RESIDENTIAL DIRECT-CARE STAFF BURNOUT AND EXPOSURE TO MALADAPTIVE BEHAVIORS OF MENTALLY RETARDED CLIENTS

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A Thesis

Presented for the

Master of Arts

Degree

Austin Peay State University

Christopher Russell Chaney

May 1997

DEDICATION

This thesis is dedicated to the memory of my grandfather, John Travis Moss, who passed away before its completion.

ACKNOWLEDGMENTS

I would like to thank my major professor, Dr. Jean G. Lewis, for her guidance and encouragement throughout my graduate education. I would also like to thank Dr. Janice Martin for being such a huge help and for joining my committee on such late notice. I would also like to thank Dr. Stuart Bonnington for his comments on my thesis and for his support and advice during my graduate career. I would especially like to thank my parents, Calvin and Betty Chaney, for their support during the ups and downs of my seven years in college.

ABSTRACT

This study focused on the relationship between direct-care staff burnout and the exposure to maladaptive client behavior in residential facilities serving mentally retarded adults. The instruments used were the Maslach Burnout Inventory (MBI; Maslach & Jackson, 1986) and Caregiver Reactions to Maladaptive Client Behavior (CRMCB), an instrument constructed by the researcher. The MBI was included in the battery of instruments because it is the most widely used measure of burnout. Its subscales have been shown to lead to various negative employee attitudes and outcomes. CRMCB was constructed and used because no other instrument was found that measures exposure to maladaptive client behaviors when working with mentally retarded persons. Analyses focused on the relationship between the three burnout subscales (Emotional Exhaustion, Depersonalization, and Personal Accomplishment) of the MBI and the frequency of maladaptive client behavior reported on the CRMCB. A significant positive correlation was found between the Emotional Exhaustion and Depersonalization subscales and the frequency of reported exposure to maladaptive client behavior. A significant relationship was not found between the Personal Accomplishment subscale and the frequency scale of the CRMCB. Implications of findings and directions for further research were discussed.

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CHAPTER 1

INTRODUCTION

Direct-care workers in residential facilities serving the mentally retarded are faced with uniquely difficult duties. Their mission is overseeing, assisting, and training clients in basic functioning activities that can range from shopping to toileting skills. They are also responsible for implementing behavior modification plans that have been constructed to promote socially acceptable behavior and thwart behaviors deemed dangerous or aberrant by society. Workers can often be exposed to maladaptive client behaviors such as violent behavior toward others, public masturbation, self-mutilation, and self-stimulatory noises and behaviors (Matson & McCartney, 1981; Cleland, 1979). Direct-care workers may also be responsible for cleaning up bowel and bladder incontinence. With repetitive training, guided assistance in day-to-day tasks, and behavior modification, some clients are able to decrease the severity and quantity of their inappropriate behaviors and replace these behaviors with more adaptive ones. There are however clients who make little progress and are in the facility primarily because of their inability to make progress in the typical community setting and their inability to be controlled behaviorally (Tausig, 1985). With the prolonged exposure to individuals exhibiting maladaptive behaviors which require frequent intervention and often constant supervision, one might suppose that this could have some relationship to the experience of job burnout.

CHAPTER 2

REVIEW OF LITERATURE

Burnout is a phenomena that gained attention from researchers in the late 1970's. It has been examined primarily in persons who are in human service professions such as law enforcement, nursing, counseling, and education. Burnout was described by Maslach (1982) as being a condition an individual suffers where he or she experiences emotional overload and exhaustion that is related to being excessively involved or becoming overwhelmed while working with persons experiencing some form of distress. She also described it as an internal psychological experience involving feelings, attitudes, motives, and expectations. Maslach described three primary characteristics associated with the concept of burnout. The first characteristic symptom is a sense of emotional exhaustion or the feeling of being "used up" emotionally due to the high emotional demands of the persons the worker is serving. Following emotional exhaustion a second symptom tends to develop. As a way of coping with the emotional exhaustion, workers begin to become less emotionally involved, or to an extent, detach themselves emotionally from clients to cope with their own distress. This emotional distancing may result in the worker experiencing negative attitudes toward the individuals they are serving. Maslach refers to this symptom as depersonalization and suggests that this attitude may develop into harsh or derogatory treatment of persons receiving service. As workers' negative attitudes toward clients increase, feelings of inadequate job performance develop as well as a decreased level of personal accomplishment. Maslach proposes that with an increase in symptoms of emotional exhaustion, depersonalization, and decreased feelings of personal accomplishment, human service workers may decide to leave their field of service.

Maslach developed the widely used Maslach Burnout Inventory (MBI; Maslach & Jackson, 1986) to assess burnout. The MBI consists of three subscales (Emotional Exhaustion, Depersonalization, and Personal Accomplishment) that coincide with the three salient burnout symptoms of her model. The Emotional Exhaustion subscale assesses feelings of being exhausted and overextended by one's work. The Depersonalization subscale assesses impersonal attitudes toward clients. The Personal Accomplishment subscale assesses feelings of competence and success in human service work. An earlier version of the MBI (Maslach & Jackson, 1981) had two dimensions, frequency (how often people have the feelings) and intensity (the strength of these feelings), that were part of the three subscales. The present MBI (Maslach & Jackson, 1986) only uses the frequency format. Reported results in this review of the literature refer to findings related to frequency of experienced burnout.

Prolonged burnout has been shown to lead to decreased job satisfaction, patient maltreatment, intent to quit, and turnover in a variety of human service fields. Razza's (1993) study assessed the determinants of direct-care staff turnover in group homes for individuals with mental retardation. She conducted a path analysis of her data and found that the following variables contributed to current job satisfaction: agreement of the job with personal goals and values, satisfaction with supervision, employment history, and burnout. She also found that low levels of current job satisfaction, in turn, lead to an intention to quit which led to eventual turnover. In a two year follow-up study of 106 nursing staff members in long stay settings, Firth and Britton (1989) found that feelings of depersonalization were significantly greater for staff who left their job within the two years

following the initial assessment. Using a sample of 248 elementary and secondary school teachers, Jackson, Schwab, and Schuler (1986) found emotional exhaustion, as measured by the MBI, to be predictive of receipt of training for a new career, thought's of leaving one's job, and actual job leaving. In a study conducted by Pillemer and Bachman-Prehn (1991) with 577 nursing home workers, staff burnout was found to be strongly related to self-report of engaging in abuse of patients.

Turnover has been seen as a major problem in community group homes serving the mentally retarded. Researchers have estimated that the average annual staff turnover in group homes is between 55 and 73 percent (George & Baumeister, 1981; Lakin, Bruininks, Hill, & Hauber, 1982; Braddock & Mitchell, 1992). Braddock and Mitchell (1992) found that the national annual turnover rate among privately operated community facilities was 70.7 percent. This rate was estimated as being three times higher than that of direct-care staff in public institutions. In settings where consistent training and behavior modification is a must, a high level of turnover leads to inconsistency and unstable support and training for the clients. Financial cost resulting from turnover is also a major problem for these facilities. Baumeister and Zaharia (1987) reported approximately 80 percent of the cost of residential service programs is accounted for by staff salaries. To increase program consistency, client progress, and worker morale, issues such as staff burnout need to be addressed.

As previously mentioned, burnout has been studied widely in human service professions. However, limited burnout research has been conducted with direct-care workers serving in workshops, group homes or institutions for the mentally retarded.

Stevens and O'Neill (1983) conducted one of the first studies that addressed burnout in this population. They studied the relationship between burnout and various expectations of 47 direct-care staff members at workshops and community residences serving the mentally retarded. The MBI (1981) was used to assess burnout. Three questions were designed by the authors to assess employees' current expectation levels. There was also a fourth open-ended question. Two of the questions were similar in format. One asked workers' what percentage of the recipients could make significant progress beyond their present level of functioning. The other asked how many recipients could eventually live and work independently in the community. Subjects were given five percentage ratings which varied from 0 to 100 percent. The third question was "Do you think that you will have a significantly positive impact on the lives of your recipients?" This was answered using a five-point scale varying from "no, definitely not" to "yes, definitely." The researchers also computed a total expectation score from the results of the three questions. The open-ended question was designed to measure change in staff expectation. It was as follows: "A person's expectations about his or her job often changes with experience. Please indicate how your expectations have changed since you started to work in this field." Subjects were to answer this question using a five-point scale ranging from "high positive change" to "high negative change."

There were several significant findings. There was a significant negative relationship between workers' change in expectation since in the field and their scores on the Emotional Exhaustion scale ($r = -.38$, $p < .005$) and the Depersonalization scale ($r = -.26$, $p < .05$). In other words, the more negative the change in workers' expectations

since in the field, the more emotionally exhausted they were and the more they tended to view their clients in a depersonalized manner. Workers' expectations of client progress, client independence, and their own personal effectiveness were found to have a significantly positive correlation with the Personal Accomplishment scale ($r = .39$, $p < .005$; $r = .34$, $p < .01$; and $r = .50$, $p < .005$). This means that the higher the workers' current feelings of personal accomplishment related to their work, the more positive the workers' expectations were regarding a client's progress in the program, the client's eventual level of independence and the workers' contributions to this positive outcome. When totaling the expectation scores and comparing them to the Personal Accomplishment scale, a significant positive correlation was found ($r = .50$, $p < .005$). Another important finding was a significant negative relationship between the age of the workers and their scores on the Emotional Exhaustion subscale ($r = -.34$, $p < .05$). The younger the worker, the more emotionally exhausted he or she was. Length in the field was not related to any of the burnout scales.

This study provided many interesting findings yet had shortcomings in its methodology. The first shortcoming was the low number of subjects. This makes it hard to generalize the results to the greater population of direct-care staff working with the mentally retarded. Another problem was that no reliability or validity information was presented for the authors' self-constructed instruments. The third obvious weakness in methodology was the ambiguity of the variable "change in expectation." It is unclear what expectation change the researcher was specifically interested in exploring.

Fimian (1984) conducted a study that involved assessing the relationship between burnout, stress, and various organizational variables as reported by 142 direct-care and supervisory personnel staff members from eight community-based programs serving mentally retarded adults. The primary purpose of the study was to determine if there were some relationships among staff stress, burnout, needs deficiencies (unmet needs of staff), and feelings of role conflict and ambiguity in these community-based programs. Burnout was measured by using the total score of the Maslach Burnout Inventory (MBI; Maslach & Jackson, 1981). The Needs Deficiency score was obtained from the Porter Needs Satisfaction Questionnaire (PNSQ; Weber & Hadd, 1974). The Role Conflict and Role Ambiguity scores were derived from the two subscales of the Role Questionnaire (RQ; Rizzo, House, & Lirtzman, 1970). The Stress score was taken from the subjects' results on the Work Stress Scale (WSS; Fimian, 1982). Validity and reliability coefficients were found to be adequate on these instruments.

The results indicated that each sample scored within the moderate range for each variable. The correlation coefficients for the total sample of 142 subjects indicated that each variable was related to one another to a significant degree. The weakest relationship found was between burnout and role conflict ($r = .14$, $p < .05$). The strongest relationship found was between stress and burnout ($r = .65$, $p = .001$). Burnout correlated with reported needs deficiencies at ($r = .38$, $p = .001$). Also, the correlation between burnout and role ambiguity was significant at ($r = .36$, $p = .001$). After further multiple regression analysis, stress, role ambiguity, needs deficiencies, and several demographic variables were found to account for 57 percent of the burnout construct. The most substantial finding

from this study may be the significant degree of correlation between burnout and stress.

Rimmerman, Portowicz, and Ehrlich (1985) studied burnout among 76 paraprofessionals working with clients who were mentally retarded or physically disabled. Subjects were chosen from workers who participated in in-service training programs provided by the Ministry of Labor and Social Welfare in Israel. Subjects were administered an early version of the MBI (Maslach & Jackson, 1980) which contained four rather than the three factors found on the latest version.

They found a positive correlation between Depersonalization and Emotional Exhaustion scores ($r = .378$, $p = .001$). Rimmerman et al. (1985) interpreted this as meaning that the greater the feeling of emotional exhaustion a worker has, the more likely he or she is to relate to his or her clients in a depersonalized manner. Their hypothesis that the greater the degree of personal accomplishment felt by the subject, the lower level of burnout was not supported by their findings.

Caton, Grossnickle, Cope, Long, and Mitchell's (1988) study examined the effects of burnout on 192 employees at a state institution for the mentally retarded. These researchers were also interested in determining whether employees' reported conditions resulting from burnout were different from those resulting from stress. Of the 192 employees, 66 were developmental technicians, 72 were professional staff, 36 were educational development assistants, and 18 were environmental support staff who rarely engaged in direct contact with clients. The latter group consisted of housekeepers, food service personnel, maintenance staff, and secretaries. Subjects completed a questionnaire consisting of the MBI (Maslach & Jackson, 1981), a modified version of the Job Stress

Scale (JSS; Ivancevich, Matteson & Preston, 1982), and some other questions regarding demographics, job satisfaction, and stress. Researchers hypothesized that burnout would be present in a sample of staff members because of their close and intense contact with clients. They also hypothesized that higher amounts of burnout would exist for developmental technicians, professional staff, and educational development assistants than for environmental support staff due to the latter group's comparable lower amount of personal contact with clients. The investigators also hypothesized that burnout would be related to stress to a degree but that they would appear as separate concepts.

All groups reported moderate levels of burnout on the Emotional Exhaustion and Depersonalization subscales. On the Personal Accomplishment scale, all groups had low scores which reflect high burnout levels. There were no significant differences on levels of burnout between occupational groups. Using a varimax rotation, comparisons were made between burnout and job stress. The Underutilization factor (one of the six stress factors) loaded on the MBI factor, Emotional Exhaustion. This supported a relationship between burnout and stress but also denoted that they were separate constructs.

Edwards and Miltenberger (1991) also used the MBI (Maslach & Jackson, 1981) to measure burnout among 125 caregivers (78 direct-care staff and 46 supervisory staff) working in rural community residential facilities serving mentally retarded persons. The researchers hypothesized that due to high turnover rates that had been reported in this particular setting, most staff would be experiencing burnout to some degree. They also predicted that direct-care staff members would score higher than supervisory staff members on the Depersonalization scale because of their higher degree of contact with

clients. The researchers also felt direct-care workers might use depersonalization as a means of protection against emotional stress caused by working closely with clients. Their final hypothesis was that supervisory staff would report higher burnout on the Emotional Exhaustion scale because of their greater level of responsibility for programming activities and reporting progress in clients' level of functioning.

The results of the study indicated that all staff members in the study experienced a moderate level of burnout as measured by each of the three subscales. No significant differences were found on subjects' reports of frequency of experienced burnout.

Thus far, research completed on direct-care staff serving the mentally retarded in workshops, institutions and group home settings have yielded consistent yet meager findings. The direct-care staff's age has been found to be negatively related to reported emotional exhaustion. Job stress and burnout in these settings have been found to be significantly related yet different constructs. This is consistent with previous research on job stress and burnout in other fields. Etzion (1984) reported burnout and stress to be "intrinsically" related yet others have found that stress seemed to be necessary for burnout to take place. Although many workers experienced job stress and did not burnout, none have been found who report burnout without experiencing job stress (Lazarus & Cohen, 1978; Lazarus, Cohen, Folkman, Kanner, & Schaefer, 1980; Muldary, 1983). As would be expected, group home direct-care staff working with the mentally retarded have reported moderate to high levels of burnout in studies thus far. The organizational variables of role ambiguity and workers' needs deficiencies along with stress and several demographic variables were also found to account for over 50 percent of the construct of

burnout. Higher staff expectations were found to be significantly related to their feelings of personal accomplishment. Also negative change in expectations since working in the field was related to higher levels of staff emotional exhaustion.

A salient characteristic that has yet to be studied is the relationship between the adaptive behavior of mentally retarded clients and direct-care staff burnout. Adaptive behavior is defined by the American Association on Mental Deficiency (AAMD) as "behavior that is effective in meeting the natural and social demands of one's environment." It concerns two areas "(a) the degree to which individuals are able to function and maintain themselves independently and (b) the degree to which they meet satisfactorily the culturally imposed demands of personal and social responsibility." (Sattler, 1992, p. 376). The latter component of adaptive behavior was the focus of the current study.

Research on burnout, job stress, and withdrawal behaviors of workers have indicated that the adaptive behavior of clients is an important area of inquiry. Novak and Chappell (1994) completed a study of burnout in nursing assistants serving cognitively impaired elderly in nursing homes. They identified the subjects' reports of frequency of disturbing patient behaviors were significantly related to feelings of reduced personal accomplishment as measured by the MBI. Yu et al. (1991) and Yu and Kaltreider (1987) found several self-reports of stress related to working with patience who are often incontinent of urine. Several subjects reported feeling frustrated when they thought a patient was purposefully incontinent. Chappell and Novak (1994) noted that among nursing assistants in nursing homes, having more residents with gross mental impairment

and with more uncooperative behaviors were related to several measures of physical health stress.

Bersani and Heifeitz (1985) found that direct-care staff serving persons with mental retardation in group homes reported that resident related issues such as violent behavior, unwillingness to function up to ability, and low level of self care were perceived as greater sources of stress than were several work related variables. George and Baumeister (1981) discovered a significant negative correlation between client adaptive behavior and number of house managers having left their jobs at group homes serving the mentally retarded.

The current study attempted to answer the following question: Is there a relationship between the three burnout subscales (Emotional Exhaustion, Depersonalization, and Personal Accomplishment) (MBI; Maslach & Jackson, 1986) and the frequency of exposure to maladaptive client behaviors as reported by direct-care staff serving mentally retarded adults in community residential facilities?

CHAPTER 3

METHODS

Participants

Participants were solicited from direct-care staff of community residential facilities that serve mentally retarded adults in the central Tennessee area. There were 29 participants that were obtained from four private, not-for-profit agencies. Direct-care staff was defined as persons who spend the majority of their workday in daily care and supervision of residents. Duties typically include supervising or assisting residents when they get up in the morning, organizing them for meals, supervising activities, and insuring that residents are ready at appropriate times to leave the residential facility for activities in the community. Participants were full-time employees and had worked in their current job for at least one month. They were required to sign an informed consent form prior to participating in the study. (Appendix A).

Materials

The Maslach Burnout Inventory (MBI; Maslach & Jackson, 1986) was used to assess participants' burnout. It is designed to assess three aspects of burnout in human service workers: emotional exhaustion, depersonalization, and lack of personal accomplishment. Each of these is measured by a separate subscale. The nine items of the Emotional Exhaustion subscale assess feelings of being exhausted and overextended by one's work. The five items of the Depersonalization subscale assess impersonal attitudes toward clients. The eight items of the Personal Accomplishment subscale assess feelings of competence and success in human service work. Lower scores on this subscale as opposed to higher scores on the previous subscales are indicative of greater burnout

levels. The inventory consists of twenty-two statements. Participants were to rate on a scale of 0 to 6 how often they feel as the statement reports. Choices for rating these feelings are 0 = Never; 1 = A few times a year or less; 2 = Once a month or less; 3 = A few times a month; 4 = Once a week; 5 = A few times a week; 6 = Everyday. The manual contains information about administration and scoring.

Maslach and Jackson (1986) report the following reliability coefficients for each of the subscales: .90 for Emotional Exhaustion; .79 for Depersonalization; and .71 for Personal Accomplishment. Low to moderate statistically significant correlations were found between the MBI subscales and various personal experience reports from various human service samples ($r = .19$ to $r = .56$, $p < .05$). This provides evidence for adequate convergent validity. The MBI is the measure of burnout that is most widely used by researchers.

Frequency of exposure to maladaptive client behaviors was assessed by using Caregiver Reactions to Maladaptive Client Behavior (CRMCB), an instrument constructed by the researcher. The instrument consists of 31 items listing maladaptive behaviors. It asks how often a direct-care worker is exposed to each behavior. Choice ratings are 0 = Never; 1 = Yearly; 2 = Every 3 Months; 3 = Monthly; 4 = Weekly; 5 = Daily; 6 = Hourly. The instrument also asks how much each behavior bothers the worker when it occurs. Choice ratings for this portion are 0 = Not At All; 1 = Very Little; 2 = Somewhat; 3 = Quite A Bit; 4 = Very Much. The reaction portion was not analyzed in this study. Two additional opinion questions were added to assist in subsequent validation of the instrument.

The majority of items on the CRMCB were drawn from the Inappropriate Behavior section of the Community Skills Profile (CSP; Tennessee Department of Mental Health/Mental Retardation). The CSP is an evaluation instrument developed by the Tennessee Department of Mental Health/Mental Retardation to measure adaptive behavior of individuals with mental retardation. It is used in conjunction with client records and family and program staff input to estimate the level of assistance the individual needs while living in a residential facility. Permission to use and alter CSP items was granted by the Tennessee Department of Mental Health/Mental Retardation. (Appendices B and C).

In constructing the CRMCB, the researcher reviewed the current literature on maladaptive behavior of persons with mental retardation to insure appropriate selection of items (Conneally, Boyle, & Smyth, 1992; Emerson, Beasley, Offord, & Mansell, 1992; Gardner & Howard, 1991; Mansell, 1994; Paisey et al., 1991; Simmons & Hartley, 1990; Spangler, Gilman, & La Borde, 1990). The researcher also reviewed the Adaptive Behavior Scale (ABS; Lambert, Windmiller, Tharinger, & Cole, 1981) and the Vineland Adaptive Behavior Scales (VABS; Sparrow, Balla, & Cicchetti, 1984) to increase the content validity of items selected. There is no further information on the reliability and validity of this instrument. (See Appendix D for a sample of the CRMCB).

Procedures

The researcher obtained permission from directors of the community residential facilities to solicit employees as study participants. The researcher asked each subject, in person or by phone, to participate in the study. Participants were asked by the researcher to volunteer for individual appointments estimated to last approximately thirty minutes.

The appointments took place at the participants' place of work, while they were off duty or during their down time. During the appointment, the investigator handed out a packet containing the informed consent form, a demographic questionnaire, the MBI, and the CRMCB. Following a statement of purpose and signing of an informed consent form, the researcher read the instructions and encouraged the participant to read along. The investigator was present to answer questions as the participants completed the questionnaire and instruments. Each score sheet was coded by a number to insure the confidentiality of participants. See Appendix E for a sample of the demographic questionnaire.

Analysis

Analyses focused on the total scores on each of the three MBI subscales and the total frequency score on the CRMCB. Each MBI subscale total score was compared with the CRMCB total frequency score to address the research question: Is there a significant relationship between the burnout variables and the frequency of exposure to maladaptive client behaviors? The data was computed using the Pearson Product Moment Correlation Coefficient. The level of significance for testing the research question was set at alpha .05.

CHAPTER 4

RESULTS

Of the 29 participants, 25 were female and 4 were male. The average age of participants was 36.59 with a range of 21 to 76. In terms of education level, one subject had completed some post-graduate work or obtained a graduate degree, 3 had completed four years of college, 12 subjects had some college education, 10 had completed high school, 2 had obtained a GED, and one had completed the eighth grade. The participants' average length of time spent working in the field of mental retardation was 4 years with a range of 2 months to 15 years. The mean length of time spent working at his or her current agency was 2.89 years with a range of 2 months to 14 years.

Total mean scores for the three burnout variables were as follows Emotional Exhaustion, 11.10; Depersonalization, 3.59; and Personal Accomplishment, 41.83. These mean scores represent low levels of burnout when compared to normative data provided by the MBI manual (Maslach and Jackson, 1986). The total mean score of the Frequency of Exposure variable of the CRMCB was 84.55 with a range of 14 to 139. Each burnout variable was compared with the Frequency of Exposure to maladaptive client behavior score of the CRMCB. There was a significant positive correlation between the Emotional Exhaustion score and the Frequency of Exposure to maladaptive client behavior ($r = .58$, $p < .01$). The Depersonalization subscale score was also significantly correlated with the Frequency of Exposure score ($r = .38$, $p < .05$). The Personal Accomplishment subscale score and the Frequency of Exposure score were not found to be significantly correlated ($r = -.13$, $p = .48$). These results are shown in Table 1.

Table 1.

Correlations of Burnout Subscale Scores With Frequency of Exposure to Maladaptive Client Behavior Scores.

MBI Subscales	r
Emotional Exhaustion	.58**
Depersonalization	.38*
Personal Accomplishment	-.13

*$p < .05$.

**$p < .01$

CHAPTER 5

DISCUSSION

The primary focus of this study was to determine if there was a relationship between the three burnout variables and the reported frequency of exposure to maladaptive client behavior. The first notable finding was the significant positive correlation between Emotional Exhaustion and the Frequency of Exposure variable. This relationship indicates that the more frequent the exposure to maladaptive behaviors of clients, the more emotionally fatigued and overloaded the staff became. The other remarkable finding was the significant positive correlation between the Depersonalization scale and the Frequency of Exposure variable. This relationship suggests that the more frequently staff was exposed to maladaptive behaviors of clients, the more unfeeling or callous their attitudes were toward the clients. These two findings support the literature on the deleterious effects of problematic client behaviors for personnel serving in the field of mental retardation and other human service fields. The findings also support the position that education and intervention are needed for persons working with problematic client behaviors. Kahill (1988) reviewed empirically effective means to treat burnout in human service work. Some useful interventions could prove to be effective with direct-care workers who are encountering many maladaptive client behaviors. One effective intervention mentioned was problem-focused coping in which the source of the burnout is confronted. After pinpointing client behaviors as contributing to burnout, agencies could educate staff on the origin of many of the behaviors, the behaviors' role in increasing emotional exhaustion and depersonalized attitudes toward clients, and interventions used to curtail and manage such behaviors.

Another effective coping strategy mentioned was that of training employees in the appropriate skills needed to do his or her job. Specifically agencies could not only educate staff regarding maladaptive behaviors of clients but also train them in effective behavior management skills. Insight into management of client behavior problems and increased staff skill level could alleviate extra worry, unneeded physical intervention, and mental fatigue which could lead to negative attitudes toward clients. Staff could be trained in the most effective ways to prevent or control specific behaviors that they feel are most stressful or occur with most frequency. Agencies could arrange for education and training to occur in casual inservices designed to promote social interactions and support between staff. Social support among coworkers was also noted as an effective means by which many human service workers cope with symptoms of burnout.

The burnout variable Personal Accomplishment was not found to be significantly related to the Frequency of Exposure variable. This could denote that the staff's personal sense of accomplishment was not affected by the number of maladaptive behaviors to which they were exposed. Staff members may have felt that whether they were exposed to few or many problematic behaviors, their feelings of competence when working with clients were not remarkably changed.

Another interesting finding of the study was that the mean scores for each of the burnout variables were in the low burnout category as determined when comparing the mean scores to the normative data provided in the MBI manual (Maslach & Jackson, 1986). Previous research with this population has found moderate to high levels of burnout for mean subscale scores (Edwards & Miltenberger, 1991; Caton et al., 1988) A

possible reason for the lower burnout scores in the present study is the method of subject solicitation and data collection exercised by the researcher. In the present study, the researcher first distributed fliers to eligible workers. The fliers stated the researcher was seeking volunteers for a study on attitudes of direct-care staff working with the mentally retarded. The fliers also stated that confidential, one-on-one interviews would take place at the participants' work places and would last approximately thirty minutes. Initially presenting the meeting with subjects as an interview may have led them to put their guard up and go into the "interview" setting with the idea that there was only so much they were willing to disclose about their attitudes toward their work. After making the appointments, the researcher met with the participants and read the informed consent form, questionnaire instructions, and some of the initial questions and answer choices. The researcher also remained present to answer any questions while participants completed questionnaires. These procedures were followed to insure that the participants' with varying educational backgrounds understood the procedures and questions. The presence of the researcher may have also kept participants from reporting higher burnout levels. They may have felt that since the researcher was a clinical psychology graduate student, planning on a career in human service work, they did not want to report negative attitudes toward clients or human service work out of fear that the researcher would judge them unfit at human service work.

Researchers in previous studies reporting higher burnout scores with this population distributed surveys and retrieved them at a later time. This could have allowed subjects to feel more anonymous, comfortable, and more willing to express feelings of

burnout. Their method of subject solicitation could have also led to response bias. In previous studies, subjects that returned questionnaires may have only returned them if they had complaints regarding human service work or specific reasons for filling out such materials. This could have led the majority of these participants to report higher levels of burnout. Future researchers may want to investigate whether there would be a significant difference between these two methods of data collection. This could be accomplished by obtaining a large group of direct-care workers and randomly placing them into two groups based on style of data collection. One group could have a one-on-one meeting with the examiner present while the subject completes the questionnaires. The other group could simply have their questionnaires distributed in their work mailboxes for them to return the materials to a specified location.

There are several limitations to the current study. One problem is that the low number of participants may limit the validity of the results. Another shortcoming is the presence of several potentially confounding variables. Participants' reports of burnout could possibly be affected by respondents' age, length of employment, attitudes toward supervision, amount of social support, and current life stressors. The different goals of participants may also be a confounding variable. Some participants may work in direct-care for human service experience that will aid in furthering their career goals. Others may do this work to support their families. An additional limitation of the study is the use of the CRMCB. This instrument has been constructed by the researcher and has no established statistical reliability or validity.

In this study, to obtain participants, much geographic territory had to be covered if the researcher was to be present as subjects completed materials. To obtain the optimal amount of subjects to increase such a future study's validity, grant funds would likely be needed. It is hoped that this pilot study will provide a basis for further inquiry into the relationship between direct-care staff burnout and maladaptive client behaviors. Further research will be necessary to obtain statistical validity and reliability information on the CRMCB and to address the limitations of the current study.

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APPENDIXES

Appendix A

INFORMED CONSENT STATEMENT

The purpose of this study is to investigate direct-care workers' attitudes towards human service work and their perceptions of client behaviors while working with persons who are mentally retarded. Your responses are confidential. At no time will you be identified nor will anyone other than the researchers have access to your responses. The researcher is not aware of any potential harm that may occur from participation in this research project. Your participation is completely voluntary and you are free to terminate at any time without any penalty.

The scope of the project will be explained fully after each participant at your organization has completed the questionnaires.

Thank you for your cooperation.

****

I agree to participate in the present study being conducted under the supervision of a faculty member of the Department of Psychology at Austin Peay State University. I have been informed, either orally or in writing or both, about the procedures to be followed and about any discomforts or risks which may be involved. The researcher has offered to answer any further questions as I may have regarding the procedures. I understand that I am free to terminate my participation at any time without penalty or prejudice and to have all data obtained from me withdrawn from the study and destroyed. I have also been told of any benefits that may result from my participation.

_____
NAME (PLEASE PRINT)

_____
SIGNATURE

_____
DATE

STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
GATEWAY PLAZA
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-0675

DON SUNDQUIST
GOVERNOR

MARJORIE NELLE CARDWELL
COMMISSIONER

September 22, 1995

Mr. Chris Chaney
Austin Peay State University
Psychology Department
P. O. Box 4537
Clarksville, Tennessee 37044

Dear Mr. Chaney:

As discussed in your conversation with William Edington, a member of my staff, on September 21, the Department of Mental Health and Mental Retardation approves your request to use the Community Skills Profile in the work you're conducting for your master's thesis.

The issue which you are researching, the relationship between staff burnout and exposure to persons with difficult to manage behavior is interesting to us. We would appreciate it very much if you would share a copy of your final thesis with us (Attention: William Edington).

We wish you the best of luck in your endeavor.

Most sincerely,

M. N. Cardwell

Marjorie Nelle H. Cardwell
Commissioner

MNHC/wee

cc: Janice D. Martin, Ph. D.

Appendix C

Commissioner Marjorie Nelle Cardwell
710 James Robertson Parkway
Nashville, Tennessee 37243-0675
September 6, 1995

Dear Commissioner Cardwell,

I would like permission to use items from the Community Skills Profile, developed by the Tennessee Department of Mental Health/Mental Retardation, in the construction of an instrument I am designing to measure exposure to stressful client behaviors in primary caretakers. This will also entail alteration of the wording and some of the items as well as adding additional items that are relevant to my area of study.

I am a graduate student in Clinical Psychology at Austin Peay State University in Clarksville, Tennessee. I am currently working on my master's thesis. I am studying the relationship between direct-care worker burnout and exposure to problematic client behaviors in group homes serving the mentally retarded. Presently there is no instrument to measure exposure to problematic behaviors in this population.

Thank you for considering this request. I feel that the use of your instrument as a basis will greatly enhance this study. Please contact me (615-645-4403) or my advisor Dr. Janice D. Martin (615-648-7488) if you have any questions or concerns. I would greatly appreciate a response by 25 September so that I can report to my thesis committee.

Sincerely,

Chris Chaney

Janice D. Martin, Ph.D.
Coordinator School Psychology program
Assistant Professor, Psychology

Caregiver Reactions to Maladaptive Client Behavior*

Chris Chaney and Janice D. Whitten

Austin Peay State University

The following items are common problem behaviors that are encountered when serving persons who are mentally retarded. Please follow along as the examiner reads the items. You are to circle the number specifying the frequency with which you are exposed to the behavior. Next, you are to circle the number that specifies the degree each behavior bothers you when it occurs (your reaction). Follow along as the examiner reads the items then the frequency and reaction ratings.

FREQUENCY RATINGS

0 = Never

1 = Yearly

2 = Every 3 months

3 = Monthly

4 = Weekly

5 = Daily

6 = Hourly

REACTION RATINGS: How much does this bother you when it occurs?

0 = Not at all

1 = Very little

2 = Somewhat

3 = Quite a bit

4 = Very much

BEHAVIORS	FREQUENCY	REACTION
1. Making peculiar noises (growling, humming, etc.) or talking to self aloud to the extent that it attracts attention or interferes with ongoing activities.	0 1 2 3 4 5 6	0 1 2 3 4
2. Talking too loudly or yelling at others.	0 1 2 3 4 5 6	0 1 2 3 4
3. Cursing to the extent that it attracts attention.	0 1 2 3 4 5 6	0 1 2 3 4
4. Telling lies.	0 1 2 3 4 5 6	0 1 2 3 4

*This document was adopted with permission from a document created by the Tennessee Department of Mental Health/Mental Retardation.

BEHAVIORS	FREQUENCY	REACTION
5. Teasing or verbally picking on others to such a degree that they get upset.	0 1 2 3 4 5 6	0 1 2 3 4
6. Complaining of imaginary illnesses or pains.	0 1 2 3 4 5 6	0 1 2 3 4
7. Displaying too much affection by using hugs, kisses, or hand shaking.	0 1 2 3 4 5 6	0 1 2 3 4
8. Using words or gestures to threaten others.	0 1 2 3 4 5 6	0 1 2 3 4
9. Fighting with others sometimes to the point of injuring them.	0 1 2 3 4 5 6	0 1 2 3 4
10. Reacting poorly to criticism or when given a negative answer. Examples: Crying, throwing tantrum, etc.	0 1 2 3 4 5 6	0 1 2 3 4
11. Refusing to obey a direct order from an authority figure.	0 1 2 3 4 5 6	0 1 2 3 4
12. Telling others what to do to get out of performing assignments.	0 1 2 3 4 5 6	0 1 2 3 4
13. Exhibiting inappropriate sexual behavior. Examples: Making aggressive sexual advances toward unwilling partner, exposing self, masturbating in a public place.	0 1 2 3 4 5 6	0 1 2 3 4
14. Stealing other's belongings.	0 1 2 3 4 5 6	0 1 2 3 4
15. Having temper tantrums. Examples: Screaming, stomping feet, verbally abusing others.	0 1 2 3 4 5 6	0 1 2 3 4
16. Destroying property that belongs to self or others.	0 1 2 3 4 5 6	0 1 2 3 4

BEHAVIORS	FREQUENCY	REACTION
17. Leaving place of required activity without permission.	0 1 2 3 4 5 6	0 1 2 3 4
18. Acting out fantasies around others. Examples: Talking to inanimate objects or imaginary people.	0 1 2 3 4 5 6	0 1 2 3 4
19. Vomiting when angry or upset.	0 1 2 3 4 5 6	0 1 2 3 4
20. Spitting in inappropriate places. Examples: On floor, walls, tables, etc.	0 1 2 3 4 5 6	0 1 2 3 4
21. Engaging in self-stimulatory behavior. Examples: Rocking body back and forth, waving hands repeatedly.	0 1 2 3 4 5 6	0 1 2 3 4
22. Abusing self physically. Examples: Slapping, scratching, or biting self. Banging head on objects.	0 1 2 3 4 5 6	0 1 2 3 4
23. Running away.	0 1 2 3 4 5 6	0 1 2 3 4
24. Defecating in pants when able to use toilet.	0 1 2 3 4 5 6	0 1 2 3 4
25. Putting inappropriate items in mouth, ears, nose, etc.	0 1 2 3 4 5 6	0 1 2 3 4
26. Playing with sharp or hazardous items. Examples: Matches, nails, knives.	0 1 2 3 4 5 6	0 1 2 3 4
27. Urinating in pants when able to use toilet.	0 1 2 3 4 5 6	0 1 2 3 4
28. Eating feces.	0 1 2 3 4 5 6	0 1 2 3 4
29. Undressing at inappropriate times.	0 1 2 3 4 5 6	0 1 2 3 4
30. Smearing feces.	0 1 2 3 4 5 6	0 1 2 3 4
31. Hoarding materials belonging to group. Examples: Food, games, etc.	0 1 2 3 4 5 6	0 1 2 3 4

32. Are there any maladaptive client behaviors that you feel have been ommitted from this instrument? If yes, please explain.

33. Do you have any suggestions or recommendations regarding the structure, wording, or any other feature of this instrument? If yes, please explain.

Your sex: (1) _____ Male

(2) _____ Female

Your age: _____ years old

Check the highest level of school you have completed?

_____ (1) completed high school

_____ (2) some college

_____ (3) completed four years of college

_____ (4) some postgraduate work or graduate degree

_____ (5) other (please specify _____)

How long have you worked in this field? _____

How long have you worked for this agency? _____

AUSTIN PEAY STATE UNIVERSITY

CHECKLIST FOR RESEARCH INVOLVING HUMAN SUBJECTS
(Must be typed)

TITLE Residential Direct-care Staff Burnout and Exposure to Maladaptive Behaviors of Mentally Retarded Clients

FUNDING SOURCE

PRINCIPAL INVESTIGATOR Chris R. Chaney DEPARTMENT Psychology

SPONSOR (if student research) Jean G. Lewis

1. Give a brief description or outline of your research procedures as they related to the use of human subjects. This should include a description of the subjects themselves, instructions given to them, activities in which they engage, special incentives, and tests and questionnaires. If new or non-standard tests for questionnaires are used, copies should be attached to this form. NOTE: If the subjects are minors or "vulnerable" (children, prisoners, mentally or physically infirm, etc.).

   The subjects will be direct-care staff serving persons with mental retardation in community-based group homes. They will be employed full-time and will have had to work at their current position for at least one month. The investigator will obtain permission from directors of the facilities prior to subject solicitation. Subjects will be encouraged to complete an informed consent form, a demographic sheet, and two questionnaires: the Maslach Burnout Inventory and the Caregiver Reactions to Maladaptive Behavior questionnaire. See the attachment for a sample of the latter questionnaire.

2. Does this research entail possible risk to psychic, legal, physical, or social harm to the subjects? Please explain. What steps have been taken to minimize these risks? What provisions have been made to insure that appropriate facilities and professional attention necessary for the health and safety of the subjects are available and will be utilized?

   The investigator is not aware of potential harm that may come to subjects participating in this study. Subjects' responses will be confidential and data sheets will be coded by number. Only investigators will have access to their responses. Subjects will be volunteers and free to terminate at any time without penalty. The scope of the study will be explained fully to subjects after completing the questionnaires.

Page 2: CHECKLIST FOR RESEARCH INVOLVING HUMAN SUBJECTS

3. The potential benefits of this activity to the subjects and to mankind in general outweigh any possible risks. This opinion is justified by the following reasons: The investigator knows of no potential risk to subjects. The results from this study will add to the meager amount of literature on the relationship of human service staff burnout and client characteristics.

4. Will legally effective, informed consent be obtained from all subject or their legally authorized representative? Yes.

5. Will the confidentiality/anonymity of all subjects be maintained? How is this accomplished? (If not, has a formal release been obtained? Attach: (a) If data will be stored by electronic media, what steps will be taken to assure confidentiality/anonymity? (b) If data will be stored by non-electric media, what steps will be taken to assure confidentiality/anonymity? Yes. Data will be stored on electronic media by number rather than name. Data sheets will be kept for three years and then destroyed. This will allow the investigator time to attempt to publish findings. Data sheets will be coded by number and stored separate from informed consent forms.
6. Do the data to be collected relate to illegal activities? If yes, explain. No.

7. Are all subjects protected from the future potentially harmful use of the data collected in this investigation? How is this accomplished? Yes. Data sheets will be stored separate from informed consent forms. Data sheets will be destroyed within three years of collection. Data stored on electronic media will be coded by number rather than name. The subjects' employers will not have access to their data.

I have read the Austin Peay State university Policies and Procedures on Human Research and agree to abide by them. I also agree to report to the Human Research Review Committee and significant and relevant changes in procedures and instruments as they relate to subjects.

Chris R. Ch
Signature

11-1-95
Date

Student research directed by faculty should be co-signed by faculty supervisor.

Dean G Lewis
Signature

APSU/AA/AA/5123 (Rev. 2-84)

PPM FORM III:01:18:a