



Staff turnover and burnout in Montana community-based habilitative services
by Bradley Clark Johnson

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in
Industrial Arts Education
Montana State University
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Abstract:

Private, non-profit service providers that serve developmentally disabled citizens in various Montana communities provide valuable, cost-effective habilitative services to these individuals. These service providers rely upon professional ly trained, experienced administrative and direct-care staff to operate continuous, successful programs of service. A deterrent to the successful delivery of habilitative service is an apparently high rate of turnover of administrative and direct-care staff within the service provider system.

This study surveyed developmental disabilities service provider administrative and direct-care staff to determine their (1) seniority level (turnover rate), (2) demographic characteristics and (3) burnout levels. A particular feature of this study was the use of the Maslach Burnout Inventory (1982).

The survey data found that the mean seniority level of service provider staff was 33.7 months, that less than 15 percent had experienced feelings of burnout and that demographic variables, when used in conjunction with the Maslach Burnout Inventory (1982), were not reliable predictors of burnout.

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MONTANA STATE UNIVERSITY
Bozeman, Montana

December 1986

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ACKNOWLEDGMENTS

The writer wishes to thank Dr. Glenn Hall, Dr. Doug Polette and Dr. Larry Ellerbruch for their timely and persistent efforts as members of my graduate committee.

Special thanks are extended to Dr. Kenneth Bruwelheide for his continued guidance and support throughout my academic career. Sincere appreciation is extended to Dr. Bruwelheide for his deep personal interest and persistence as my committee chairman.

Appreciation is extended to my parents, Mr. and Mrs. Francis L. Johnson, for the years of support and love in the achievement of this goal.

Appreciation is especially extended to my wife, Jacqueline, for her supportive efforts in the completion of my program.

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ABSTRACT

Private, non-profit service providers that serve developmentally disabled citizens in various Montana communities provide valuable, cost-effective habilitative services to these individuals. These service providers rely upon professionally trained, experienced administrative and direct-care staff to operate continuous, successful programs of service. A deterrent to the successful delivery of habilitative service is an apparently high rate of turnover of administrative and direct-care staff within the service provider system.

This study surveyed developmental disabilities service provider administrative and direct-care staff to determine their (1) seniority level (turnover rate), (2) demographic characteristics and (3) burnout levels. A particular feature of this study was the use of the Maslach Burnout Inventory (1982).

The survey data found that the mean seniority level of service provider staff was 33.7 months, that less than 15 percent had experienced feelings of burnout and that demographic variables, when used in conjunction with the Maslach Burnout Inventory (1982), were not reliable predictors of burnout.

CHAPTER 1

INTRODUCTION

In 1974 community-based services for developmentally disabled individuals in Montana were virtually non-existent. Today some 56 service provider corporations serve more than 2,000 developmentally disabled individuals (SRS/DDD) in their respective communities. These service provider corporations employ more than 600 people, who perform a variety of administrative and direct-care functions.

Direct-care staff turnover nationwide is reported as one of the most serious problems in the provision of care to developmentally disabled individuals (Bruininks, Kudla, Wieck and Hauber, 1980). A survey conducted by Tallon (1982) found that Montana also has a high turnover rate in the service provider system. A report entitled An Assessment of Montana's Developmental Disabilities Services (1981) indicated that in one area:

Base level reimbursement rates for community-homes are excessively low, resulting in unrealistic working conditions and compensation levels for existing staff. High staff turnover rates contribute to discontinuity in programming and severe strains on existing staff training ability. (p. 158)

The literature gives no evidence that the staffing situation for Developmental Disabilities service providers has improved since 1981.

Statement of the Problem

Private, non-profit service providers that serve developmentally disabled citizens in various Montana communities provide valuable, cost-effective habilitative services to these individuals. These service providers rely upon professionally trained, experienced administrative and direct-care staff to operate continuous, successful programs of service. A deterrent to the successful delivery of habilitative service is an apparently high rate of turnover of administrative and direct-care staff within the service provider system.

Purpose of the Study

The purpose of this study was to identify if there had been any change in staff turnover rates in the Montana Developmental Disabilities service provider system since the 1982 survey conducted by Tallon (1982a, 1982b) and to gather data pertaining to the causes of such turnover. Data can be used for management decision-making at all levels of the service provider system.

The Need for the Study

Many studies have (e.g., Bruininks et al, 1980; George and Baumeister, 1981; Lakin et al, 1982) addressed the rate of turnover for staff who work in the field of human services (of which community-based habilitative services are a part). A survey conducted by Tallon (1986) found the turnover rate of service provider staff in Montana to be excessive. However, Tallon (1986) did not present hard data pertaining to the underlying causes of the excessive turnover rate. Without such data, service providers, state administrators, advocates of developmentally disabled clients and legislators cannot make valid decisions regarding the quality of care received by Montana's DD population.

Objectives of the Study

1. Determine the present level of employee turnover within the Montana Developmental Disabilities service provider system.
2. Compare the present level of employee turnover with a previous survey done in 1982 by Tallon.
3. Determine, through a review of the literature, if the level of turnover in Montana is excessive when compared to other states.

4. If present level of turnover is excessive, attempt to identify the various causes for the level of staff turnover in Montana.

Research Hypothesis

Service provider corporations with lower staff seniority levels will have a greater incidence of staff with experienced feelings related to burnout as compared with national norms.

Assumptions

During the course of this study, the following assumptions were formulated for purposes of investigation:

1. Staff turnover was not affected by seasonal changes and, thus, seasonal changes would have no bearing on the timing of the administration of the survey instruments.
2. Length of service is a valid measure of the rate of staff turnover.
3. The data collected during the 1982 survey are valid.
4. Data collected on staff burnout will give support to the rate of service provider turnover.

Limitations

The limitations imposed upon the study are as follows:

1. There will be a level of no response among the

service providers sampled. This will lower the number of providers included in the study.

2. This study is being done at a time when the Montana Legislature is imposing severe state budget cuts and the economy is extremely unsettled. This may have an effect upon the results of the data collected as well as the amount of data collected.

Definitions

The following conceptual definitions were used for the technical terms discussed in this study:

Adult Residential Homes. Homes organized for the provision of care and training of up to eight developmentally disabled adults. Residents learn domestic and self-help skills while living in a residential setting (also called adult group homes).

Advocate. A community volunteer who has accepted a legal responsibility to speak for (advocate for) a developmentally disabled individual in order to assure that the client receives appropriate services and to help assure that the client's legal rights under the law are maintained. An advocate is not a legal guardian.

Burnout. "A syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that occurs among individuals who do people work of some kind" (Maslach, 1982, p. 3).

Children's Residential Homes. Homes organized for the provision of care of up to eight developmentally disabled children generally under the age of eighteen. This service can include live-in houseparents in a family residential setting (also called children's group homes).

Day Program Services. Academic and activity oriented services to severely disabled clients and to retired developmentally disabled clients.

Depersonalization. The development of a detached, callous, and even dehumanized response to clients (Maslach, 1982, p. 4).

Developmentally Disabled. Developmental Disabilities means that disabilities attributable to mental retardation, cerebral palsy, epilepsy, autism, or any other neurological handicapping condition closely related to mental retardation and requiring treatment similar to that required by mentally retarded individuals if the disability originated before the person attained age 18, has continued or can be expected to continue indefinitely, and constitutes a substantial handicap of the person. (53-2-202, Montana Codes Annotated, 1979).

Direct-care Staff. Service provider staff who spend 50 percent or more of their time working directly with developmentally disabled clients in providing services.

Emotional Exhaustion. "A feeling of being used up. Emotional resources are depleted" (Maslach, 1982, p. 3).

Family Outreach. Counseling and training services provided to families raising a developmentally disabled child in their home. These services are generally delivered to families in the form of home visits.

Habilitative Services. Services that are provided to individuals who have received their disabilities before the age of 18, generally at birth or at a very young age. Differs from rehabilitative services in that 're' implies retraining of an individual who previously did not have a handicap.

Human Services. Occupations that involve a large amount of direct contact with people in a helping capacity. Examples of human services include police, nurses, doctors, social workers, teachers, therapists, counselors, pastors and any occupation that helps people.

Independent Living Services. Clients who have achieved a high level of independence and are living in the community on their own but occasionally need assistance receive independent living services.

Job Placement Services. A job placement specialist will evaluate a client and develop job placements that will allow a developmentally disabled individual to have a job in the community. The job placement specialist will follow up on client to help assure the success of the job placement.

Reduced Personal Accomplishment. "The development of feelings relating to failure, inadequacy and incompetence" (Maslach, 1982, p. 5).

Respite Services. A service in which a certified person will provide respite for a family with a

developmentally disabled child in the case of a family crisis or emergency.

Semi-independent Living Services. Apartment complexes in which developmentally disabled clients live with a minimum amount of supervision. Emphasis is placed on learning independent living skills.

Service Provider. Any private, non-profit corporation that provides one or more services to developmentally disabled individuals under contract from the Developmental Disabilities Division of the state of Montana.

Sheltered Workshop. A workplace organized for developmentally disabled clients who have good work skills but have handicaps or behavior problems that prevent them from holding a job in the community. Emphasis is placed on providing money earning opportunities.

Transportation Services. Includes any transportation provided for the developmentally disabled client. These services can be provided by taxi companies, senior citizen transportation agencies, local bus companies and vans owned by a service provider who is providing other services.

Turnover. "The cessation of membership in an organization by an individual who received monetary compensation from the organization" (Mobley, 1982, p. 10).

Work Activity Center. A workplace organized for providing work-related skills and habits, academic training and money earning opportunities. Emphasis is placed on

learning good work habits, developing motor skills and establishing a work ethic.

Method of Investigation

The descriptive survey method was used to collect data to fulfill the stated objectives of this study. This study was organized into four phases: (1) review of relevant literature, (2) development and validation of the survey instruments, (3) data collection and analysis and (4) report of findings.

Review of Literature

The following five subject areas were researched as to current literature: (1) staff turnover rates in human services, (2) staff burnout and stress, (3) history of the Montana service-provider system, (4) survey instruments for measuring job satisfaction and stress and (5) Montana demographics and data analysis techniques.

Various agencies and methodology were used to complete the review of relevant literature. The Montana State University Libraries were used for researching contemporary journals and publications. The interlibrary loan service provided by the Montana State University Libraries was used to obtain dissertations and journal articles related to the study. Several computer data bases were researched for pertinent information relating to the study. The Training Resource and Information Center operated by the Montana

Department of Social and Rehabilitation Services was utilized for material relating to Montana Developmental Disabilities services in Montana. The in-service library located at REACH Inc. in Bozeman, Montana was used to retrieve data relating to Tallon's (1982) seniority survey.

Development and Validation of the Survey Instruments

The survey instrument used to collect the data for the seniority survey was patterned after the validated instrument used by Tallon's (1982) seniority survey. The review of literature revealed that a prominent instrument widely used for measuring burnout in the human services was the Maslach Burnout Inventory (1982) developed by Maslach and Jackson (1982) for assessing the various aspects of experienced burnout. This instrument, along with the accompanying demographic data sheet, was purchased for use in the study. This instrument has been validated and national norms have been developed for comparisons.

Data Collection

Data were collected from the Developmental Disabilities service provider corporations regarding staff seniority, demographic data relating to service provider staff and levels of the probability of burnout among the service provider staff surveyed.

Data were tabulated and tested using the Statistical Package for the Social Sciences, Version X (SPSS, 1986) at the Montana State University Computer Center.

CHAPTER 2

REVIEW OF RELEVANT LITERATURE

Introduction

Legal mandates at the federal, state and local levels provide for care and service to developmentally disabled citizens. These services can take many forms and may be provided at a formal institutional level or in community-based programs.

Costs associated with the provision of services to Montana's developmentally disabled population are both economic and social. Montana reduced its social cost with the beginning of deinstitutionalization of services in 1974. Now developmentally disabled individuals and various communities are reaping the rewards of working together as Montana's developmentally disabled population has been disseminated throughout the state.

Several major problems are associated with providing adequate services for Montana's developmentally disabled population within local communities. Some of these problems include Montana (1) demographics, (2) economy, (3) lack of suitable industry, and (4) the lack of available, qualified staff in the service provider system. Contributing to the difficulties of the service provider in

Montana and in other states is the rate of qualified, professional service provider staff turnover, which is primarily caused by what is known as individual staff burnout.

Legal Mandates for Service to the Developmentally Disabled

The State of Montana has certain legal responsibilities for providing care to its developmentally disabled population. These services generally take the form of residential living and training services provided by independent, non-profit service provider corporations in local, community-based settings.

Mandated Responsibilities

The State of Montana, by legislative mandate, has made a commitment to provide care and services to its developmentally disabled citizens. This mandate is found in the Montana Codes Annotated (1979):

53-20-101. Purpose. The purpose of this part is to:

- (1) secure for each person who may be developmentally disabled such treatment and habilitation as will be suited to the needs of the person and to assure that such treatment and habilitation are skillfully and humanely administered with full respect for the person's dignity and personal integrity;
- (2) accomplish this goal whenever possible in a community-based setting;
- (3) accomplish this goal in an institutionalized setting only when less restrictive alternatives are unavailable or inadequate and only when a person is so severely disabled as to require institutionalized care; and

(4) assure that due process of law is accorded any person coming under the provisions of this part.

In the Final Report - Developmental Disabilities Study (1983), the Montana Legislative Finance Committee summarized statute 53-20-101 in this way:

It is clear from this legislation that the intent of the legal mandate is to provide the most appropriate treatment of developmentally disabled individuals, in the community whenever possible and in a manner that meets their needs and respects their personal dignity. (p. 5)

The Developmentally Disabled Population

As the goal of legislation was to provide services that are community-based, the handicapped population of formal state institutions was reduced when the developmentally disabled portion of that population was placed in community-based services throughout Montana. According to the Final Report - Developmental Disabilities Study (1983), from July 1975 to January 1983, 409 of the developmentally disabled individuals residing in Montana institutions found placement in community-based services, thus forming the initial community-based developmentally disabled population for Montana. The remainder of the community-based developmentally disabled population consists of special education graduates, a variously handicapped population at large in the communities, and individuals who have incurred disabling injuries or illnesses.

Program and Service Delivery

Developmentally disabled citizens in a community-based setting receive most services from four divisions of the Montana Department of Social and Rehabilitative Services. These are (1) the Developmental Disabilities Division, (2) Community Services Division, (3) Economic Services Division and (4) the Rehabilitative Services Division.

The actual delivery of service is accomplished by a network of private, non-profit provider corporations under contract with the State of Montana. These corporations, herein called service providers, may provide one or more of the following services:

- Family Outreach
- Respite Services
- Children's Residential Homes
- Adult Residential Homes
- Day Program Services
- Transportation Services
- Work Activity Centers
- Sheltered Workshops
- Semi-Independent Living Services
- Independent Living Services
- Job Placement Services

This list is not all-inclusive because the range of services provided can change as needs develop or as funding becomes available.

Service Providers

Service providers are incorporated under a volunteer board of directors and are registered with the secretary of state as a non-profit corporation. All service contracts

are bid out annually from the Department of Social and Rehabilitative Services. Each contract is written and awarded on an individual basis with each service provider for each type of service (Administrative Rules of Montana, 1981). For illustration, an individual service provider in one community may be awarded contracts for a full range of services whereas in another community, several service providers may each provide one or a few services. This structure leads to a great variety of service providers.

Licensing and Accreditation of Service Providers

A service provider must meet all licensing requirements as specified in the service contract. As an example, a community group home must have its premises inspected by a representative of the Department of Social and Rehabilitative Services annually to receive a license to operate (Montana Codes Annotated 53-20-305, 1979).

Recently, the State of Montana adopted the nationally recognized accreditation standards of the Accreditation Council for Services for Mentally Retarded and Other Developmentally Disabled Persons. By 1990, all service providers will be required to be accredited.

Contract Monitoring

Individual contracts are monitored by Area Training and Contract Managers (TCMs) employed by the Department of Social and Rehabilitative Services. An Area Training and

Contract Manager verifies contract compliance in relation to client services provided, facility requirements, fiscal accountability and observance of client rights by the service provider.

Professional Staff Training and Certification

Service provider staff who implement certain adverse behavior modification procedures must receive training and have documentation of such training (Administrative Rules of Montana 46-8-1219, 1981). Professional provider staff who help clients administer personal medications must be certified by the Department of Social and Rehabilitative Services (Administrative Rules of Montana 46-8-109, 1981). This training is usually part of the individual staff member's professional and in-service training program.

Evaluation of Community-based Services in Montana

Two major studies have been completed in Montana since community-based habilitative services were implemented in 1974:

- An Assessment of Community Services for Developmentally Disabled Persons in the State of Montana (1981). This assessment was made possible by a grant from the Montana Developmental Disabilities Planning and Advisory Council.
- Final Report - Developmental Disabilities Study, commissioned by the Montana Legislative Finance Committee, was conducted to fulfill the requirements of House joint

resolution 26 of the 47th Montana Legislature. This report was completed in January of 1983. These two studies pointed out that although there have been numerous problems within the service provider system and conflicts between service providers and the Department of Social and Rehabilitative Services, the basic intent of 53-20-101 of the Montana Codes Annotated (1979), has been fulfilled for the state of Montana with regard to providing community-based services to Montana's developmentally disabled citizens.

Governance

The Montana Developmental Disabilities Planning and Advisory Council was established by Section 53-20-206 of the Montana Codes Annotated (1979). This council advises the various agencies on programs for services to the developmentally disabled and develops a statewide plan for community-based services.

Regional councils, as established by Montana Codes Annotated 53-20-207 (1979), make an annual written review and evaluation of needs and services and help fulfill the requirements for the statewide plan by advising the Montana Developmental Disabilities Planning and Advisory Council on a statewide, region-by-region basis.

Condition of Community-Based Services in Montana

The condition (or quality) of service has

traditionally been difficult to quantify. The number of persons served by the system does not appear to give a complete picture of how or whether the quality of life has improved for developmentally disabled individuals. Testimony by developmentally disabled individuals and by significant persons involved with those individuals can provide a much clearer, although, subjective illustration of the condition of services.

The Montana Legislative Finance Committee measured the effectiveness of local services by the movement of developmentally disabled persons through the levels of service available in each community service provider setting. This committee also used testimony of various professional and non-professional individuals as to the change in the quality of life of individuals receiving community-based service. The Assessment of Services Report (1981) limited its measurement to the capabilities of service providers.

With the adoption of the Accreditation Council for Services for Mentally Retarded and Other Developmentally Disabled Persons (1984) national accreditation standards on July 1, 1985, the State of Montana will have a much more uniform, objective instrument for verifying the quality of service provided by the community-based service provider system.

Future Service Needs

In a telephone interview with Larry Lovelace, Area Manager for the Developmental Disabilities Division, it was noted that as of June 1986, 2,059 developmentally disabled individuals were receiving some form of community-based habilitative service from the state of Montana. However, 1,017 individuals in need of habilitative services are on the statewide waiting list. Future needs will include the provision of services for both the developmentally disabled individuals currently being served and those waiting for services.

The Economic and Social Cost of Habilitative Services

The generic literature regarding the economic and social cost of institutionalizing developmentally disabled citizens is profuse. With social awareness and change, states have begun to deinstitutionalize developmentally disabled citizens and provide community-based services for them.

Deinstitutionalization in Montana

Beginning in 1974, Boulder River School and Hospital, Montana's primary facility for the developmentally disabled, had 307 of its residents placed in community-based settings over a period of seven years. An additional 102 developmentally disabled individuals were placed in community programs over the same time period (Final Report

- Developmental Disabilities Study (1983), Presently, only the most severely handicapped or potentially dangerous developmentally disabled citizens remain institutionalized in Montana.

Economic Cost Comparisons

In comparing costs of institutionalization versus community-based services, it is difficult to arrive at meaningful number comparisons. The primary reason is that the two populations being served are very different and have varying degrees of needs. Institutionalized developmentally disabled citizens have severe handicaps and require intensive care whereas developmentally disabled citizens in community placement settings require less intensive care and training.

It has been 10 years since Montana's custodial institutions for the handicapped population began placing developmentally disabled individuals in community-based service settings. During that period of time, salary levels, professional staffing patterns, legislative funding and administrative levels of developmental disabilities service providers have changed significantly. As a result, it is unlikely that Montana will revert to the institutionalized mode of delivery of service to developmentally disabled citizens. Thus, the issue of economic comparisons between institutionalization and community-based services is a moot point.

Social Benefits of Community-Based Services

A fundamental benefit to society derived from community-based placement of developmentally disabled citizens is that many of these individuals are gainfully employed either in sheltered workshops or community jobs. Because of their employment, they pay taxes, thus contributing to society in a monetary sense.

This and other benefits are apparent in an article written about three developmentally disabled citizens of Bozeman, Montana. The article appeared in the Bozeman Daily Chronicle (1986, p. 17). All three individuals had previously been institutionalized at Boulder River School and Hospital (now Montana Development Center). However, they are now integrated into the community. They live in their own apartment, hold their own jobs and enjoy community social life.

Montana began deinstitutionalizing its developmentally disabled population in 1974. Most of these people have been placed in community-based services and are reaping the many social and physical benefits from being a part of a community.

Problems in Providing Developmental Disabilities Services in Montana

The unique demographics of Montana pose special problems in providing adequate public services to the

handicapped segment of the population. The lack of a suitable industrial base is also a detriment, especially when developmental disabilities vocational services are concerned. Locating trained, dedicated staff in a primarily rural, agricultural state is especially difficult for service providers. This and other factors lead to a high turnover rate of provider staff.

Montana Demographics

Montana is a large state covering 145,587 square miles with a small population of 829,000 people (Montana Department of Commerce, 1986). This is a little more than five people per square mile. Montana's demographic data work against a service provider in several ways. The state as well as individual communities are affected by varying degrees of isolation. Because of distances and the general lack of an industrial-based population, service providers experience difficulty in organizing product-based work and production activities for developmentally disabled clients in sheltered workshops.

Many developmentally disabled clients receiving services have special medical problems. Competent, specialized treatment may be many miles away or non-existent. This is especially true with regard to professional services, such as counseling, speech therapy or occupational therapy.

The training of service provider staff also suffers due to long travel distances. Providers cannot afford to send staff to obtain training because of travel costs and time.

Lack of Industry - Sagging Economy

Montana suffers from a lack of suitable industry within its borders. All of the state's newspapers report the demise of Montana's industrial base in recent years. This works against the service provider in that it becomes difficult to place developmentally disabled workers in employment situations when non-disabled workers are in keen competition for all available jobs. Many sheltered workshops traditionally sub-contract with industries for various services, such as sub-assembly of components, janitorial services and labor work crews. As Montana's industrial economic base declines, it becomes increasingly difficult to provide local employment situations for developmentally disabled clients. Decreasing investment capital in the public sector also contributes to fewer small manufacturing plant employment situations for developmentally disabled clients. Such employment opportunities are more readily available in more urban settings.

Lack of Qualified Staff

At the present time, Eastern Montana College is the

only component of the Montana University System to offer a degree in special education. Eastern Montana College graduates an average of 23 students in special education each year. With all the special education programs in Montana's public school system, the number of graduates is very low when considering the need to staff 56 corporations in Montana's developmental disabilities service provider system with qualified individuals.

Many service providers are compelled to hire staff who do not have professional degrees related to working with the handicapped and even have to hire staff who do not have any educational preparation beyond high school. The Assessment of Montana's Developmental Disabilities Services (1981) came to this conclusion with regard to staffing:

Base level reimbursement rates for community-homes are excessively low, resulting in unrealistic working conditions and compensation levels for existing staff. High staff turnover rates contribute to discontinuity in programming and severe strains on existing staff training capability (p. 158).

Community-based providers of development and work services for Montana's developmentally disabled population face many problems in adequately offering these development and work opportunities. Among these difficulties are demographics, isolation, economy and professional staff availability.

Staff Turnover in Social Services

Employee turnover, as defined by Mobley (1982) in his book, Employee Turnover: Causes, Consequences and Control, is "the cessation of membership in an organization by an individual who received monetary compensation from the organization" (p. 10). The rate of staff turnover in social services, in general, and developmental disabilities, in particular, is excessive, expensive and may even affect a developmentally disabled individual's success at being habilitated (or rehabilitated, as the case may be).

Excessive Staff Turnover

Horvath (1981) provides a benchmark by which to compare human services staff turnover rates to a national sample of the work force at large. He reported that, "in 1981 the median job tenure in the United States was 3.2 years" (p. 1). This is a median figure of a representative sampling of all workers in the United States. Baumeister and Zaharia (1986), report an annual turnover rate of approximately 17 percent across all industries. Isolation of mental health care institutions discloses a turnover rate of 30 percent annually. These are 1980 figures.

In their national study, Lakin, Bruininks, Hill and Hauber (1982) gathered turnover data on 137 private residential facilities, most of which were group homes.

Weighted for total sample size, the mean rate of turnover in the non-public facilities was 55 percent annually (ranging from 0 percent to 400 percent). The median length of service of separating personnel was 5.8 months. The survey also revealed that very small facilities, having six or fewer residents experience extremely high turnover rates, averaging 87 percent annually.

These results compare consistently with those reported by George and Baumeister (1981), who observed an annual turnover rate of 73 percent among house managers in 47 group homes in Tennessee (1978-1979).

In Montana, research indicates that these national and regional surveys are comparable to the developmental disabilities service provider system. Tallon (1986) conducted two surveys that found that service provider staff had an annual turnover rate of 25 percent and that corporate directors had a turnover rate of 33 percent. An aggregate of direct-care staff produced a turnover rate of 70 percent annually and an average job tenure of 1.42 years (17 months). The sub-group of adult group home staff had an annual turnover rate of 109 percent and a job tenure of .92 years (11 months). This study was based on 250 positions surveyed over a nine-month period representing 43 percent of the corporations serving Montana's developmentally disabled population.

In a paper presented to the Montana Developmental Disabilities Planning and Advisory Council in February of 1986, Tallon reported that excessive staff turnover is not restricted to service providers. There have been five state administrators of the Developmental Disabilities Division in the past six years, and the Developmental Disabilities Division staff had a turnover rate of 39 percent over three years.

Staff Turnover Is Expensive

A limited amount of research has been done regarding the monetary cost of staff turnover. When a staff member resigns, several events must take place so that the position will be filled. Staff turnover places additional demands on payroll and recordkeeping staff since considerable paper work must be done to process a resignation. Administration is impacted by having to conduct an exit interview, advertise and interview for a new employee, orient the new employee and, if possible, provide introductory training. If staff turnover is excessive, this can consume a large portion of an administrator's time. Other employees are also impacted by staff turnover when they must deal with a short-time co-worker, accept the extra workload if a replacement is not found immediately and help a new co-worker step into the job routine. It is not difficult to comprehend the actual

cost involved in dealing with staff turnover when hours are translated into dollars.

Baumeister and Zaharia (1978) estimated that "the average replacement costs for public mental health positions in Tennessee was \$1,562.71" (p. 133). This figure has not been adjusted for inflation. This average cost was derived from supervisory estimates of actual costs and time estimates regarding separation functions, acquisition functions and training of new staff. Similarly, Cascio (1982), in dealing mainly with for-profit businesses noted that it cost one particular business organization \$400 just to process a resignation.

Programmatic Impact of Staff Turnover

In a thorough review of relevant literature, Baumeister and Zaharia (1986) concluded that "research on the impact of employee withdrawal from mental retardation service settings is practically nonexistent" (p. 22). Munro, Duncan and Seymour (1983) appear to have done the only recent research in this area. They examined the effect of front-line staff turnover on the behavior of institutionalized mentally retarded adults. Their conclusion suggests that residents were exposed to such high rates of staff turnover that they learned to cope with unstable relationships.

Direct-care staff turnover nationwide is reported to be one of the most serious problems in the provision of

residential care (Bruininks, Kudla, Wieck and Hauber, 1980). Staff turnover is excessive when compared with national statistics relating to job tenure and turnover rates in other industries. Staff turnover is expensive monetarily as well as time-consuming for administrators and co-workers. Programmatic impact has yet to be documented by formal research. It is encouraged that systematic, direct observation of staff and client behavior be formalized into informative data about the impact of staff turnover on developmentally disabled clients.

Human Services Worker Burnout

Paine (1982) in his compilation of relevant research, provides an appropriate setting for this section:

'Job stress' and 'burnout' have become two of the buzzwords of the 1980s. Already both are a bit shopworn, victims of too much media hype and of the attitude that 'of course job stress and burnout are problems; they always have been.' However, this volume and an increasing body of research suggest that the facile dismissal of these topics is both shortsighted and potentially dangerous. Burnout stress syndromes (Boss), the consequences of high levels of job stress, personal frustration, and inadequate coping skills, have major personal, organizational, and social costs - and these costs are probably increasing (p. 11).

As previously mentioned, an increasing body of research developing is in the area of staff burnout in the helping professions. Burnout has been carefully defined and documented in relation to staff in the social services. Variables have been isolated as to factors leading to

burnout. Physical symptoms and observations have been isolated as well. Techniques have been developed for coping with and addressing the effects of burnout. Validated research instruments have also been developed for the measurement of burnout.

Research and Study of Burnout

Extensive research (e.g., Edelwich, 1980; Finian, 1984;Freudenberger, 1974; Maslach, 1976, 1978, 1982) has been conducted regarding burnout stress syndromes.

Definitions of Burnout

Maslach (1982), defines burnout as "a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do 'people work' of some kind" (p. 3). Edelwich (1980) suggests another conceptual definition of burnout as "a progressive loss of idealism, energy, and purpose experienced by people in the helping professions as a result of the conditions of their work" (p. 14).

Variables Leading to Burnout

According to Edelwich (1980), Maslach (1982) and others, three major categories of variables lead to burnout: (1) involvement with people, (2) the job setting and (3) personal characteristics.

Independent variables in the category of involvement with people include:

- viewing people in negative terms
- focusing on problems
- lack of positive feedback
- level of emotional stress
- rules of contact
- amount of change or improvement
- personal involvement.

The job setting can include such related variables as:

- view of the profession
- stress
- lack of control of the situation
- co-workers
- supervisors
- regulations.

Personal characteristics that can pertain to burnout include:

- demographics (sex, race, age, experience)
- personality (self-concept, motivation, needs).

Indications of Burnout

Burnout manifests itself in a myriad of ways. Freudenberger (1974) outlines many of the physical and behavioral indications of burnout in an individual. These signs may appear together or at various intervals and in different combinations.

Physical signs of burnout in a staff person can include a feeling of exhaustion, fatigue, lingering colds, headaches, gastrointestinal disturbances, sleeplessness and shortness of breath. Behavioral signs may include a quickness to anger, instantaneous irritation, frustration

responses, difficulty in holding feelings, suspicion and paranoia, feeling of omnipotence, overconfidence, drug use, rigid thinking, depression and working more hours with less accomplished.

Coping with Burnout

A substantial body of research and material (e.g., Edelwich, 1980; Freudenberger, 1974; Maslach, 1982) has been generated on how to cope with burnout. It is not the purpose of this paper to report extensively on this subject.

Measurement Instruments

Several valid instruments are available for the measurement of burnout levels. Shinn (1982), reviewed five of the most prevalent instruments. These instruments include a Tedium measure developed by Pines and Kafry (1981), the Staff Burnout Scale by Jones (1980), an untitled scale that defines burnout as job alienation developed by the Berkley Planning Associates (1977), an untitled self-assessment to presented by Freudenberger and Richelson (1980), and the Maslach Burnout Inventory developed by Maslach and Jackson (1982). The MBI scale is the most widely used of the five instruments.

Summary

Based upon the review of relevant literature in (1) staff burnout, (2) variables relating to burnout, and (3) indications of burnout measures of burnout, it can be argued that a need exists for data regarding burnout among service provider staff serving Montana's developmentally disabled citizens. The literature supports the postulate that staff turnover in human services is a problem nationally, that it is a problem in Montana and that burnout can be a large contributing factor to staff turnover in Montana's developmental disabilities community-based service provider system.

CHAPTER 3

METHODOLOGY

Introduction

The purpose of the study was to survey and collect data relating to staff turnover in the Montana Developmental Disabilities service provider system in an attempt to identify variables that might help predict the incidence of such turnover. The study was an expanded follow-up of Tallon's (1982) survey of staff turnover in the service provider system. The data gathered in this study were designed to assist Montana state legislators, administrators, and service providers in making long-range decisions regarding the provision of service to Montana's developmentally disabled population.

Selection of the Population

The population selected for this study was a total sampling of all the Developmental Disabilities service providers in Montana. This population included day programs and residential services. Respite services were not included in this study population. The specific population was derived from the service provider directory

published by the Developmental Disabilities Division (1984).

A total of 40 independent service providers were identified for this study population. Criteria for selection of the population were inclusion in the Developmental Disabilities Division directory and service provider operation was primarily from a fixed facility. Family Outreach and Respite services provide home care and counseling services and, thus, were not included in the study population.

Development of the Instruments

The data gathered in this study came primarily from three instruments. These instruments were the Seniority Survey, the Maslach Burnout Inventory and a Demographic Data Sheet. The Seniority Survey was validated by Tallon's (1982a, 1982b) two surveys. The Maslach Burnout Inventory (1982) and the Demographic Data Sheet (1982) are copyrighted instruments developed by Maslach and Jackson. These two instruments have been validated by various research methods described in the MBI Manual (1981) for the Maslach Burnout Inventory (1982). Copies of these instruments are presented in the appendix as well as a copy of a letter of permission to copy from Consulting Psychologists Press Inc.

Extensive work has been done to assure the reliability of the Maslach Burnout Inventory (1982). The Manual that accompanies the Maslach Burnout Inventory (1982) describes the results of the tests applied to the instrument to establish reliability.

Reliability coefficients reported here were based on samples that were not used in the item selections to avoid any improper inflation of the reliability estimates. Internal consistency was estimated by Cronbach's coefficient alpha ($n = 1316$ for frequency, $n = 1789$ for intensity). The reliability coefficients for the subscales were the following: .90 (frequency) and .87 (intensity) for Emotional Exhaustion, .79 (frequency) and .76 (intensity) for Depersonalization, and .71 (frequency) and .73 (intensity) for Personal Accomplishment. The standard error of measurement for each subscale is as follows: 3.80 (frequency) and 4.99 (intensity) for Emotional Exhaustion, 3.16 (frequency) and 3.96 (intensity) for Depersonalization, and 3.73 (frequency) and 3.99 (intensity) for Personal Accomplishment. (p. 7)

As reported in the Maslach Burnout Inventory Manual (1981), test-retest reliability coefficients all tested significant beyond the .001 level.

The Maslach Burnout Inventory Manual (1981) also describes how convergent validity was demonstrated for the instrument.

First, an individual's MBI scores were correlated with behavioral ratings made independently by a person who knew the individual well, such a spouse or co-worker. Second, MBI scores were correlated with the presence of certain job characteristics that were expected to contribute to experienced burnout. Third, MBI scores were correlated with measures of various outcomes that have been hypothesized to be related to burnout. (p. 7)

Collection of the Data

Steps in the data collection process were as follows:

1. Between May 15, 1986, and June 30, 1986, the survey instruments were selected, the study population identified, endorsements of the study obtained and clerical arrangements made.

2. The Seniority Survey (1986) was mailed to the study population on July 3, 1986. This included a letter of endorsement from Developmental Disabilities Planning and Advisory Council, a cover letter written by Robert Tallon (director of REACH Inc.), the Seniority Survey instrument, and a self-addressed, stamped envelope (see Appendix). To the greatest extent possible individual directors were named in the Seniority Survey mailing to help facilitate a greater return of the survey.

3. As the Seniority Surveys (1986) were returned, the Maslach Burnout Inventory (1982) and Demographic Data Sheet (1982) portions of the study (see Appendix) were sent to the designated staff person listed on the Seniority Survey. If a staff person were not designated on the Seniority Survey, the inventory packet was sent to the director of the corporation. The respondents were requested to return the inventory packet by August 15, 1986.

4. Follow-up cover letters and Seniority Surveys were made available to Robert Tallon, who presented a brief overview of the study to a meeting of all service provider directors in Livingston, Montana on July 25, 1986. These instruments were presented to those directors who wished to participate in the study but had not done so by that time.

5. Burnout Inventory (1982) packets were sent in response to the return of the Seniority Survey instruments in the follow-up.

Data Tabulation

The data were processed using the Statistical Package for the Social Sciences, Ver. X (SPSS, 1986) on a Honeywell Level 66 Main Frame using a CP 6 operating system. The results, along with the statistical methodology used, are reported in Chapter 4 of this report.

Summary

The methodology utilized in this study included professional survey instruments as well as an instrument validated in a previous study of which this is a follow-up. A total population approach was used to lend the greatest amount of credibility to the data gathered. Special emphasis was placed on assuring a large return of the sampling.

Chapter 4

PRESENTATION OF THE DATA

Introduction

This study was conducted using the following four major objectives:

1. Identify the present level of employee turnover within the Montana Developmental Disabilities service provider system.
2. Compare the present level of employee turnover with a previous survey done by Tallon (1982).
3. Determine, through a review of the relevant literature, if the level of turnover in Montana is excessive when compared with other states.
4. If the present level of turnover is excessive, attempt to isolate the various causes of staff turnover in Montana.

The data collected and reported in this chapter directly correspond to the above objectives.

Presentation of the Data

Data were collected regarding staff seniority within the service provider corporations. In addition, demographic data and the levels of burnout of the study

population were obtained. Tallon (1982a, 1982b) also supplied pertinent data relating to his seniority survey of service provider staff.

Seniority Levels of Service Provider Staff

Tallon (1982a, 1982b) conducted two seniority surveys nine months apart. Two surveys were conducted to establish validity of the data obtained. The data obtained by Tallon (1982a, 1982b) as compatible with the current seniority survey, are presented in Table 1.

Table 1. 1982 Seniority Surveys by Tallon

| Staff Function | Survey No. 1* 1982a | Survey No. 2* 1982b |
|------------------------------|------------------------|------------------------|
| Administrative | 39.1 | 34.8 |
| Day Program | 23.5 | 23.8 |
| Residential | <u>10.9</u> | <u>12.5</u> |
| Mean Average | 24.9 | 24.0 |
| No. of staff surveyed | 194 | 208 |
| No. of corporations surveyed | 13 | 13 |

* Seniority in months.

Results of the 1986 Seniority Survey are reported in Table 2. A copy of the seniority instrument may be found in the appendix. Twenty-eight seniority surveys were returned for a return rate of 70 percent. The number of employees ranged from 4 to 75 with a mean of 19. Raw data indicates a wide range of mean seniority among the corporations from four months to five years. The data are summarized in

Table 2 and indicate a wide discrepancy in employee seniority within job classifications in the provider corporations.

Table 2. 1986 Seniority Survey

| Staff Function | No. of Staff | Percent Seniority (in months) | |
|----------------|--------------|-------------------------------|-------------|
| Administrative | 106 | 17.6 | 47.8 |
| Day Program | 192 | 31.9 | 35.0 |
| Residential | 304 | 50.5 | 25.4 |
| Totals | 602 | 100.0 | 32.7 (mean) |

In 1982 the average staff seniority for Developmental Disabilities service provider corporations was 24.5 months. The 1986 seniority survey reveals that staff seniority has risen to 32.7 months, an increase of 8.2 months system-wide.

Demographic Profile

Twenty-two service provider corporations participated in the second part of the study, which involved having corporation staff fill out a demographic data sheet and complete the Maslach Burnout Inventory (1982). Copies of these instruments are presented in the appendix. This is a return rate of 55 percent for the total study population. Tables for the demographic data are arranged in the order that the questions appear on the demographic data sheet. Data presented represent combined totals of all service provider corporations participating in the study, however,

the number of respondents (N) may vary from table to table as not all respondents completed all items of the demographic data sheet.

Table 3. Demographic Item 1 - Gender

| Gender | N | % |
|--------|------------|-------------|
| Male | 92 | 30.2 |
| Female | <u>213</u> | <u>69.8</u> |
| Totals | 305 | 100.0 |

It may be noted from data reported in Table 3 that service provider staff is predominantly female, 69.8 percent.

The demographic data sheet also reported information about the ages of service provider staff. The mean age of service provider staff was 32.2 years with ages ranging from 16 to 60 years of age. Of those reporting their age 58.4 percent fall between the ages of 23 and 35 years of age.

Data for race is presented in Table 4.

Table 4. Demographic Item 3 - Race

| Race | N | % |
|--------------------------------------|----------|-----------|
| 1. Asian, Asian American | 3 | 1.0 |
| 2. Black | 1 | .3 |
| 3. Latino, Mexican, Mexican American | 2 | .7 |
| 4. Native American, American Indian | 20 | 6.6 |
| 5. White, Caucasian | 277 | 91.1 |
| 6. Other | <u>1</u> | <u>.3</u> |
| Totals | 304 | 100.0 |

It may be noted from the data reported in Table 4 that the predominate racial group represented in the service provider respondent group is White, Caucasian representing 91.1 percent of that population. The smallest racial group represented was that of Black individuals, .3 percent.

The prevailing religions of service provider staff are presented in Table 5. The intensity of religious belief is presented in Table 6.

Table. 5 Demographic Item 4 - Religion

| Religion | N | % |
|----------------------|-----------|-------------|
| 1. Protestant | 108 | 36.6 |
| 2. Roman Catholic | 93 | 31.4 |
| 3. Jewish | 1 | .3 |
| 4. Other | 47 | 15.8 |
| 5. None, No Religion | <u>46</u> | <u>15.9</u> |
| Totals | 295 | 100.0 |

Data from Table 5 found that the predominant religion was that of Protestant (36.6 percent) followed closely by the category of Roman Catholic (31.4 percent). The Jewish faith was represented by only one respondent (.3 percent).

Data reported in Table 6 is important as there appears to be a relationship between the intensity of one's religious belief and a certain level of dedication and/or idealism associated with working with developmentally disabled persons.

Table 6. Demographic Item 5 - Intensity of Religious Belief

| Very Religious | | | | | Not at all Religious | |
|----------------|-------|-------|-------|-------|----------------------|------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5.9% | 15.2% | 24.7% | 21.9% | 16.3% | 9.4% | 6.3% |

It can be noted that 62.9 percent of the staff reporting fell into the response levels of 3, 4 and 5. The mean is 3.8 which indicates a moderate level of religious belief among respondents.

The data in Table 7 reports the current marital status of staff at the time of the survey but does not contain any information concerning previous changes in marital status.

Table 7. Demographic Item 6 - Marital Status

| Marital Status | N | % |
|----------------|-----|-------|
| 1. Single | 70 | 23.1 |
| 2. Married | 181 | 59.7 |
| 3. Divorced | 94 | 14.5 |
| 4. Widowed | 0 | 0.0 |
| 5. Other | 8 | 2.5 |
| Totals | 303 | 100.0 |

As can be noted from the data in Table 7 59.7 percent of the respondents were married, 23.1 percent were single and 14.5 percent were divorced.

The next item on the demographic data sheet asked how long respondents had been married to their current spouse. According to the responses to this item service provider staff have been married for an average of 9.5 years. What cannot be determined from this response is the quantity of possible changes in marital status that may have occurred over the period of time that respondents were employed as service providers.

Table 8 was prepared to report demographic information about the families of the responding service providers.

Table 8. Demographic Item 7 - Have Children at Home

| Number of Children | N | Percent (of those reporting) |
|--------------------|----------|------------------------------|
| 1 | 76 | 44.7 |
| 2 | 59 | 34.7 |
| 3 | 23 | 13.5 |
| 4 | 10 | 5.9 |
| 5 | <u>2</u> | <u>1.2</u> |
| Totals | 170 | 100.0 |

Only 170 individuals responded to demographic item 7. This indicates that 55.7 percent of the total respondent group of 305 have children at home. Of the 170 responding that they have children at home, 44.7 percent have one child and 34.7 percent have two children.

Tables 9 and 10 report the level of education received and, if applicable, the degree earned.

Table 9. Demographic Item 8 - Level of Education Achieved

| Education Level Achieved | N | % |
|-------------------------------------|-----------|-------------|
| 1. Completed high school | 78 | 25.7 |
| 2. Some college | 79 | 26.1 |
| 3. Completed 4 years of college | 68 | 22.4 |
| 4. Some postgraduate work or degree | 46 | 15.2 |
| 5. Other | <u>32</u> | <u>10.6</u> |
| Totals | 303 | 110.0 |

Data reported in Table 9 indicate that of the 303 respondents to this item 22.4 percent completed 4 years of

college, while 15.2 percent completed some post graduate work or received a post graduate degree.

Data reported in Table 10 shows the highest degree earned by service provider respondents who received a degree of some kind.

Table 10. Demographic Item 9 - Highest Degree Earned

| Degree Earned | | N | % of survey population* |
|---------------|-------|-----------|-------------------------|
| 1. | AA | 15 | 4.9 |
| 2. | BA/BS | 98 | 32.1 |
| 3. | MA/MS | 9 | 3.0 |
| 4. | MSW | 0 | 0.0 |
| 5. | RN | 2 | 0.7 |
| 6. | LPN | 2 | 0.7 |
| 7. | MD | 0 | 0.0 |
| 8. | PhD | 0 | 0.0 |
| 9. | ThD | 1 | 0.3 |
| 10. | Edd | 0 | 0.0 |
| 11. | JD | 1 | 0.3 |
| 12. | Other | <u>17</u> | <u>5.6</u> |
| Totals | | 145 | 47.6 |

*Based on a total population N of 305

The percent calculations presented in Table 10 are based on the total population of 305 respondents rather than the 145 of those actually responding to demographic item 9. The data show that 47.6 percent of the service provider staff responding had earned a degree of some kind. The degree that was most often achieved was that of BA/BS with 32.1 percent. Only 3 percent of the total respondents reported receiving a MA/MS degree.

Some differences may exist among service providers and staff as to terminology pertaining to job responsibilities and level of primary service. Data in Tables 11 and 12 report job responsibilities and level of position.

Table 11. Demographic Item 10 - Primary Staff Responsibility

| Description | N | % |
|--------------------|-----------|--------------|
| 1. Medical | 1 | 0.3 |
| 2. Mental Health | 17 | 5.8 |
| 3. Education | 57 | 19.3 |
| 4. Social Services | 120 | 40.7 |
| 5. Legal Services | 0 | 0.0 |
| 6. Law Enforcement | 0 | 0.0 |
| 7. Corrections | 0 | 0.0 |
| 8. Counseling | 10 | 3.4 |
| 9. Pastoral Work | 0 | 0.0 |
| 10. Business | 21 | 7.1 |
| 11. Other | <u>69</u> | <u>23.4*</u> |
| Totals | 295 | 100.0 |

* Majority of the responses in this category indicated Developmental Disability direct-care staff.

Data from Table 11 report that the predominant area of staff responsibility is Social Services with 40.7 percent. Following Social Services is Education with 19.3 percent.

Table 12. Demographic Item 11 - Level of Primary Position

| Level of Position | N | % |
|-----------------------|----------|------------|
| 1. Staff member | 58 | 19.2 |
| 2. Supervisor/manager | 81 | 26.8 |
| 3. Administrator | 21 | 7.0 |
| 4. Trainer | 139 | 46.0 |
| 5. Private practice | 0 | 0.0 |
| 6. Other | <u>3</u> | <u>1.0</u> |
| Totals | 302 | 100.0 |

Data reported in Table 12 found that the largest number of respondents indicated that their primary position was that of Trainer, 46.0 percent. The second largest group was that of Supervisor/Manager, 26.8 percent.

Data in Table 13 indicates the number of hours per week worked by a staff member.

Table 13. Demographic Item 12 - Number of Hours Worked

| Hours per Week | N | % |
|----------------|----------|-----------|
| 50 (or more) | 8 | 2.6 |
| 40 - 49 | 236 | 77.6 |
| 30 - 39 | 43 | 14.2 |
| 20 - 29 | 15 | 4.9 |
| Fewer than 20 | <u>2</u> | <u>.7</u> |
| Totals | 304 | 100.0 |

The literature indicated that individuals working 30 to 39 hours per week are really full-time equivalent

