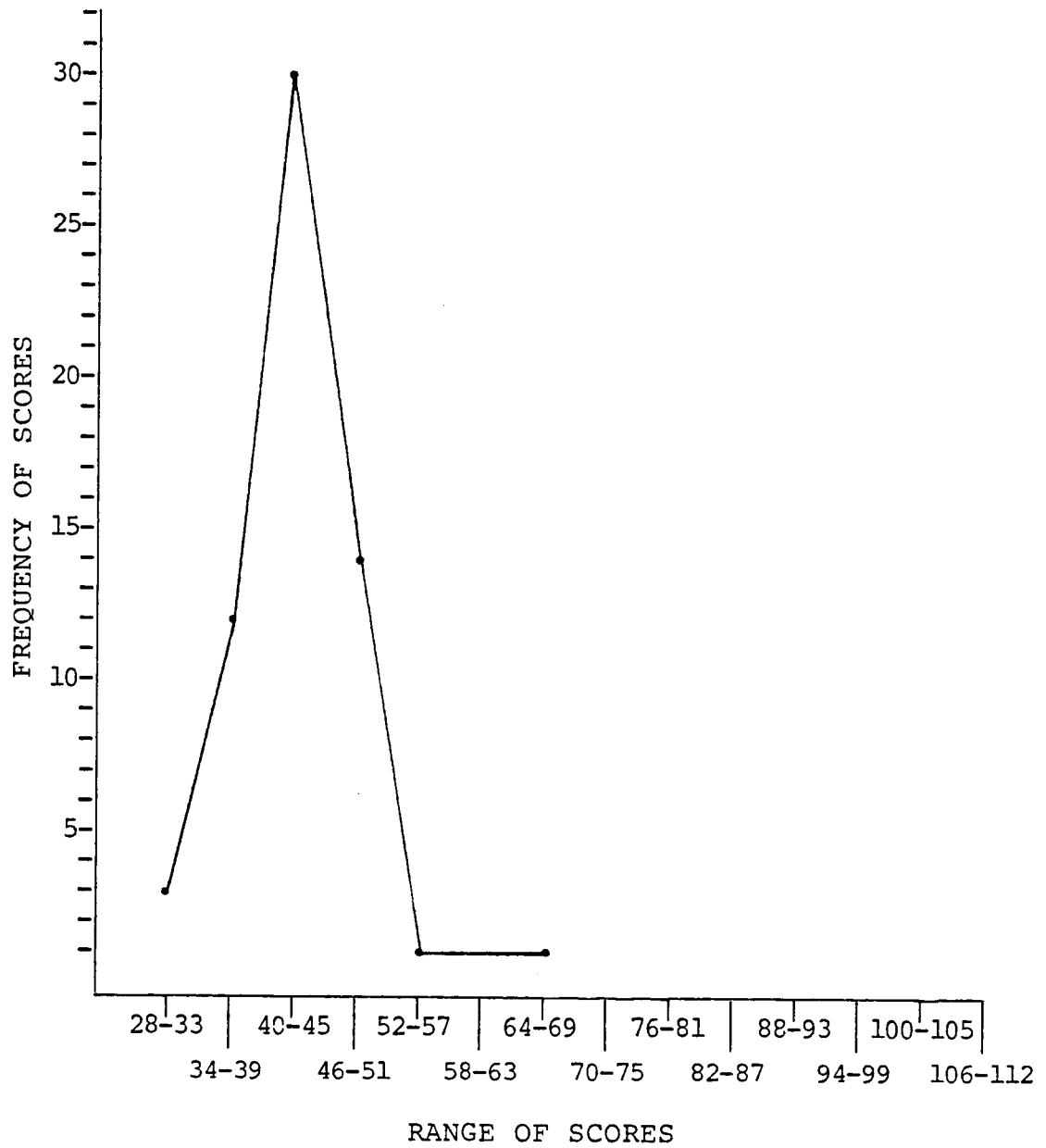


Figure I. Range of Scores on Work Stress Scale

purposes of analysis. A t-test was used to determine the differences between the means of the subscales to support the expected outcome of the second hypothesis. As indicated by Table IV, the null hypothesis cannot be entirely rejected since there is a significant difference between all means except those of the client and agency subscales and the agency and supervisor subscales.

TABLE IV
t-TEST FOR DIFFERENCE BETWEEN MEANS
OF WORK STRESS SCALE SUBSCALES

Subscale	Mean	T Value*	Two-Tail Probability	Difference In Means
Client	11.672	4.64	$p = .001$	1.918
Coworker	9.754			
Client	11.672	1.68	$p = .098$	0.901
Agency	10.770			
Client	11.672	2.09	$p = .040$	1.000
Supervisor	10.672			
Supervisor	10.672	3.05	$p = .003$	0.918
Coworker	9.754			
Agency	10.770	2.74	$p = .008$	1.016
Coworker	9.754			
Agency	10.770	.64	$p = .346$	.098
Supervisor	10.672			

*Degrees of Freedom equals 60 for all subscales.

The reason for the lack of significance between the means of the agency and client subscales could not be determined, although it was noted that the difference was at the $p = .098$ level which could be considered to indicate a trend of subscale mean differences.

The means of the agency and supervisor subscales were similar (10.770 and 10.672, respectively), and the difference was not significant. The positive correlations between these two subscales as discussed in a previous section suggested that subjects responded to them as though they measured one category rather than two.

The investigation believes that the lack of difference in the agency and supervisor subscales would not necessarily hold true for human service workers in other agencies, e.g., mental health centers, mental health institutions, or welfare agencies. It is likely that these four categories would remain as discrete subscales among other human service populations, and it is suggested that the Work Stress Scale be tested in other human service areas before being altered.

CHAPTER IV

CONCLUSIONS AND IMPLICATIONS

Conclusions

This study was based on a theoretical model that defines job stress as a disruption in psychological and physiological equilibrium resulting from the interaction between the worker and certain factors or situations inherent to the human service occupation. Research cited in the Literature Review has shown that the cause of stress can lie within the worker or the job environment, and that individuals respond to stress situations in this environment in different ways, i.e., with varying levels of stress. The worker's level of stress in response to these situations may depend on the particular combination or total number of stressful situations, or, as indicated by some authors, the degree of natural suitability a person has for human service work. This latter consideration is supported by studies which show that persons drawn to human service work have certain personality characteristics or needs that are fulfilled by this type of work.

The focus of this study was on the characteristics of the work environment rather than personality characteristics of the worker. Personality characteristics are considered to be important factors in human service work, however, no inferences could be drawn from the results of this study regarding the personality styles of the subjects in the sample.

It is helpful to keep in mind that the work environment is stressful even to those workers who are personally suited to the job, and that stress is exacerbated in those workers who are unable to adapt to the work requirements due to personality conflicts.

Work characteristics were operationally defined as situations that workers might encounter in their work that cause stress. A Work Stress Scale was designed by the investigator to measure levels of stress experienced at work, and included 28 potentially stressful situations equally divided into the four categories (subscales) of coworker, client, agency, and supervisor. The scores on the Work Stress Scale were derived entirely from the subject's own perception of the amount of stress experienced in relation to each test item or situation. The Work Stress Scale is essentially a self-reporting technique since the worker's own impressions were used to rate each test item.

The items on the Work Stress Scale were selected from among those reported in the literature as causing stress among human service workers. A Q-sort procedure done by six social work professionals indicated that the 28 test items were easily divided into the four equal subscales of client, coworker, agency, and supervisor. All subscale scores correlated positively with the total Work Stress Scale score. There were significant positive correlations among crucial items of each subscale indicating that these items were measuring a single variable which the investigator believed

to be stress. It was noted that all items within the respective subscales did not correlate. However, those items shown by the literature as being most significant in causing stress did have significant positive correlations.

Additional evidence was provided by significant correlations between subjects' choice of category as source of most stress on the rank-order question and actual high stress scores on the respective subscales of client and supervisor. Similar correlations were not obtained for the coworker and agency subscales. Only two subjects selected the coworker as most stressful while 11 subjects indicated the agency as such. However, it was noted that in eight of the 11 cases where the agency was rated as the most stressful, the supervisor was ranked as second most stressful. This evidence, combined with the significant positive correlations obtained between the agency and supervisor subscales, suggested that subjects could have responded to these two subscales as though they measured a simple category.

The expected outcome of the first hypothesis was that the Work Stress Scale could measure levels of stress within the four identified categories. As stated earlier, the investigator believes that the Work Stress Scale does measure levels of stress. Results from the study showed that there were higher levels of stress associated with the client category than with the other categories. The coworker subscale had the lowest scores while the scores on the agency and supervisor subscales were not only nearly equal but highly

correlated as well. Most subjects had higher scores on either the client or the supervisor subscales. These two subscales had significant negative correlations indicating that the Work Stress Scale discriminated between these two as significant stress sources. The client subscale also had negative correlations with the agency and coworker subscales.

The expected outcome of the second hypothesis was that there were significant differences between mean stress levels among the four categories. This outcome was only partially supported since there were significant differences between all subscale means except those of the client and agency and the agency and supervisor. As noted above, the agency and supervisor subscales were significantly correlated and it appeared that subjects did not discriminate between them. Significant negative correlations between the client and agency subscales indicated that subjects did discriminate between these two even though the difference between the means was not significant ($p = .09$).

The conclusions that the investigator drew from this study were that the Work Stress Scale is useful as a measure of stress and that it can discriminate between categories of stress. However, it appeared from the study that for this sample the items on the agency and supervisor subscales could best be combined into a single category. Thus, rather than having four categories or subscales there would be only three: client, coworker, and agency/supervisor.

There was also evidence suggesting that some items of the subscales could be deleted to improve the reliability of the Work Stress Scale. However, this is the first time that the Work Stress Scale has been used and this sample represents only a small segment of the human service field. Therefore, it would be necessary to use this instrument with a variety of samples from different human service occupations before any changes are made.

Implications

The categorization of stress has useful application since research in human services has shown that support in one area (category) can help diminish the effects of stress in other areas (categories). This is especially true in relation to the role of the agency or supervisor as a factor in reducing the effects of stress experienced by employees in working with clients. The investigator has found that the reverse can also be true among human service workers since there have been occasions when workers have made statements to the effect that if it were not for positive relationships with clients they would not continue to work for the agency.

The items on the Work Stress Scale compare favorably with those on Maslach's (1979) Burnout Inventory. However, the Burnout Inventory is a general measure of stress leading to burnout and does not categorize stress by source. The investigator believes that it is important to be able to categorize major sources of stress. It was noted earlier

that the stress scores in this study were relatively low compared to the prevalence of burnout reported in the literature. The category (subscale) scores from the Work Stress Scale showed that subjects experienced varying levels of stress across the categories. This is significant since it indicated that these subjects were experiencing high levels of stress in some areas and correspondingly low stress levels in other areas. This supports a previous suggestion that workers may get support from one area that helps them deal with stress from another area.

This study emphasized the importance of the direct-care worker as the primary link between the human service agency and the client. The effectiveness of the human service agency is directly influenced by the willingness and capability of the direct-care worker to interact with clients in ways that are both beneficial to clients and supportive of the agency. There are indications in the literature that a division exists between the administrative aspects (including supervision) of the agency and the service delivery process. This conflict between the needs of agency and those of the client is not easily resolved by the worker who is often caught in the middle. Inevitably, the resolution of this conflict by the worker will result in a compromise favoring one or the other but not usually both. Some conscientious workers are forced to leave the agency while others may seek an alliance with either the agency or client in order to survive. Unfortunately, in many instances, survival may mean that clients don't get the services they need.

The results of stress, especially the high levels which often lead to burnout, are usually unplanned expenses for agencies. The Work Stress Scale has the potential for identifying areas in the organization that are causing problems for workers. The identification and remediation of these problems will benefit the worker as well as the client and agency. To this end, the agency can function more effectively in supporting the direct-care worker and improving the service delivery process.

LIST OF REFERENCES

LIST OF REFERENCES

- Appley, M.H. and Trumbull, R. Psychological Stress. New York: Appleton-Century-Crofts, 1967
- Argyris, C. Personality and Organization. New York: Harper and Row, 1957.
- Armstrong, K.L. How can we avoid burnout? Child Abuse and Neglect: Issues on Innovation and Implementation, DHEW Publication No. 78-30148, 1978, 2, 230-238.
- Babcock, C. The social worker in a world of stress. Social Service Review, 1951, 25, 9-13.
- Baker, B.L., Seltzer, G.B. and Seltzer, M.M. As Close As Possible: Community Residences for Retarded Adults. Boston: Little, Brown and Co., 1977.
- Basowitz, H., Persky, H., Korchin, S.J., and Grinker, R.R. Anxiety and Stress. New York: McGraw-Hill, 1955.
- Beck, A.T., Weissman, D., Lester, D., and Trenxler, L. The measurement of pessimism: The hopelessness scale. Journal of Consulting and Clinical Psychology, 1974, 42, 861-865.
- Berger, P.L. and Neuhaus, R.J. To Empower People: The Role of Mediating Structures In Public Policy. Washington, D.C.: American Enterprise Institute for Public Policy Research, 1977.
- Billingsley, A. Bureacratic and professional orientation patterns in social casework. Social Service Review, 1964, 38, 149-155.
- Billingsley, A., Streshinsky, N., and Gurgin, V. Social Work Practice in Child Protective Services. Berkeley: Univ. of Cal. School of Social Welfare, 1966.
- Blau, P. Orientation toward clients in a public welfare agency. In P. Blau (Ed.), On the Nature of Organizations. New York: John Wiley and Sons, 1974.
- Blau, P. and Scott, R.W. Formal Organizations. San Francisco: Chandler Pub. Co., 1962.
- Bruiniks, R.H., Hauber, F.A., and Kudla, M.J. National Survey of Community Residential Facilities: A Profile of Residents and Facilities in 1977 (Project Report No. 5). Minneapolis: Univ. of Minnesota, Developmental Disabilities Project, 1979.

- Caplan, R.D. Organizational stress and individual strain: A social-psychological study of risk factors in coronary heart disease among administrators, engineers, and scientists. Dissertation Abstracts International, 1971, 32 (2B), 1597.
- Cobb, S. Role responsibility: The differentiation of a concept. In A. McLean (Ed.), Occupational Stress. Illinois: Charles Thomas Pub., 1974, 62-69.
- Cofer, C.W. and Appley, M.H. Motivation: Theory and Research. New York: John Wiley and Sons, 1964.
- Collins, G.R. Burn-out: The hazard of professional people-helpers. Christianity Today, 1977, 21, 31-37.
- Cronbach, L.J. Coefficient alpha and the internal structure of tests. Psychometrika, 1951, 16, 297-334.
- Cronback, L. Essentials of Psychological Testing, 3rd ed. New York: Harper & Row, 1970.
- Daley, M.R. 'Burnout': Smoldering problem in protective services. Social Work, 1979, 24, 375-379.
- Daley, M.R. Preventing worker burnout in child welfare. Child Welfare, 1979, 58, 91-97.
- Dellinger, J.K. and Shape, L.J. Selected characteristics and working conditions of direct-service staff in Pennsylvania CLA's. Mental Retardation, 1978, 16, 19-20.
- Feldman, Y., Spotnitz, H., and Nagelberg, L. One aspect of casework training through supervision. Social Casework, 1953, 34, 150-155.
- Felsenthal, D. and Scheerenberger, R. Stability and attitudes of primary caregivers in the community. Mental Retardation, 1978, 16, 16-18.
- Finch, W.A., Jr. Social workers vs. bureaucracy. Social Work, 1976, 21, 370-375.
- Flanagan, J.C. The critical incident technique. Psychological Bulletin, 1954, 51, 327-358.
- Fox, K.T. A study of effects of behavioral treatment programs on absenteeism, job satisfaction, and attitude toward retardates for ward attendants at a state institution for the mentally retarded. Dissertation Abstracts International, 1980, 41 (4-B), 1482.

- French, J.R.P., Jr. and Kaplan, R.D. Organizational stress and individual strain. In A.J. Morrow (Ed.), The Failure of Success. New York: AMACON, 1973, 30-36.
- French, J.R.P., Jr. Person role fit. In A. McLean (Ed.), Occupational Stress. Illinois: Charles Thomas Pub., 1974, 70-79.
- Freudenberger, H.J. Burn-out: occupational hazard of the child-care worker. Child Care Quarterly, 1977, 6, 90-99/
- Freudenberger, H.J. The staff burnout syndrome in alternative institutions. Psychotherapy: Theory, Research and Practice 12A, 1975, 73-82.
- George, M.J. and Baumeister, A.A. Employee withdrawal and job satisfaction in community residential facilities for mentally retarded persons. American Journal of Mental Deficiency, 1981, 85, 693-647.
- Green, A.D. The professional worker in the bureacracy. Social Service Review, 1966, 40, 71-83.
- Greiff, B.S. Work performance and occupational stress. In A. McLean (Ed.), Occupational Stress. Illinois: Charles Thomas Pub., 1974, 91-93.
- Grinnell, R.M., Jr. and Hill, L.S. Do agency administrative changes affect the effectiveness and efficiency of DHR employees? Journal of Sociology and Social Welfare, 1979, 4, 149-160.
- Grossbard, H. Cottage Parents: What They Have to Be, Know, and Do. New York: Child Welfare League of America, 1960.
- Haggard, E.A. Psychological causes and results of stress. In D.B. Lendsley et al. (Ed.), Human Factors in Undersea Warfare. Washington, D.C.: National Research Council, 1949, 86-103.
- Heilig, S. and Klugman, D.J. The social worker in a suicide prevention center. Social Work Practice, 1963: Selected Papers. 90th Annual Forum, National Conference in Social Welfare, Cleveland, Ohio. New York: Columbia Univ. Press.
- Herzberg, F., Mausner, B. and Snyderman, B.B. The Motivation to Work. New York: John Wiley and Sons, 1959.
- Holland, J.L. Professional Manual for the Self-Directed Search. Palo Alto, Ca.: Consulting Psychologists Press, 1972.

- Kadushin, A. Child Welfare Services. New York: MacMillan, 1974.
- Kahn, R.L. Conflict, ambiguity, and workload: three elements in job stress. In A. McLean (Ed.), Occupational Stress. Illinois: Charles Thomas Pub., 1974, 47-61.
- Kahn, R.L. Job burnout: prevention and remedies. Public Welfare, 1978, 36, 60-63.
- Kanner, A.D., Kafry, D., and Pines, A. Lack of positive conditions as a source of stress. Journal of Human Stress, 1978, 4, 33-39.
- Katz, D. and Kahn, C.L. The Social Psychology of Organizations. New York: John Wiley and Sons, 1978.
- Kelly, T.L. The reliability coefficient. Psychometrika, 1942, 7, 75-88.
- Kerlinger, F.N. Foundations of Behavioral Research, 2nd ed. New York: Holt, Rinehart and Winston, Inc., 1973.
- Kermish, I. and Kushin, F. Why high turnover? Social staff losses in a county welfare agency. Public Welfare, 1969, 27, 134-139.
- Leonard, H.S., Margolis, H., and Keating, D.J. Salient factors influencing resident advisor turnover: an exploratory study. Child Care Quarterly, 1981, 10, 329-333.
- Levine, S. and Scotch, N.A. Social Stress. Illinois: Aldine Pub. Co., 1970.
- Lipsky, M. The welfare state as workplace. Working Papers for a New Society, 1980, 7, 29-36.
- Litwin, G.H. and Stringer, R.A., Jr. Motivation and Organizational Stress. Cambridge: Harvard Univ. Press, 1968.
- McLean, A. (Ed.) Occupational Stress, Illinois: Charles Thomas Pub., 1971.
- Margolis, B.K. and Kroes, W.H. Occupational stress and strain. In A. McLean (Ed.) Occupational Stress. Illinois: Charles Thomas Pub., 1974, 15-20.
- Maslach, C. Burned out. Human Behavior, 1976, 5, 94-101.
- Maslach, C. Job burnout: how people cope. Public Welfare, 1978, 36, 56-58.

- Maslach, C. and Jacison, S. Burned out cops and their families. Psychology Today, 1979, 4, 158-62.
- Maslach, C. and Pines, A. The burnout syndrome in day care settings. Child Care Quarterly, 1977, 6, 100-113.
- Meyer, J. An exploratory nationwide survey of child care workers. Child Care Quarterly, 1980, 9, 17-25.
- Morgan, R.W. Role performance by social workers in a bureacracy. Social Work Practice; 1962: Selected Papers, 89th Annual Forum, National Conference in Social Welfare. New York: Columbia Univ. Press.
- Nelson, J.C. Support: a necessary condition for change. Social Work, 1980, 25, 388-393.
- Nihira, L. and Nihira, K. Normalized behavior in community placement. Mental Retardation, 1975, 13, 9-13.
- Norman, H.A. An analysis of attitudes of ward attendants toward mental retardation in four state residential institutions for the mentally retarded. Dissertation Abstracts International, 1975, 36(4-A), 1438-1439.
- O'Connor, G. Home is a good place: a national perspective of community residential facilities for developmentally disabled persons. (Monograph) Washington, D.C.: American Association on Mental Deficiency, 1976.
- O'Connor, G. and Sitkei, G.F. Study of a new frontier in community services: residential facilities for the developmentally disabled. Mental Retardation, 1975, 13, 35-38.
- Pines, A.M., Aronson, E., and Kafry, D. Burnout: From Tedium to Personal Growth. New York: The Free Press, 1981.
- Pines, A. and Kafry, D. Occupational tedium in the social services. Social Work, 1978, 23, 499-507.
- Pines, A. and Maslach, C. Characteristics of staff burnout in mental health settings. Hospital and Community Psychiatry, 1978, 29, 233-237.
- Podell, L. Attrition of first line social service staff. Welfare Review, 1967, 5, 101-108.
- Pruger, R. The good bureacrat. Social Work, 1973, 18, 26-32.

- Rapoport, L. In defense of social work--an examination of stress in the profession. Social Service Review, 1960, 34, 62-74.
- Reed, M.J. Stress in live-in child care. Child Care Quarterly, 1977, 6, 114-120.
- Rochelle, P. Reducing stress: clients and social workers. Social Work Practice, 1968: Selected Papers, 95th Annual Forum, National Conference on Social Welfare, San Francisco, Ca. New York: Columbia Univ. Press.
- Roos, S. The future of residential services for the mentally retarded in the United States: A Delphi study. Mental Retardation, 1978, 16, 355-356.
- Rosen, J.L. Personality factors in the reaction of child care workers to emotionally disturbed children. Psychiatry, 1963, 26, 257-265.
- Sanderson, H.W. and Crawley, M. Characteristics of successful family-care parents. American Journal of Mental Deficiency, 1982, 86, 519-525.
- Sarata, B. Employee satisfactions in agencies serving retarded persons. American Journal of Mental Deficiency, 1975, 79, 434-42.
- Schein, E. Organizational socialization and the profession of management. Industrial Management Review, 1969, 9, 249-260.
- Seltzer, M.M. and Seltzer, G.B. Community living: Accommodations and vocations. In P. Mittler (Ed.), Research to Practice In Mental Retardation: Vol. I, Care and Intervention. Baltimore: University Park Press, 1977.
- Sternlicht, M. Variables affecting foster care placement of institutionalized retarded residents. Mental Retardation, 1978, 16, 25-27.
- Thompson, J.W. "Burnout" in group home houseparents. American Journal of Psychiatry, 1980, 137, 710-714.
- Toren, N. Semi-professionalism and social work: a theoretical perspective. In A. Etzioni (Ed.), The Semi-Professions and Their Organizations: Teachers, Nurses, Social Workers. New York: The Free Press, 1969, 147-186.

- Vroom, V.H. Industrial social psychology. In V.H. Vroom (Ed.), Management and Motivation. Baltimore: Penguin Press, 1970, 189-246.
- Whittaker, J. I've been down so long, it looks like up to me. Child Care Quarterly, 1971, 1, 75-84.
- Wolfensberger, W. and Vanier, J. Growing Together. Ontario, Canada: Daybreak Pub., 1974.
- Zaharia, E.S. and Baumeister, A.A. A cross-organizational job satisfaction study of technician-level staff members. American Journal of Mental Deficiency, 1979, 84, 36-39.
- Zaharia, E.S. and Baumeister, A.A. Technician turnover and absenteeism in public residential facilities. American Journal of Mental Deficiency, 1978, 82, 580-593.

APPENDICES

APPENDIX A

Dear Prospective Participant,

I am investigating the source and amount of stress that you experience while doing your job. In order for me to do this I need your cooperation in completing the following scales. The first sheet asks for information about yourself, your education level, and your job experience. On the following three sheets you are asked to respond to statements that represent feelings that you may have had while doing your work. The information I get from these scales will only be used for this study. I have made no attempt to code the pages, and no one will be able to associate your name with the information that you provide.

I would appreciate your help in this investigation since I believe that the results will be of benefit to you as a professional helper. Please feel free to contact me if you desire more information. The results of this study will be available upon request after February, 1983, and may be obtained by sending a postcard with your address to:

James Carter
644-A Huntington Ridge Drive
Nashville, TN 37211
Phone 331-1444

Thank you for your cooperation,

James Carter

APPENDIX B

Please fill in or check the appropriate blank.

Sex: Male _____ Female _____

Age: 18 to 24 _____ 25 to 31 _____ 32-38 _____
39 to 45 _____ 46 to 52 _____ Over 52 _____

Is this a: Part-time job _____ Full-time job _____

Education Level:

High School graduate _____
Associate Degree _____
BS/BA in field related to job _____
BS/BA in field un-related to job _____
MS in field related to job _____
MS in field un-related to job _____
Ph.D. _____
Other _____

Time in current position:

0-6 mos. _____ 7-12 mos. _____ 13-18 mos. _____
19-24 mos. _____ Over 24 mos. _____

Time in human service field:

0-6 mos. _____ 7-12 mos. _____ 13-18 mos. _____
19-24 mos. _____ Over 24 mos. _____

Please rank-order the following four sources of stress by placing a 1 by the source that you think has caused you the most stress. Place a 2, 3, or 4 by the other sources according to the amount of stress associated with each (4 indicates the lowest amount).

_____ Co-worker
_____ Client
_____ Agency/administrative
_____ Supervisor

APPENDIX C

The following 28 statements represent feelings you may have had in the past month regarding your co-workers, client/patients, supervisor, or agency. Please check the space beside each statement that indicates how often you have had the feeling. If the statement does not apply to you, please mark "None Of The Time."

	<u>None of the Time</u>	<u>Some- times</u>	<u>Many Times</u>	<u>All of the Time</u>
1. I find it difficult working with co-workers who don't respect me.	_____	_____	_____	_____
2. My job is frustrating because it is difficult for me to determine just what my supervisor expects of me.	_____	_____	_____	_____
3. My supervisor would be more understanding of my problems at work if he/she traded places with me for a month.	_____	_____	_____	_____
4. I have a hard time understanding agency rules and regulations as they apply to me.	_____	_____	_____	_____
5. It is especially difficult to constantly give the emotional support needed by my client/patients.	_____	_____	_____	_____
6. I can only work with a client/patient for a long time if I don't get emotionally involved with the problem	_____	_____	_____	_____
7. I find it difficult working with co-workers who are not loyal to their peers.	_____	_____	_____	_____
8. I spend only as much time as is absolutely necessary with each client/patient.	_____	_____	_____	_____
9. It makes me feel bad when one of my co-workers gets into trouble with the supervisor.	_____	_____	_____	_____

	<u>None of the Time</u>	<u>Some- times</u>	<u>Many Times</u>	<u>All of the Time</u>
10. I have to work too hard at my job because the agency doesn't have enough employees.	_____	_____	_____	_____
11. I don't feel very valuable as a worker because my supervisor doesn't place much value on my opinions.	_____	_____	_____	_____
12. I get nervous when my supervisor seeks me out because I will probably be reprimanded for something.	_____	_____	_____	_____
13. My personal life is disturbed by thoughts of my client/patient's problems.	_____	_____	_____	_____
14. I would rather be doing anything else than working with the kinds of client/patients I have.	_____	_____	_____	_____
15. I find it very difficult to satisfy agency requirements and fulfill my obligations as a professional helper.	_____	_____	_____	_____
16. I feel like I have to do my job better than my peers.	_____	_____	_____	_____
17. It bothers me that this agency doesn't seem to care very much about the people who work directly with its client/patients.	_____	_____	_____	_____
18. There is too much pressure from this agency to follow regulations and not enough to use personal initiative and creativity.	_____	_____	_____	_____
19. My inability to really help my client/patients is very discouraging to me.	_____	_____	_____	_____

	<u>None of the Time</u>	<u>Some- times</u>	<u>Many Times</u>	<u>All of the Time</u>
20. It is distressing to work with client/patients who have the same problems that I or a member of my family have had.	_____	_____	_____	_____
21. It adds to my worry when I am not able to "let off steam" with my coworkers about work problems.	_____	_____	_____	_____
22. It bothers me when I have arguments with my coworkers.	_____	_____	_____	_____
23. My job is more difficult because I don't get needed emotional support from my coworkers.	_____	_____	_____	_____
24. My supervisor doesn't take the active personal interest in me that I need.	_____	_____	_____	_____
25. I have to spend so much time on paperwork and other agency business that I am not able to fulfill my primary responsibility of helping people.	_____	_____	_____	_____
26. I feel hopelessly stuck in my position because the agency doesn't offer opportunities for advancement.	_____	_____	_____	_____
27. It bothers me when my supervisor expects me to do something that goes against what I think is best for my client/patients.	_____	_____	_____	_____
28. My supervisor gives me more client/patients that I can adequately handle.	_____	_____	_____	_____

VITA

James Cullen Carter was born in Montgomery, Alabama, on October 29, 1948. He attended public schools in that city and was graduated from Lanier High School in June of 1968. The following September he entered Auburn University and completed one year before entering the United States Marine Corps. In 1971 he returned to Auburn University and completed the Bachelor of Science in Psychology in 1973.

The author worked as a secondary education teacher for one year and as a counselor in a children's home for one year in Alabama before moving to Nashville, Tennessee, in 1976. In Nashville he began work with an agency providing community residential services to mentally retarded adults and children. During the five years with this agency from 1976 to 1981 the author held numerous positions including Housemanager, Program Coordinator, Program Manager, and Social Worker. He acquired expertise in all areas of the field of mental retardation during this time which proved to be useful in conducting the research for this thesis.

The author will be working with adolescent drug and alcohol abusers after obtaining the M.S.S.W. degree.