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USING THE RELATIONAL HEALTH COMMUNICATION COMPETENCE MODEL TO EXAMINE THE RELATIONSHIP OF COMMUNICATION COMPETENCE AND SOCIAL SUPPORT TO JOB BURNOUT AND JOB ENGAGEMENT OF ASSISTED LIVING FACILITY EMPLOYEES

A DISSERTATION

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USING THE RELATIONAL HEALTH COMMUNICATION COMPETENCE MODEL TO EXAMINE THE RELATIONSHIP OF COMMUNICATION COMPETENCE AND SOCIAL SUPPORT TO JOB BURNOUT AND JOB ENGAGEMENT OF ASSISTED LIVING FACILITY EMPLOYEES

A DISSERTATION APPROVED FOR THE
DEPARTMENT OF COMMUNICATION

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Dedication

With love, I dedicate this dissertation, and all it symbolizes, to my children, Patrick and Katherine. You unwittingly shared every step of this journey with me. I will forever be grateful for your unlimited patience and understanding of all the time "Mom had to work on the computer." My hope is that this dissertation will be a reminder that no matter how you are challenged in life you will always just keep swimming, just keep swimming…

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Abstract

The following study investigated the Relational Health Communication Competence Model (RHCCM; Query & Kreps, 1996) by examination of communication competence, job burnout, job engagement, and social support among Assisted Living Facility employees. RHCCM was developed initially to examine the levels of relational communication competence between and among providers and consumers of health-care. This study extended the contextual influence of the theory by applying it to elder care within assisted living facilities. This investigation also sought to expand the theoretical boundaries of the RHCCM by exploring the relationship of communication competence and social support to job burnout and job engagement, suggesting that job engagement be included as a new favorable outcome shaped by higher communication competence levels. Additionally, this research examined the role of social support as a mediating variable in the relationship between communication competence and job burnout and job engagement. Three directional hypotheses and two research questions were advanced. Data analyses were conducted using three group multivariate factorial analyses of variances (MANOVA). Additionally, the Critical Incident Technique (CIT; Flanagan, 1954) was employed to gather positive and negatives narratives through open-ended questions.

CHAPTER 1 - INTRODUCTION

Introduction of the Problem

In the last half of the 20th century, the total population of the United States increased from 150 million to 281 million (CDC, 2003). During the same time frame, the elder (65 years of age and over) population grew twice as fast, increasing from 12 to 35 million (CDC, 2003). With the "baby boomers" turning 65 in 2011, projections indicate that this population will continue to rapidly increase and that by 2050 one in five Americans will be elders (CDC, 2003). The data regarding the oldest old are particularly reflective of our growing aging population. In 2000, there were 4 million Americans 85 years of age or older. By 2050, this number is expected to increase to 16 million persons (Family Caregiving Alliance, 2005). Housing and care of the elders is and will continue to be a significant issue as increasing amounts of time and energy will need to be devoted to organizing and providing care for the aged. As this issue will continue to impact our entire society, research scholars should focus more attention on this growing population. Communication scholars must join in this research dialog to examine the communication goals of this unique population (Caris-Verhallen, Kerkstra, van der Heijden, Bensing, 1998).

The Relational Health Communication Competence Model (RHCCM; Kreps, 1988; Query & Kreps, 1996) was developed initially to examine the

levels of relational communication competence between and among providers and consumers of health-care. Due to the overwhelming plague of employee retention problems within the assisted living industry (Harris-Kojetin, Lipson, Fielding, Kiefer, & Stone, 2004) this study extends the contextual influence of the theory by applying it to elder care within assisted living facilities. Additionally, this investigation expands the theoretical boundaries of RHCCM by exploring the relationship of communication competence and social support to job burnout and job engagement, suggesting that burnout and engagement be included as new variables to the RHCCM with burnout representing a new outcome of decreased competence and engagement representing a new outcome of increased competence.

Types of Elder Care

Most elder individuals will eventually need some type of long-term care when a chronic condition, trauma, and/or illness limits their ability to carry out basic self-care tasks, called activities of daily living (ADLs), or household chores, known as instrumental activities of daily living (IADLs) (Assisted Living Federation of America, 2008). Long-term care often involves the most intimate aspects of people's lives - what and when they eat, personal hygiene, getting dressed, and using the bathroom. Other less severe long-term care needs may involve household tasks such as preparing meals, doing laundry, and/or cleaning a home (Family Caregiving Alliance, 2005). Long-

term care differs from other types of health care in that the goal of long-term care is not to cure an illness, but to allow an individual to maintain an optimal level of functioning (Assisted Living Federation of America, 2008). Long-term care encompasses a wide array of medical, social, personal, and supportive specialized housing services needed by individuals who have lost some capacity for self-care because of a chronic illness or disabling condition (Special Committee on Aging, 2000).

As might be expected, allowing another person, either informal or formal caregivers, to complete long-term care tasks often causes distress in elders (National Counsel on the Aging, n.d.). Additionally, many of the ADL tasks are unpleasant for the caregivers to administer (National Commission on Nursing Workforce for Long-Term Care, 2005) and negatively affect caregivers' mental health (Baus, Dysart-Gale, & Haven, 2005). Informal caregivers refer to unpaid individuals such as family members, friends and neighbors who provide assistance. Not surprising, it is estimated that 75% of informal caregivers are female (typically a daughter) with an average age of 46, married, and with some college education (National Alliance for Caregiving, 1997). These persons can be primary or secondary caregivers, full time or part time, and can live with the person being cared for or live separately. Informal caregivers also vary by ethnicity, with 19% of white, 28% of African Americans, 34% of Hispanic Americans, and 42% of Asian

Americans providing informal care for their elder parents (Family Caregiving Alliance, 2005).

Formal caregivers are volunteers or paid care providers associated with a service system. The Bureau of Labor and Statistics (2005) reports that the demand for formal caregivers is rising significantly with the increasing elder population, with nurses, nurse's aides, orderlies, attendants, and housekeepers included in the top ten occupations with the largest projected job growth in the next decade. Unfortunately, these same occupations have significantly high turn over rates, with an average 50 percent annual turnover among long-term care workers (National Commission on Nursing Workforce for Long-Term Care, 2005).

Assisted Living Facilities

When elders can no longer manage activities of daily living and/or instrumental activities of daily living in their own home, they must seek alternative living arrangements. There are numerous options for elder housing and care including: family provided, adult day cares, assisted living facilities, and skilled nursing facilities. Assisted living is defined as a special combination of housing, personalized supportive services and health care designed to meet the needs, both scheduled and unscheduled, of those who need help with activities of daily living (Assisted Living Federation of America, 2008).

Although assisted living costs less than skilled nursing care, it is still fairly expensive. Depending on the kind of assisted living facility and type of services an older person chooses, the price costs can range from less than $10,000 a year to more than $50,000 a year with rates averaging $1,800 per month (Administration on Aging, 2003a). The federal Medicare program does not typically cover the costs of assisted living facilities or the care they provide; however, in some states, Medicaid may pay for the service component of assisted living (National Center for Assisted Living, 2007).

While there are federal laws that impact assisted living; unfortunately, to date there are no uniform standards of operation for assisted living (National Center for Assisted Living, 2007). Each state develops its assisted living regulations separately and differently. Also, significant differences exist among states regarding the frequency of facility inspections ranging from once a year to none (Consumer Consortium on Assisted Living, 2005). This is particularly troubling when given the rapid growth of the industry. The number of assisted living facilities increased from 32,886 in 2000 to 39,500 in 2009, reflecting the trend towards community-based care as opposed to nursing homes (American Association of Homes and Services for the Aging, 2009; Assisted Living Federation of America, 2008). Currently, nearly one million Americans reside in assisted living facilities (National Center for Assisted Living, 2007). Reports project a potential market for assisted living facilities

ranging from 2.5 to over 4.5 million seniors and demand estimates for new assisted living units ranging from under 100,000 to over 300,000 new assisted living units (Doctrow, Mueller, & Glenn, 1999).

Problematic to the potential growth of the number of assisted living facilities is the difficulty hiring and retaining employees, or formal elder caregivers. Turnover in assisted living facilities is challenging for everyone, the residents, the families, the remaining staff, and facility management (National Center for Assisted Living, 2005). The industry salary for these jobs is inadequate when compared to the difficult, stressful, and unpleasant nature of the work. Additionally, there is little room for advancement in the career path as the leap from direct care working to nurse looms large for many employees with little or no college experience (National Center for Assisted Living, 2004).

Purpose of the Study

Based on the difficulties described above, it can be anticipated that elder care employees will report high job burnout and low job engagement. As Gomez and Michaelis (1993) found, for elder care employees, workers who are considered part of the human services field, job burnout can be considered an occupational hazard. Job burnout has also been shown to be linked to the employees' attitude toward job duties and work climate (Maslach, Schaufeli, & Leither (2001). Additionally, long-term care employees have been found to

suffer from a lack of engagement with both residents and the work environment (Moniz-Cook, Clin, & Millington, 1997). Caregivers often depend on social support as means to channel their feelings and cope with daily employment stress (Garstka, McCallion, & Toseland, 2001). Meaningful social support exchanges are integral outlets for professional caregivers and in coping with life's trials and daily challenges (Query & Wright, 2003). Query and Kreps (1996) suggested that levels of relational communication competence between and among providers and consumers of health-care impact both the delivery and receipt of health-care. Despite the fact that job burnout, job engagement, social support, and communication competence have been extensively researched, to date no studies links these variables to elder care assisted living facility employees.

Research Objectives

The goal of this research was an attempt to extend Query and Kreps' (1996) Relational Health Communication Competence Model by examination of, elaboration on, and clarification of the relationships between communication competence, job burnout, job engagement, and social support of assisted living facility employees. The research utilized the Maslach Burnout Inventory (MBI; Maslach & Jackson, 1981), the Utrecht Work Engagement Scale-9 (UWES-9; Schaufeli & Bakker, 2006), the Communication Competence Scale (CCS; Wiemann, 1977), Social Support

Questionnaire (SSQ, Sarason, Sarason, Shearin, & Pierce's, (1987), the Narrative Paradigm (Fisher, 1985), and the Critical Incident Technique (CIT; Flanagan, 1954). The investigation was both a quantitative and qualitative analysis that sought to examine the communication competence of assisted living facility employees, as well as elicit their individual reports on job burnout, job engagement, and social support.

In Chapter two, literature focusing on assisted living facilities, Query and Kreps' (1996) Relational Health Communication Competence Model, communication competence, job burnout, job engagement, and social support will be examined. The literature review advances three directional hypotheses and two research questions. Chapter three will describe the study's methodology. Chapters four and five will detail results and interpret findings, as well as critique and cite future research directions.

CHAPTER 2 – REVIEW OF LITERATURE

Assisted Living Facilities

While many of today's 78 million baby boomers are concerned with finding care for their elder parents and relatives, this same generation will soon flood society in search of long-term housing and care for their own "golden" years (Kastenberg & Chasin, 2004). This wave of elders will require more long-term care housing options and greater numbers of employees to staff facilities and provide services and care. One such housing option, assisted living facilities, began as a relatively new concept approximately twenty-five years ago and is today the most preferred and fastest growing long-term care option for elders in the United States of America (Assisted Living Federation of America, 2008). Regulated in all 50 states, assisted living facilities offer a variety of settings and services to meet the needs of a diverse elder population. Currently, the majority---86.2%---of assisted living residents use their personal financial resources to pay for care; however, state "home and community-based waivers" as well as long-term care insurance payment plans are on the rise as alternative finance options (Assisted Living Federation of America, 2008) with costs varying, based on need and location, from approximately $15 to $200 per day. These cost typically cover the following basics: meals, housekeeping services, transportation, assistance with activities of daily life (such as eating, bathing, dressing, toileting and walking), facility security,

emergency call systems, exercise programs, medication management, laundry services, and social and recreational activities (Oklahoma Assisted Living Association, 2008a).

Assisted living facilities typically employ individuals in the following positions: (1) *Executive Director* who manage all aspects of a facility's operations including supervision of all employees and departments, marketing, personnel decisions, as well as general and specific interactions with residents and family members; (2) *Activity Director* who establishes appropriate activities for each resident; (3) *Certified Medication Aide (CMA)* and *Medication Aid Technician (MAT)* who prepare, record, and administer medications to residents; (4) *Certified Nurse Aide (CNA)* who assists residents with bathing, walking, eating, and with general care of their belongings; (5) *Cook* who plans for and prepares appropriate meals; (6) *Dining Room Helper* who assist residents with the preparation, delivery, and consumption of all meals and drinks, (7) *Registered Nurse (RN)* who establishes and follows appropriate medical care objectives for each resident under the guidance of applicable state and/or federal regulations, a local physician, and current standards of care and practice; (8) *Licensed Practical Nurse (LPN)* who assists the RN with all medical care objectives; (9) *House Housekeeper* who performs all general and resident specific cleaning tasks; (10) *Maintenance* who performs all of the facility's minor maintenance request orders and repairs;

(11) *Admissions/Marketing Director (AMD*) whose primary responsibilities include general marketing to increase community awareness of the facility's presence and build positive community relationships; and (12) *Receptionist* who monitors the front desk area to answer phones and greet guests. As the above list reflects, assisted living facilities employ a diverse array of assisted living facility employees, all of whom are subject to job burnout.

Significance of the Study Population

While assisted living facilities are the fastest growing long-term care option for elders in the United States of America (Assisted Living Federation of America, 2008), the disparity between the number of available workers relative to the number of people who need services is rising with estimates that by 2010 the number of vacant positions is expected to reach 810,000 (Toossii, 2005; Wylde, 2008). Employee burnout and turnover in these centers remains high and a challenge for residents, families, remaining staff, and facility management (National Center for Assisted Living, 2005). The American Association of Homes and Services for the Aging (2009) reports an average national turnover rate at just above 42% with the turnover for nurses working in aging services at 49% and certified nursing assistants (CNAs) at 71%. Estimated cost of CNA turnover is more than $4 billion each year (American Association of Homes and Services for the Aging, 2009). Employee turnover has been shown to disrupt resident care and increase workload and resentment

among the remaining staff (Banaszak-Holl & Hines, 1996; Cohen-Mansfield, 1997).

Staffing concerns in assisted living facilities will increase as the population rapidly ages (CDC, 2003). Citing the exponential growth in the number of needed caregivers and the significant and increasing cost to society, families, and individuals, the CDC (2008) acknowledged that the issue of elder caregiving has become a public health priority of national concern. Based on this priority, the CDC (2008) has called for research and communities to work together to translate evidence-based programs and policies into widespread practices.

Study Rationale

This research responded in part to the CDC's (2008) call for action by elaborating on and clarifying the theoretical underpinnings of the Relational Health Communication Competence Model (RHCCM) and extending it to a new population: assisted living facility employees. The selection of this novel population address Query and Kreps' (1996) challenge to confirm the RHCCM among diverse populations. Additionally, this study sought to extend knowledge of job burnout, job engagement, communication competence, and social support among employees of assisted living facilities. This investigation also sought to expand the theoretical boundaries of the RHCCM by exploring the relationship of communication competence and social support to job

engagement, suggesting that job engagement be included as a new favorable outcome shaped by higher communication competence levels.

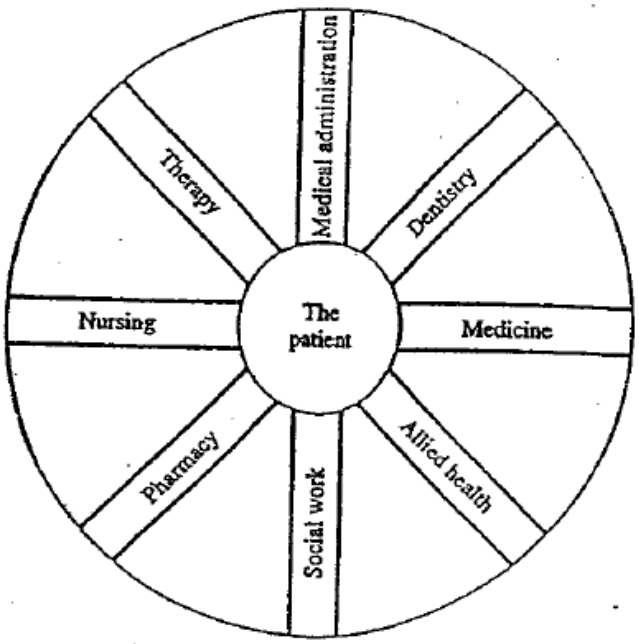
The Relational Health Communication Competence Model

Interpersonal relationships between providers and recipients of health care were the primary basis for the development of Kreps' (1988) Relational Health Communication Competence Model. Citing the need for health care consumers to utilize interpersonal communication skills to: (1) gather health information, (2) gain cooperation from health care providers, (3) make healthcare decisions, (4) negotiate the healthcare system, and (5) cope with health problems, Kreps (1988) advanced a theoretical framework to spur research and advance training targeting the effectiveness of healthcare consumer/provider relationships. The result was the Relational Health Communication Competence Model (RHCCM; Kreps, 1988; Query & Kreps, 1996).

The RHCCM is an extension of Kreps and Thornton's (1984) Health Care Delivery System Wheel (see Figure 2.1), which represents the early development of patient-oriented medical care based on communication relationships. Kreps and Thornton's initial model (1984) represents a wagon wheel, where the patient is placed in the hub of the wheel and the spokes represent the health care providers and staff who surround healthcare recipients (Query & Kreps, 1996). The model posits that interdependence of health

communicators necessitates the successful flow of communication between the patient and individual providers for the delivery of effective health care (Query & Kreps, 1996).

Figure 2.1 Kreps and Thornton's (1984) Health Care Delivery System Wheel

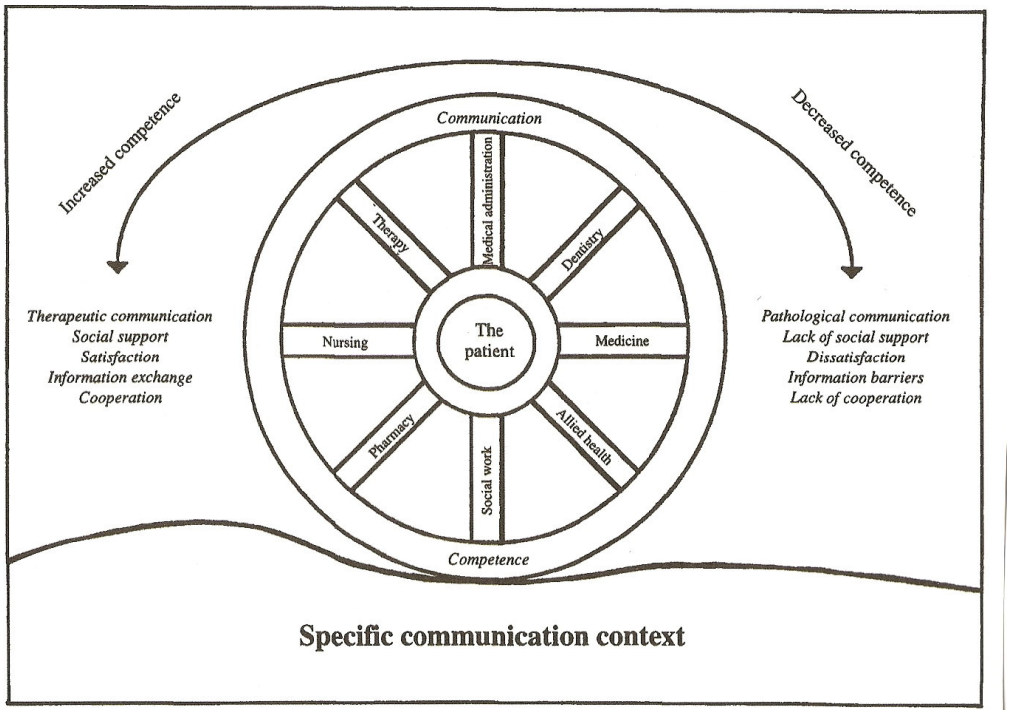


The RHCCM expanded the Health Care Delivery System Wheel (Kreps & Thornton, 1984) by adding: (1) communication competence as an overarching process and variable to examine the effectiveness of the interdependent communication roles and (2) the health care contexts wherein the communication interactions occur (see Figure 2.2; Kreps, 1988). The RHCCM posits increased communication competence leads to "therapeutic

communication, social support, satisfaction, information exchange, and cooperation" while decreased competence leads to " pathological communication, lack of social support, dissatisfaction, information barriers, and lack of cooperation" (Kreps, 1988, p. 354). The "terrain" over which the wheel travels represents the specific context with some contexts being "steeper" thus more difficult for the wheel to move forward. It is on "steep" relational communication "roads" that high levels of communication competence are necessary to increase the likelihood for attaining successful outcomes.

As figure 2.2 reveals, the model suggests that "health-care participants' level of communication competence is positively related to their achieving desired physiological and psychological health outcomes" (Query & Kreps, 1996, p. 335). Health communication competency is defined as "the ability to effectively utilize interpersonal relations skills to seek and share relevant health information" (Kreps, 1988, p. 351). It is further characterized by provider and consumer knowledge and skills, including empathetic listening, verbal and non-verbal sensitivity, encoding and decoding skills, as well as interaction management (Query & Kreps, 1996).

Figure 2.2 Kreps' (1988) Relational Health Communication Competence Model



The Relational Health Communication Competence Model (RHCCM) serves as the major theoretical framework for this research. Various studies have provided indirect and partially confirming tests of the model. Additionally, the model has been used across a variety of contexts and populations including support groups (Query, 1987; Query & Kreps, 1996; Query & Wright, 2003), recovering alcoholics (Hurt, 1989), retirement community residents (Query & James, 1989), caregivers for individuals with Alzheimer's Disease (AD) (Query, 1990), non-traditional students (Query, Parry, & Flint, 1992), OB-GYN client interactions (Sanmiguel, 1992), breast

cancer survivors (Bible, 2006), battered women (O'Brien, 2006), and Hispanic caregivers for family members with AD (Weathers, 2008; Weathers & Query, 2009). The model was also used by Kahana and Kahana (2007) in the development of the Health Care Partnership model which examines cancer prevention and care among the elder population.

The RHCCM was first tested by Query and James (1989) to examine the relationship between interpersonal communication competence and social support among 69 elder support group members in retirement communities. They found that highly communicatively competent individuals had larger social networks and reported higher levels of social support satisfaction than individuals reporting low communication competence levels.

Query et al. (1992) partially confirmed the RHCCM in their study of the relationship among social support, communication competence, and cognitive depression for 130 nontraditional students. Findings from this research indicated that individuals with high communication competence reported higher levels of social support satisfaction versus individuals reporting lower communication competence levels. Highly communicatively competent students also reported lower cognitive depression levels (Query et al., 1992), though the relationship between those two variables were not statistically significant.

Query and Kreps' (1996) study provides another partial test of the RHCCM by examining the relationships among communication competence, social support, and cognitive depression among 90 lay caregivers of patients with AD. The study found that caregivers who perceived themselves as highly communicatively competent had larger social networks, and higher levels of social support satisfaction. Similar to the findings reported by Query et al (1992), lower levels of cognitive depression were reported by caregivers who perceived themselves high in communication competence than those having lower communication competence. Once again, however, despite the means being in the direction predicted, the differences were not statistically significant. Query and associates thus concluded that social desirability was confounding the results. Hence, cognitive depression was jettisoned in subsequent testing of the RHCCM (Query, personal correspondence, November 25, 2008).

Building on previous research, Query and Wright (2003) tested RHCCM by examining associations among social support, communication competence, and perceived stress in a study of 76 healthy elders, elder individuals with cancer, and their lay caregivers. Findings from this research indicated that participants who were more communicatively competent were found to have lower levels of perceived stress and were more satisfied with the support offered by members of their support network (Query & Wright, 2003).

And unlike their earlier difficulties from including cognitive depression, perceived stress was not as susceptible to the adverse influence of social desirability (Query, personal correspondence, November 25, 2008).

Based on the diverse contexts and populations which have been used to demonstrate the RHCCM's merit, it seems reasonable to suggest that the RHCCM should extend to other contexts. Additionally, Query and Kreps (1996) call for the model to be used to examine other populations. Given the complex and difficult nature of elder care, the RHCCM provides a heuristic tool to assess the roles of these caregivers by enabling researchers, communication scholars in particular, to examine caregivers' levels of communication competence as it is related to the various components of the model. Based on the RHCCM's utility as described above and noting the increasing popularity of assisted living facilities as an option for elder care as discussed previously, this research employed the RHCCM to examine communication competence and key outcomes among assisted living employees. Subsequent sections of this chapter will describe the RHCCM variables which this study examined.

Rationale for Assessing Communication Competence

As posited by Query and Kreps (1996), communication competence is defined as "the perceived tendency to seek out meaningful interaction with others, render support, be relaxed, appreciate others' plight, and turn-take

appropriately" (p. 339). Most scholars concur that caregivers' communication competence, or skills, can be categorized according to three dimensions: cognitive, behavioral, and affective (Query & Kreps, 1996; Kreps & Query, 1990; Query & James, 1989). The cognitive dimension relates to information interpretation and exchange skills of individuals. The behavioral dimension describes skills which individuals employ to select and implement strategies to achieve personal goals, while the affective dimension encompasses the "influence of locus of control orientations on interpersonal interactions" (Query & Kreps, 1996, p. 339).

In concert with the preceding dimensions, Spano and Zimmermann (1995) reinforce the importance of knowledge, skill and motivation in communication competence by stating, a "competent communicator must possess sufficient levels of communication knowledge, have the ability to display that knowledge in ongoing interaction situations, and be motivated to do so" (p. 19). Additionally, the ability to accomplish interpersonal goals (effectiveness) and the ability to communicate in accordance with situational and relational contexts (appropriateness) are necessary in assessing communication competence levels (Spano & Zimmermann, 1995, p. 19).

Perceived communication competence focuses on what a person believes is his/her competence level than what it actually is (Query & Kreps, 1996). As previously noted, Query and Wright (2003) found that individuals

who perceived themselves as being more communicatively competent had lower levels of perceived stress, and were more satisfied with the support offered by their social support network. Following this line of reasoning, individuals who perceive themselves as communicatively competent will be more likely to play a fundamental role in assembling and maintaining support systems, as well as be better enabled to influence an array of health outcomes, such as quality of life, for mentally diminished elders and their caregivers (Query & Kreps, 1996; Query & Wright, 2003).

As alluded to earlier, the RHCCM describes a process by which communication competence influences health outcomes across challenging terrains. That is, "high levels of communication competence positively influence health communication goals, such as increased interpersonal satisfaction, therapeutic communication outcomes, cooperation between providers and consumers, social support, and effective information exchange" (Kreps, 1988, p. 353). Individuals with insufficient levels of communication competence, however, will most likely fail to achieve positive health communication goals (Query & James, 1989; Query & Kreps, 1996; Query & Wright, 2003). Noting the centrality of communication competence to the RHCCM, this study again tested the model but among a new population; assisted living facility employees. Communication competence level serves as the independent variable.

Rationale for Examining Job Burnout within the Relational Health Communication Competence Model

The experience of dissatisfaction with one's job based on a sense of being overwhelmed is not a new concept and is a phenomenon that is found in all professions. The term "burnout" was first coined by Freudenberger (1974) to describe the emotional depletion and loss of motivation of service staff employees. In subsequent research, burnout was defined as inappropriate attitudes about self and clients (Kahn, 1998); interactional dysfunction between workers and work environment (Carroll, 1979); a negative reaction to work-related stress (Daley, 1979); and a loss of idealism, vigor, and purpose triggered largely by work conditions (Edelwich & Brodsky, 1980). However, it is Maslach (1982), who has most extensively researched and written about burnout and who provides the most recognized definition of 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). Burnout is thus the result of ongoing emotional strain often experienced when working with troubled, problem-laden individuals and includes three concepts: (a) *emotional exhaustion,* which occurs when an overly involved employee becomes overwhelmed by the emotional demands of others; (b) *depersonalization,* which refers to dehumanized response an employee displays towards service recipients; and (c) *reduced personal*

accomplishment, which is characterized by caregivers' sense of inadequacy regarding the ability to relate to clients (Maslach, 1982; Maslach, Jackson, & Leiter, 1996).

Burnout occurs when employees lack a sense of control over the care they provide resulting in significantly diminished positive feelings, sympathy, empathy, and respect for individuals in their care (Maslach, 1982). According to Maslach (1982) burnout stems from six sources: work overload, insufficient rewards, unfairness, breakdowns in the working climate, value differences, and lack of control. Additionally, Maslach and Leiter (1997) posit that burnout differs from job stress in that it is specific to work that requires intense involvement and is found to be related to low morale, ineffective job performance, decreased productivity, increased absenteeism, and high levels of job turnover. As noted previously, many of those characteristics pervade assisted living work places. Behavioral consequences of burnout include: decreased interaction with care recipients, increased complaining about job responsibilities, ineffective patient care, and diminished overall job performance efficiency (Maslach, 2003).

Early burnout research (Freudenberger, 1977) examined the negative feelings associated with over-dedication and over-commitment such that employees eventually withdraw from care recipients. While some research indicates that no isolated factor exclusively contributes to burnout (Lee, Song,

Cho, Lee, & Daly, 2003) overextension of job duties has been consistently linked to the phenomena (Wright & Cropanzano, 1998). Additional factors associated with job burnout include high client-to-caregiver ratios (Sheward, Hunt, Hagen, Macleod, & Ball, 2005), excessive mental workload (Rafnsdottir, Gunnarsdottir, & Tomasson, 2004), and working in isolation (Maslach, 2003). Burnout is an all-too-common end for professionals who begin jobs with high expectations, energy, and dedication (Maslach & Goldberg, 1998).

While burnout has been researched extensively, few studies have linked burnout to communication competence. While not specifically measuring communication competence, Robison et al (2007) found that training which improved communication skills decreased burnout in nursing home staff members. Additionally, Vealey, Armstrong, Comar, and Greenleaf (1998) found a relationship between collegiate coaches' low levels of interpersonal communication skills and athletes' high levels of burnout. Rosechongporn (1992) examined the relationship of communication competence and burnout of 305 university faculty members finding that high a level of communication competence was significantly related to lower levels of burnout.

Most recently, Law and associates (Law, 2008; Law, Query, & Huan, 2009) extended the RHCCM by examining 100 college academic advisors' levels of communication competence and job burnout. To the best of this author's knowledge, no other study has tested the RHCCM among this

population. The findings revealed that higher levels of two components of burnout, depersonalization and reduced personal accomplishment, were significantly related to lower levels of reported communication competence (the third component of burnout, emotional exhaustion, was found to be non-significant). These findings further confirm the central role of communication competence in shaping health outcomes and suggest that burnout be included as a component of the RHCCM.

Based upon the previous body of research, the following hypothesis is advanced:

> **H1:** Assisted living facility employees, reporting higher levels of communication competence, will report lower levels of job burnout than assisted living facility employees reporting lower communication competence levels.

Rationale for Adding Job Engagement to the Relational Health Communication Competence Model

The RHCCM is a balanced model, with an equal number of bipolar opposite constructs and outcomes attributed to flow from increased communication competence and decreased communication competence levels. Law's (2008) as well as Law, Query, and Haun's (2009) addition of job burnout as a negative outcome of decreased communication competence leaves the model unbalanced. Although this recent balance shifting favored a negative outcome (job burnout) religious coping (a positive outcome) has also

been tentatively added (Weathers, 2008; Weathers & Query, 2009). Preliminary findings, however, were not statistically significant. Hence, its inclusion remains an empirical question awaiting subsequent study. Both Query and Kreps support model elaborations seeking to restore its balanced approach (Query, personal correspondence, November 25, 2008).

Prior research has found that job engagement is the positive antidote of burnout (Schaufeli & Bakker, 2004) and that burnout and engagement scales are two distinct bipolar opposites (Gonzalez-Roma, Schaufeli, Bakker, & Lloret, 2006). Therefore, to help restore RHCCM's symmetry and further extend the model, this research tested the merits of including job engagement as the bipolar opposite of job burnout and most likely to flow from enhanced communication competence levels.

The notion of engagement was first described by Goffman (1959, 1961) as how an individual embraced his/her work by investing both self and energy into a role activity. Drawing on Goffman's work and utilizing ethnographic interviews, Kahn (1990) sought to understand when and why employees invest themselves in work role performance. Based on this research, Kahn developed and defined the construct of work engagement as "the simultaneous employment and expression of a person's preferred self in task behaviors that promote connections to work and to others, personal presence (physical, cognitive, and emotional) and active full performances" (Kahn, 1990, p. 700).

Engagement is thus demonstrated by self investment of three dimensions: (a) *physical*, the duration, intensity, direction, and exertion of effort to accomplish a role task; (b) *cognitive*, the amount of time and level of focus spent thinking about a role task; and (c) *emotional*, the level of personal energies and emotional connection to a role task (Kahn, 1990, 1992).

Although employee engagement research is limited, thereby contributing to the construct being somewhat unclear (Macey & Schneider, 2008), several engagement definitions have been suggested subsequent to Kahn's (1990, 1992) research. Macey and Schneider, for example, explain that engagement "connotes involvement, commitment, passion, enthusiasm, focused effort, and energy" (2008, p. 4). Engagement is also viewed as "the illusive force that motivates employees to higher (or lower) levels of performance" (Wellins & Concelman, 2005, p. 1). Other scholars contend that engagement is a "persistent and pervasive affective-cognitive state that is not focused on any particular object, event, individual, or behavior" (Schaufeli, Bakker, & Salanova, 2006, p. 702). However, most research utilizes the definition of engagement as developed by Schaufeli and his colleagues as "a persistent, positive, fulfilling work-related state of mind that is characterized by vigor, dedication, and absorption" (Maslach et al., 2001, p. 417.). The three previously identified dimensions of engagement follow: (a) *vigor*, the high levels of energy and mental resilience while working, the willingness to invest

effort in one's work, and persistence even in the face of difficulties; (b) *dedication*, being strongly involved in one's work and experiencing a sense of significance, enthusiasm, inspiration, pride, and challenge; and (c) *absorption*, being fully concentrated and happily engrossed in one's work such that time passes quickly and one has difficulty detaching from work (Schaufeli et al., 2006, p. 702).

As job engagement is a rather new research concept (Macey & Schneider, 2008), published studies are limited with most being the products of Schaufeli and his colleagues. In one such study, Heuven, Bakker, Schaufeli, and Huisman (2006) examined the role of self-efficacy and engagement of 154 airline cabin attendants. Results indicated that self-efficacy buffers the relationship between emotional dissonance and work engagement. Building on this research, Bakker, Hakanen, Demerouti, and Xanthopoulou (2007) found that job resources act as buffers and diminish the negative relationship between student misbehavior and work engagement in a sample of 805 teachers. Work engagement was also found to mediate the impact of job resources on proactive behavior (Salanova & Schaufeli, 2008). And in a further study of teachers, Timms, Graham, and Cottrell (2007) observed that a positive work environment contributed to significantly higher dedication and absorption while high levels of work load was related to lower vigor and elevated risk of mental and physical health status.

Schaufeli and colleagues recently sought to confirm the link between job burnout and job engagement. Hakanen, Bakker, & Schaufeli (2006) established the mediating role of burnout to high job demands and ill health in a study of 2,038 teachers. Their findings revealed that work engagement mediated the effects of job resources on organizational commitment whereas burnout mediated the effects of lacking resources on poor engagement. Schaufeli, Taris, & van Rhenen (2008) measured workaholism, burnout, and work engagement in a sample of 587 telecom managers. The study's results revealed relationship patterns clustered among work hours, job characteristics, work outcomes, quality of social relationships, and perceived health such that the concepts were found to be unique types of variables representing employee well-being.

To date, few studies have examined job engagement in health-related service industries. However, in one such study Hakanen, Perhoniemi, and Toppinen-Tanner (2008) examined 2,555 dentists over a 3-year period to assess if job resources led to work engagement. The researchers concluded that increased job resources contributed to work engagement and that the work engagement enhanced both personal initiative as well as work innovativeness. In a similar study, job resources and job control were found to be significant predictors of all three dimensions of work engagement in a 2-year longitudinal study of Finnish health care personnel (Mauno, Kinnunen, & Ruokolainen,

2007). Georgiou (2007) discovered a relationship among engagement and personal, interpersonal, and organizational capacity among brain injury rehabilitation professionals. In an effort to examine the salient problem of job turnover among nurses, Simpson (2007) measured the influence of job satisfaction, turnover cognitions, job search behavior and nurse demographics on work engagement. Findings indicate that professional status, social interaction, task requirements, and thinking of quitting were significant predictors of engagement.

As the previous literature reveals, the study of job engagement is in its infancy with many facets yet to be uncovered. However, previous findings have linked engagement with burnout as well as examined engagement within health care employee populations. Building on this foundation and attempting to balance the RHCCM, the following hypothesis is thus advanced:

> **H2:** Assisted living facility employees, reporting higher levels of communication competence, will report higher levels of job engagement than assisted living facility employees reporting lower communication competence levels.

Rationale for Examining Social Support within the Relational Health Communication Competence Model

While confirming job burnout and adding job engagement to the RHCCM will serve to illuminate the relationship of these variables to communication competence, it is also important to consider if there may be a

mediating variable serving to buffer burnout and to contribute to engagement. As the following literature will show, social support may be such a variable.

Research has consistently shown that social support is a strong predictor of good physical and mental health as well as general life satisfaction (Burleson, Albrecht, Goldsmith, & Sarason, 1994; Potts, 1997; Wills, 1985; Wills, & Fegan, 2001). Burleson, Albrecht, Goldsmith, and Sarason (1994) describe this relationship by stating, "the presence of caring relationships and the experience of social support indisputably contribute to the quality of a person's life" (p. xi). Kahn (1979) defines social support as, "interpersonal interactions that include one or more of the following: expression of positive affect of one person towards another; the endorsement of another person's behavior, perceptions, or expressed views; and/or the giving of symbolic or material aid to another" (p. 85). Large numbers of individuals rely on those within their social networks for support. Social networks have been defined as those with whom one has ongoing relationships and through which people are connected with groups and society (Cleak & Howe, 2003). Networks include family members, friends, and/or others with similar experiences, and they have been shown to improve the well-being and satisfaction levels of patients and caregivers (Bass, Noelker, & Rechlin, 1996).

Researchers have suggested various social support typologies resulting in social support being frequently divided into three different functional

categories: emotional, informational, and instrumental support (Garstka et al., 2001). Emotional support involves caring and concern, including listening, empathizing, reassuring, and comforting. This type is most often associated with health outcomes (Wright & Query, 2004). Informational support includes providing helpful data or knowledge (Geist-Martin et al., 2003). This type of support is most often associated with health care providers or other professionals (Hegelson & Cohen, 1999). Instrumental support, which involves tangible assistance with tasks or physical resources such as help with house-work, shopping, or transportation (Cutrona, 1996), is most often associated with caregiving (Weathers, 2008; Weathers & Query, 2009).

Social networks have been linked to beneficial effects on a variety of outcomes spanning physical, emotional, and mental domains (Wills & Fegan, 2001). Uchino, Holt-Lunstad, Smith, and Bloor (2004) found a relationship between social network size and psychological outcomes such that the larger numbers of supportive ties were related to decreased perceived stress, decreased depression, and increased life satisfaction. Cunningham and Barbee (2000) noted that an individual's perception of social support networks is an important predictor of positive outcomes. Franks, Cronan, and Oliver (2004) reported that increased satisfaction with one's social network was significantly associated with a decrease in depression scores, decreased helplessness, decreased mood disturbance, and higher quality of well-being scores.

Minnock, Fitzgerald, and Bresnihan (2003) reported similar outcomes suggesting social network satisfaction was positively related to quality of life.

Since at least the 1980's, momentum has been building with increasing attention directed at studying the effects of social support within organizational settings (Ray, 1987). Support is developed and maintained by organization members through ongoing interactions (Wellman, 1981; Ray, 1987). Individuals who are able to relate and share the same types of experiences with their co-workers, may find comfort and reassurance with one another as mutual support can be achieved where shared understanding is more likely to occur (Garstka, McCallion, & Toseland, 2001). As Park, Wilson, and Lee (2004) report, "social support at work can alleviate depression by increasing perceived social support itself, strengthening perceived control, and increasing emotional attention from other people at work" (p. 445).

Social support has been investigated in relation to job burnout, as its characteristics often impact an employee's emotional well-being. In particular, employees who feel un-supported or who experience "failed support" (Wright, 2008, NCA response) may exhibit signs of exhaustion due to work overload or stress and reduced personal accomplishment when they are unable to meet the constant demands of the organization (Ray, 1987). Ray (1986) examined burnout and connectedness among public school teachers and found that a strong relationship existed among supportive communication structures, stress,

and burnout. Interpreting the results, Ray (1986) stated supportive relationships appear to reduce the uncertainty, increase worker health and job satisfaction, and decrease job burnout. In a similar manner, Sarason, Levine, Basham, and Sarason (1983) contended that social support should be deemed an asset in enabling a person to persist at a task under frustrating conditions. Park et al. (2004) examined how social support is related to depression and organizational productivity within a work-stress framework among two hundred and forty workers in a public southeastern U.S. hospital. Results indicated that social support at work was related to lower levels of reported depression and higher levels of job performance.

Ample research demonstrated a link between social support and communication competence (Query & James, 1989; Query et al., 1992; Query & Kreps, 1996; Query & Wright, 2003; Bible, 2006; O'Brien, 2006; Weathers, 2008; Weathers & Query, 2009). Albrecht and Goldsmith (2003) note that communication processes contribute to developing and maintaining supportive networks and relationships. Wiemann (1977) includes support, social relaxation, empathy, behavioral flexibility, and interaction management as part of the description of communication competence. Rapp, Shumaker, Schmidt, Naughton, & Anderson (1998) found that the role of social competence is helpful in creating social relationships associated with support and well-being among caregivers such that high levels of social skills contribute to increased

perceived benefits from caregiving. Query et al. (1992) found that individuals who perceived themselves to be competent communicators were better equipped to create, maintain, and utilize social networks to meet their needs than their counterparts. Wright (2000a) in a study of online support group members, revealed that the amount of time individuals spent communicating online with other support group members increased involvement with the online community and predicted lower levels of perceived life stress. In a similar study, Wright (2000c) examined the relationship among social support satisfaction, on-line communication time, on-line communication apprehension, and perceived life stress among members of various on-line support groups, and found a predictive relationship between on-line group satisfaction and perceived life stress.

Based on the previous literature, ample evidence indicates social support satisfaction is a predictor of increased health and job satisfaction. To further examine these findings within the context of the RHCCM, the following hypothesis was advanced:

> **H3:** Assisted living facility employees, reporting higher levels of satisfaction with social support relationships, will report lower levels of job burnout and higher levels of job engagement than assisted living facility employees who report a low degree of satisfaction with social support relationships.

Rationale for Examining Social Support by Employing The Narrative Paradigm

Query & Wright contend that "qualitative data (narratives) have the potential to illustrate instances of supportive, mixed, and non-supportive interactions and could help uncover how communication competence levels shape the nature of 'lived experience' " (2003, p. 203). Recognizing that the telling of stories is a universal human activity (Fisher, 1984, 1985, 1987; Lucaites & Condit, 1985), the narrative paradigm's major thrust is that, "if one's story in regard to a particular issue can be ascertained, it is possible to predict a person's probable actions" (Fisher, 1987, p. 87). Smith (1987) is in strong agreement stating that, "as we listen to the stories others tell us, we learn what is important to them, what they believe is memorable, who in their stories is what kind of person, and what kinds of values justify decisions and actions" (p. 17). Additionally, listening to narratives may well help identify the relationship among attitudes, beliefs, and values (Query & Wright, 2003).

The preceding literature indicates that higher levels of communication competence contribute to enhanced perceptions of social support and that social support has been shown to reduce job burnout. As previously established, job burnout has been linked to job engagement. It seems reasonable then to deduce that social support may be found to be a mediating variable buffering burnout and contributing to engagement. Additionally, it

can be concluded that individuals reporting higher levels of communication competence will report higher levels of perceived social support thus increasing the buffering of burnout and strengthening the contribution to engagement. Prior research, already reviewed, also suggests elicited narratives are likely to illuminate social supportive acts. Given the demanding nature of employment in an assisted living facility, the value of adequate social support is paramount. Subsequently, the following research questions are posited:

RQ1: What positive themes, if any, are present in assisted living facility employee narratives concerning social support experiences buffering job burnout, thereby contributing to job engagement?

RQ2: What negative themes, if any, are present in assisted living facility employee narratives concerning social support experiences contributing to burnout and thereby decreasing job engagement?

CHAPTER 3 – METHODOLOGY

Overview

This study explored the nature of long-term elder care focusing in particular on assisted living facility employees and salient features shaping their job experience. Assisted living facility employees' perceptions of communication competence, job burnout, job engagement, as well as social support satisfaction were examined through a mixed method design gathering quantitative and qualitative data. The independent variables for this study were communication competence and social support satisfaction with support relationships. The dependent variables were job burnout and job engagement. The Assisted Living Facility Employee Questionnaire (see Appendix F) was available online and in paper form. It was distributed by the Principal Investigator (PI) via email. For the paper version, participants were requested to fax or mail their responses to the PI. The questionnaire examined the following information: (1) demographics; (2) communication competence; (3) job burnout; (4) job engagement; (5) social support satisfaction and, social support network size; as well as (6) personal narratives regarding specific social support incidents. The University of Oklahoma (OU) Institutional Review Board (IRB) approved the research project as OU IRB number 12095.

Research Design

As noted above, this study utilized a mixed-method research design, eliciting quantitative and qualitative data, to investigate the relationships among communication competence, job burnout, job engagement, and social support dimensions. The design allows for the: (1) assessment of job burnout and job engagement across distinct levels of the independent variables--- communication competence and social support satisfaction--- (2) evaluation of potential mediating variables; and (3) the analysis of the relationship of social support narratives to job burnout and job engagement.

Data Analysis

Quantitative Procedures

To test hypotheses H1-H3, a three group multivariate factorial analysis of variance (MANOVA) was conducted. To create the distinct communication competent groups (high, moderate, and low) and approach group size equivalence, the SPSS binning function was employed. Based on the frequency distribution, 44 respondents were placed into the high communication competent group, with 43 and 34 participants being placed into the moderate and low groups respectively. Similarly, to create the different social support satisfaction groups (high, moderate, and low) and approach group size equivalence, the SPSS binning function was employed. Based on the frequency distribution, 57 respondents were placed into the high social

support satisfaction group, with 26 and 38 participants being placed into the moderate and low groups respectively. Additionally, Box's M was conducted to ascertain if the multivariate homogeneity of variance assumption had been violated for each MANOVA.

For hypotheses one thru three, total communication competence (TOTCOMCOMP) and social support satisfaction (TOTSSSAT) were the independent variables with participants' job burnout (TOTBURNOUT) and job engagement (TOTWKENGAGE) composite scores being the dependent variables. To help pinpoint any statistically significant differences between and among the three communication competence groups (high, moderate, and low) and between and among the social support satisfaction groups (high, moderate, and low), post hoc multiple comparisons were conducted using the Games-Howell procedure. By creating three roughly equivalent groups and minimizing the number of theoretically appropriate, dependent variables, one can generally increase the likelihood of generating sufficient power for all subsequent statistical tests. To test hypotheses H1-H3, a three group multivariate factorial analysis of variance (MANOVA) was conducted.

Qualitative Procedures

To answer RQ1 and RQ2, all narrative data was independently examined by two trained CIT coders as well as the PI using the Critical Incident Technique (CIT; Flanagan, 1954). Five sequential steps were

employed to gather CIT data. These included: "(a) identifying the activity to be studied; (b) developing data collection standards, with the collected reports containing descriptions of actual behaviors observed by the respondents; (c) collecting the data; (d) analyzing and classifying the data by identifying similarities and recurring themes from the reported experiences; and (e) interpreting the data" (Query & Wright, 2003, p. 206). Narrative data consisted of three dimensions of information: (1) a situational description leading up to the incident; (2) the behaviors and/or actions of the person involved with the incident; and (3) the outcome and/or results of the incident (Anderson & Wilson, 1997). The CIT coders and the PI analyzed the narratives to identify recurring themes and reach consensus. This coding approach has been used successfully in a line of research across distinct populations (see Bible, 2006; Bible & Query, 2007; Cutsinger-Duran, 2007; Cutsinger & Query, 2007; Hall, 2008; Law, 2008; Law, Query, & Haun, 2009; Martinez, 2007; Martinez & Query, 2008; O'Brien, 2006; Rieger, Query, & Thompson,2 008; Salo, 2006; Salo & Query, 2007; Weathers, 2008; Weathers & Query, 2009).

Research Instruments

The self-report Assisted Living Facility Employee Questionnaire (see Appendix F) consisted of four established measurement scales, one set of narrative questions, and twelve demographic questions. The questionnaire was

designed to assess employees' perceptions of communication competence, job burnout, job engagement, and social support satisfaction, and to solicit narratives of social support encounters. The measurement scales include: the Communication Competence Scale (Wiemann, 1977); the Maslach Burnout Inventory (Maslach & Jackson, 1981); the Utrecht Work Engagement Scale-9 (Schaufeli et al., 2006); and the revised Social Support Questionnaire (Sarason, Sarason, Shearin, & Pierce,1987). Additionally, employees' personal narratives regarding social support interactions were assessed utilizing the CIT protocol (Flanagan, 1954). The demographic questions assessed age, sex, ethnic background, martial status, professional tenure, corporation tenure, job title, professional certifications, population of the communities in which the assisted living facility was located, the for-profit status of the facility, and whether the facility was owned by a religious organization.

Communication Competence Measure

To measure perceptions of daily communication competence patterns, a thirty-five item version of Wiemann's (1977) 36-item Communication Competence Scale (CCS) was utilized (see Appendix A). Note that one item, " I enjoy social gatherings where I can meet new people"--- was inadvertently omitted. The impact of this omission was minimal in light of the 35-item version's reliability obtained in this study, .90; more so, since a 20-item version has been successfully used (Bible, 2006; Bible & Query, 2007;

O'Brien, 2006; Query & Kreps, 1996; Query & Wright, 2003; Weathers, 2008; Weathers & Query, 2009). As recommended by Brunner (1979), the original "Subject" term (e.g., "subject interrupts others frequently") was changed to the first person "I" term (e.g., "I interrupt others frequently"). The CCS measures individuals' perceived communication competence levels regarding everyday communication practices or encounters and employs a 5-point Likert-type scale with (1) denoting strongly agree and (5) representing strongly disagree. Five items of the CCS are reverse coded, and higher levels of competence are deemed to occur as composite scores approach 36 for the complete 36-item scale and 35 in the present study.

CCS assesses the three primary dimensions of communication competence: cognitive, affective, and behavioral (Kreps & Query, 1990). The cognitive dimension focuses on information processing. Sample items from this subscale include: "I find it easy to get along with others." "I can deal with others effectively." The affective dimension centers on internal and external aspects of communication behaviors. Sample items from this subscale include: "I am a good listener." "I am a likeable person." The behavioral dimension measures how communication strategies are selected and implemented to achieve personal goals. Sample items from this subscale include: "I can adapt to changing situations." "I treat people as individuals." The original CCS scale assessed five dimensions of communication competence, (1)

affiliation/support; (2) social relaxation; (3) empathy; (4) behavioral flexibility; and (5) interaction management (Wiemann, 1977). As previously noted, the scale was modified by Brunner (1979) to incorporate individuals' assessments of their own communication competence and was found to demonstrate an internal reliability of .90. As noted previously, the reliability coefficient for the 35-item CCS in this study was .90.

Job Burnout Measure

To evaluate participants' burnout experiences, the 24-item Maslach Burnout Inventory (MBI) was used to assess the three components of burnout using measures of emotional exhaustion, depersonalization, and reduced personal accomplishment as subscales (see Appendix B). The 8-item emotional exhaustion (EE) subscale assesses feelings of being exhausted and overextended along a five-point Likert scale ranging from "Strongly Agree (1)" to Strongly Disagree (5)". Sample items from this subscale include: "I feel emotionally drained from my work. I feel used up at the end of the workday." The 5-item depersonalization (DP) subscale assessed the dehumanizing attitude that employees may feel toward residents along a five-point Likert scale ranging from "Strongly Agree (1)" to Strongly Disagree (5)". Sample items from this subscale include: "I can easily understand how my recipients feel about things. I deal very effectively with the problems of my recipients." The 8-item reduced personal accomplishment (PA) subscale

measures feelings of a diminished sense of accomplishment and achievement when working with people along a five-point Likert scale ranging from "Strongly Agree (1)" to Strongly Disagree (5)". Sample items from this subscale include: "I feel I treat some recipients as if they were impersonal 'objects'. I've become more callous toward people since I took this job." As the Burnout Inventory Manual (BIM, 1996) indicates, higher composite scores on the EE and DP subscales indicate higher levels of "burnout" of each dimension. The BIM (1996) also reports cut-offs for the EE and DP subscales as follows: high EE is $\geq$ 27, moderate EE = 17-26; and low EE = 0-15; for high DP, $\geq$ 14, moderate DP 9-13, and low DP equals 0-8. In contrast to EE and DP, the PA subscale is reversed so that higher scores denote lower levels of burnout. The BIM (1996) reports the following cut-offs for PA: high PA (denoting low burnout) = 0-31; moderate PA = 32-38; and low PA (denoting high burnout) is $\geq$ 39. Maslach, Jackson, and Leiter (1996) report internal consistency of MBI with reliability coefficients as follows: α = .90 for emotional exhaustion, α = .79 for depersonalization, and α = .71 for reduced personal accomplishment. The reliability coefficient for the MBI in this study was .92 for the EE subscale, .73 for the DP subscale, and .74 for the PA subscale.

Job Engagement Measure

To examine employees' perception of job engagement, the 9-item Utrecht Work Engagement Scale-9 (UWES-9; Schaufeli et al., 2006) assessed the three components of engagement using measures of vigor, dedication, and absorption as subscales (see Appendix C). The 3-item vigor subscale assesses levels of energy and mental resilience while working and the willingness to invest personal efforts at work. Sample items from this subscale include: "At my work, I feel bursting with energy." "When I get up in the morning, I feel like going to work". The 3-item dedication subscale examines the levels of enthusiasm, inspiration, pride and challenge. Sample items from this subscale include: "I am enthusiastic about my job." "My job inspires me." The 3-item absorption subscale illuminates being happily engrossed in work so that time passes quickly. Sample items from this subscale include: "I feel happy when I am working intensely." "I am immersed in my work." UWES-9 items are scored on a seven point Likert-type scale ranging from (0) representing never to (6) indicating always/every day. Possible scores range from 0 – 54, with higher scores indicating higher job engagement. Cut-offs for overall engagement and for each subscale is as follows: high $\geq$ 37, moderate = 19-36; and low = 0-18.

The original Utrecht Work Engagement Scale (UWES) included 24 items; however, 7 items were removed based on psychometric testing

(Schaufeli, Salanova, González-Romá, & Bakker, 2002). Additional testing of the scale, with data collected from 10 countries (N = 14,521) suggests shortening UWES to 9-items (Schaufeli, Bakker, & Salanova, 2006). While the psychometric testing of UWES-9 is still in progress and warrants further research, confirmatory factor analysis supports the theoretically based correlation of the three concepts of job engagement as measured by UWES-9 (Hallberg & Schaufeli, 2006). Additionally, Seppäläl, et al., (2008) found the internal consistencies (Cronbach's α) of the UWES-9 to be .92 for the total scale and in ranges from 0.81 to 0.85 for vigor, from 0.83 to 0.87 for dedication, and from 0.75 to 0.83 for absorption. The reliability coefficient for the UWES-9 in this study was .86 for the vigor subscale, .86 for the dedication subscale, and .65 for the absorption subscale.

Social Support Satisfaction Measure

Assisted living facility employees social support network size and social support satisfaction were measured using the shortened form of the Social Support Questionnaire (revised SSQ; Sarason, Sarason, Shearin, & Pierce,1987; see Appendix D). Sample items included "Whom can you really count on to be dependable when you need help?" and "Who accepts you totally, including both your worst and best points?" The scale was modified from the original version (Sarason, Levine, Basham, & Sarason, 1983) which asked participants to write out their responses identifying network members

(e.g., brother, spouse, etc). The revision in The Assisted Living Facility Employee Questionnaire asked participants to select from a list of individuals such a “My mother,” “My father,” and “My work colleagues(s)”. This instrument also employs a six-point Likert scale to measure satisfaction, with ”6” indicating a high level of satisfaction. Responses in this section of the questionnaire thus range from “6 - very satisfied” to “1 - very dissatisfied”. The levels of reliability for the shortened version have ranged from .89 to .99 (Query, 1987; Query & Kreps, 1996; Query & Wright, 2003). The reliability coefficient for the SSQ in this study was calculated at.92 for the social support satisfaction subscale.

Social Support Narratives and the CIT

To assess instances of supportive and non-supportive organizational interaction and to capture participants’ narratives, the Critical Incident Technique (CIT) was administered (see Appendix E). Flanagan (1954) defined an incident to be any, “observable human activity that is sufficiently complete in itself to permit interferences and predictions to be made about the person performing the act” (p. 327). Anderson and Wilson (1997) describe the CIT as a “flexible set of procedures for collecting and analyzing reports of incidents-instances of actual behavior-that constitute job performance at various levels of effectiveness” (p. 89). According to Query and Kreps (1993), the CIT “involves asking probing questions to elicit detailed accounts of subjects’

experiences of effective and ineffective behavior within a specific context, thereby providing data to evaluate that situation" (p.64).

Data were analyzed within the following five support social categories; (1) emotional support, (2) informational support, (3) instrumental support, (4) motivational support; and (5) status support with additional themes added as they emerged from the data. A sample question follows: "Think about a time when you felt satisfied and supported in your position by supervisors and colleagues. Please describe what happened recalling some of the interaction and accompanying messages". To gather negatively valenced narratives, a similarly worded question was posed: "Think about a time when you felt dissatisfied and unsupported in your position by supervisors and colleagues. Please describe what happened recalling some of the interaction and accompanying messages". Dissatisfying and lack of support incidents were analyzed with themes and categories emerging from the data.

The CIT has the ability to elicit descriptive narratives that "capture the dominant signs, symbols, and themes that forge participants' social reality" (Query et al., 2001, p.93). Additionally, the CIT provides, "a powerful means for capturing polarized narratives that encompass successful and unsuccessful organizational responses" (Query, Kreps, Arneson, & Caso, 2001, p. 92). Research has demonstrated that CIT data are "a reliable and valid data collection process and is well suited to gather narratives that represent positive,

negative, and mundane encounters" (Query & Wright, 2003, p. 206). Additionally, it has been argued that CIT can be applied to operational policy in the development of organizations (Query & Kreps, 1993; Query & Wright, 2003).

Participants

This research examined assisted living facility employees in the state of Oklahoma. Participants were employees from 40 facilities, which the PI randomly selected from The Oklahoma Assisted Living Association (OKALA) membership list. OKALA (2008b) is a non-profit, assisted living advocacy organization representing Oklahoma assisted living facilities. Membership at the time of data collection was 78 assisted living facilities. With each facility employing approximately 35 individuals, the contact rate was 1,400 employees. Sampling employees from 40 facilities should enhance generalizability to a larger population of long-term care employees. It also provides a number of individuals within facilities for a sample with sufficient statistical power.

Sample

One hundred and eighty nine individuals initially participated in the survey; however, one questionnaire was not suitable for analysis and was thus discarded (note also that 182 was used to calculate all demographic response percentages). The sample was thus comprised of 188 assisted living facility

employees with a reported mean age of 41.5 years old, S.D.= 12.42. The first demographic item of the questionnaire asked whether the individual was a male or female. Approximately 142 (78 %) participants indicated they were female, while forty (22%) reported they were male. Concerning age, the range was from 19-69; approximately 20 percent of the respondents were 19-29 years old; 28 percent were 30-39 years old; 20 percent were 40-49 years old; 24 percent were 50-59 years old; and the remaining 7% were 60 or older. When asked about their ethnicity, 143, or approximately 78 percent indicated they were Caucasian; eleven, or 6 % reported they were African American; nine or approximately 5% were Asian American; five, or approximately 3% stated they were Hispanic American or Latino; three, or approximately 2% reported being Native American; and twelve, or approximately 7% selected the "other" category. When asked to report martial status, 109, or approximately 60% reported they were married; thirty-eight, or approximately 21% indicated they were single; twenty-four, or 13% reported being divorced; five, or approximately 3% were separated; and four, or approximately 2% responded that they were a widow/widower. When asked to indicate their current work status, 163, or approximately 90% reported that they worked full time; while nineteen, or approximately 10% were work part-time.

The next demographic item asked participants how many years they had worked in the elder care industry. Fifteen, or approximately 8% responded

they have worked in the elder care industry less than one year; twenty-one, or 12% reported one through three years; twenty-three, or approximately 13% three through five years; fifty-one, or 28% five through ten years; forty-four, or approximately 24% reported ten through twenty years; and twenty-eight, or approximately 15% indicated more than 20 years in elder care. Similarly, the next demographic question asked participants how many years they had worked at their current assisted living facility. Fifty-nine, or approximately 33% responded they have worked in their current facility less than one year; forty-two, or 23% reported one through three years; twenty-two, or approximately 12% three through five years; forty-one, or approximately 23% five through ten years; fifteen, or approximately 8% reported ten through twenty years; and two, or approximately 1% indicated more than 20 years in elder care.

Another demographic question asked participants to report their job title/position. Eighty-three, or approximately 46% reported being an administrator; sixteen, or approximately 9% were certified nurse aides; thirteen, or approximately 7% were an activity director; nine, or 5% were registered nurses; eight, or approximately 5% were certified medication aides; seven, or approximately 4% were a director of nursing; three, or approximately 2% reported being a Licensed Practical Nurse; three, or approximately 2% were receptionists; two, or approximately 1% were a dietary manager; two, or

approximately 1% were a cook; two, or approximately 1% were a housekeeper; one, or approximately 1% indicated s/he was a member of the kitchen staff; one, or approximately 1% was a member of the maintenance staff; and finally twenty-nine, or approximately 16% indicated "other" as their response to this question. A similar type of demographic question asked participants to indicate any certifications they hold. Seventy-eight, or approximately 55% responded that they held a certified nurse aide certificate; fourteen, or approximately 10% were medication administration technicians; fourteen, or approximately 10% were certified medication aides; ten, or 7% were registered nurses; eight, or approximately 6% were licensed practical nurses; and five, or approximately 4% were certified nurse technicians.

The final three demographic questions asked participants to describe their assisted living communities and locations. One such question asked about the size the population in which their assisted living is located. Fifty-nine, or approximately 33% reported their community as having a population of less than 50,000; fifty-seven, or 32% reported a population of 50,000 – 100,000; and sixty-two, or approximately 35% reported a population of more than 100,000. The next demographic question asked if the assisted living facility was owned by a not-for-profit organization. Sixty, or approximately 34% indicated that their assisted living facility was owned by a not-for-profit organization; 107, or approximately 60% reported they were owned by a for-

profit organization; and eleven, or approximately 6% were unsure. And the final demographic question as if the assisted living facility was owned by a religious-based organization. Thirty-seven, or approximately 21% reported yes; 135, or approximately 75% indicated no; and seven, or approximately 4% were unsure.

Recruitment Procedures

The board of directors of the Oklahoma Assisted Living Association (OKALA) provided the researcher with the names and email addresses of all current OKALA members. OKALA membership contacts were assisted living facility managers. Each manager in the sample was emailed an invitation letter which included a link to the online survey instrument and an attached Word document version (see Appendix F) of the survey instrument. Managers were asked to: (1) complete the survey; and (2) forward the email (including the survey link) to any assisted living employees who may be willing to participate in the study. The email provided information about returning copies of the Word document version of the survey via fax or United States Postal mail. Each completed Word document survey was assigned a consecutive number for identification purposes. Upon completion of the data collection, the online responses were downloaded into Statistical Package for the Social Sciences (SPSS) 16.0. The remaining hard copy responses were manually added to the downloaded responses. The collected data was then analyzed. Participants did

not receive any tangible reward or compensation for their participation. Additionally, no negative consequences were imposed on any potential participant who declined to participate.

CHAPTER 4 – RESULTS

H1, H2 and H3 Findings

Hypothesis one stated: Assisted living facility employees, reporting higher levels of communication competence, will report lower levels of burnout than assisted living facility employees reporting lower communication competence levels. Hypothesis two posited: Assisted living facility employees, reporting higher levels of communication competence, will report higher levels of job engagement than assisted living facility employees reporting lower communication competence levels. Hypothesis three advanced: Assisted living facility employees, reporting higher levels of satisfaction with social support relationships, will report lower levels of job burnout and higher levels of job engagement than assisted living facility employees who report a lower degree of satisfaction with social support relationships. The factorial multivariate analysis of variance (MANOVA) for the tests of H1, H2, and H3 revealed a significant *F* for Wilk's lambda for each of the preceding hypotheses.

As noted in chapter three, participants were placed into high, moderate, and low communication competence and social support satisfaction groups based on the frequency distribution and through the SPSS visual binning procedure. As table 4.1 indicates, for communication competence, 44, 43, and 34 participants were placed in the high, moderate, and low groups respectively.

For social support satisfaction, 57, 26, and 38 respondents were placed in the high, moderate, and low groups respectively (see Table 4.1).

Table 4.1 – H1-H3 Between-Subject Factors/Descriptive Statistics

Between-Subjects Factors

		Value Label	N
ComCompGrps TOTCOMCOMP (Binned)	1	<= 60	44
	2	61 - 71	43
	3	72+	34
SSSATGRPSIII TOTSSSAT (Binned)	1		57
	2		26
	3		38

Descriptive Statistics

	ComCompGrps	SSSATGRPSIII	Mean	Std. Deviation	N
TOTWKENGAGE TOTWKENGAGE	1 <= 60	1	50.15	5.597	26
		2	42.80	9.862	9
		3	51.81	5.984	9
		Total	48.99	7.312	44
	2 61 - 71	1	45.63	6.188	19
		2	47.25	6.350	12
		3	43.41	7.405	12
		Total	45.46	6.593	43
	3 72+	1	42.54	6.145	12
		2	44.16	6.603	5
		3	42.20	5.923	17
		Total	42.60	5.944	34
	Total	1	47.04	6.574	57
		2	45.12	7.755	26
		3	44.86	7.411	38
		Total	45.94	7.122	121
TOTBURNOUT TOTBURNOUT	1 <= 60	1	73.80	7.301	26
		2	64.28	9.127	9
		3	73.97	6.213	9
		Total	71.89	8.301	44
	2 61 - 71	1	78.19	6.763	19
		2	71.08	7.754	12
		3	66.34	10.647	12
		Total	72.90	9.535	43
	3 72+	1	72.16	9.201	12
		2	73.36	8.305	5
		3	66.99	8.932	17
		Total	69.75	9.125	34
	Total	1	74.92	7.807	57
		2	69.17	8.833	26
		3	68.44	9.294	38
		Total	71.65	9.001	121

For H1, with communication competence groups (ComCompGrps; i.e., with high, moderate, and low groups) as the independent variable, Wilk's lambda = .906, *F* = 2.81, p = .027, and power = .762 (see Table 4.2). Based on the preceding significant omnibus test, the univariates were examined. Results revealed that job work engagement (TOTWKENGAGE) was statistically significant, *F* = 5.03, 2 d. f., p = .008 (see Table 4.3). However, the other univariate, job burnout (TOTBURNOUT) was not statistically significant, *F* = .231, 2 d. f., p = .794 with power = .085 (see Table 4.3). An examination of Box's M revealed that the factorial multivariate assumption of homogeneity of variance had not been violated: Box's M = 16.42, *F* = .625 and p = .921 (see Table 4.4). Thus, hypothesis one was not confirmed; however, hypothesis two was confirmed.

For H3, with social support satisfaction groups (SSSATGRPIII; i.e., with high, moderate, and low groups) as the independent variable, Wilk's lambda = .898, *F* = 3.07, p = .017, and power = .803 (see Table 4.2). Based on the preceding significant omnibus test, the univariates were examined. Results revealed that job burnout (TOTBURNOUT) was statistically significant, *F* = 6.04, 2 d. f., p = .003 (see Table 4.3). However, the other univariate, job engagement (TOTWKENGAGE) was not statistically significant, *F* = .354, 2 d. f., p = .702 with power = .106 (see Table 4.3). An examination of Box's M

revealed that the factorial multivariate assumption of homogeneity of variance had not been violated: Box's M = 16.42, *F* = .625 and p = .921 (see Table 4.4).

For H3, testing for an interaction effect while controlling for social support, as Table 4.2 reveals, Wilk's Lambda = .833, *F* = 2.65, p = .009 and power = .923. Based on this significant omnibus test, the unvariates were then examined. For job engagement (TOTWKENGAGE) *F* = 3.01, 4 d. f., and p = .021. For job burnout (TOTBURNOUT), *F* = 3.35, 4 d. f., p = .013 (see Table 4.3). Box's M, table 4.4, indicated no violation of the factorial multivariate homogeneity of variance assumption. Thus, hypothesis three was partially confirmed.

Table 4.2—H1-H3 Multivariate Tests

Multivariate Tests[d]

Effect		Value	F	Hypothesis df	Error df	Sig.
Intercept	Pillai's Trace	.989	4857.508[b]	2.000	111.000	.000
	Wilks' Lambda	.011	4857.508[b]	2.000	111.000	.000
	Hotelling's Trace	87.523	4857.508[b]	2.000	111.000	.000
	Roy's Largest Root	87.523	4857.508[b]	2.000	111.000	.000
ComCompGrps	Pillai's Trace	.094	2.770	4.000	224.000	.028
	Wilks' Lambda	.906	2.805[b]	4.000	222.000	.027
	Hotelling's Trace	.103	2.840	4.000	220.000	.025
	Roy's Largest Root	.099	5.572[c]	2.000	112.000	.005
SSSATGRPSIII	Pillai's Trace	.102	3.020	4.000	224.000	.019
	Wilks' Lambda	.898	3.065[b]	4.000	222.000	.017
	Hotelling's Trace	.113	3.110	4.000	220.000	.016
	Roy's Largest Root	.109	6.110[c]	2.000	112.000	.003
ComCompGrps * SSSATGRPSIII	Pillai's Trace	.171	2.626	8.000	224.000	.009
	Wilks' Lambda	.833	2.652[b]	8.000	222.000	.009
	Hotelling's Trace	.195	2.676	8.000	220.000	.008
	Roy's Largest Root	.160	4.470[c]	4.000	112.000	.002

Multivariate Tests[d]

Effect		Partial Eta Squared	Noncent. Parameter	Observed Power[a]
Intercept	Pillai's Trace	.989	9715.016	1.000
	Wilks' Lambda	.989	9715.016	1.000
	Hotelling's Trace	.989	9715.016	1.000
	Roy's Largest Root	.989	9715.016	1.000
ComCompGrps	Pillai's Trace	.047	11.079	.756
	Wilks' Lambda	.048	11.222	.762
	Hotelling's Trace	.049	11.361	.767
	Roy's Largest Root	.090	11.144	.847
SSSATGRPSIII	Pillai's Trace	.051	12.079	.796
	Wilks' Lambda	.052	12.261	.803
	Hotelling's Trace	.054	12.439	.809
	Roy's Largest Root	.098	12.220	.880
ComCompGrps * SSSATGRPSIII	Pillai's Trace	.086	21.008	.920
	Wilks' Lambda	.087	21.213	.923
	Hotelling's Trace	.089	21.412	.925
	Roy's Largest Root	.138	17.881	.931

a. Computed using alpha = .05

b. Exact statistic

c. The statistic is an upper bound on F that yields a lower bound on the significance level.

d. Design: Intercept+ComCompGrps+SSSATGRPSIII+ComCompGrps * SSSATGRPSIII

Table 4.3---H1-H3 Tests of Between-Subjects Effects

Tests of Between-Subjects Effects

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	TOTWKENGAGE TOTBURNOUT	1352.560[b] 2198.536[c]	8 8	169.070 274.817	4.000 4.091	.000 .000
Intercept	TOTWKENGAGE TOTBURNOUT	204405.504 498488.877	1 1	204405.504 498488.877	4835.418 7421.353	.000 .000
ComCompGrps	TOTWKENGAGE TOTBURNOUT	425.339 31.014	2 2	212.670 15.507	5.031 .231	.008 .794
SSSATGRPSIII	TOTWKENGAGE TOTBURNOUT	29.967 810.738	2 2	14.983 405.369	.354 6.035	.702 .003
ComCompGrps * SSSATGRPSIII	TOTWKENGAGE TOTBURNOUT	508.638 898.982	4 4	127.160 224.745	3.008 3.346	.021 .013
Error	TOTWKENGAGE TOTBURNOUT	4734.527 7522.989	112 112	42.273 67.170		
Total	TOTWKENGAGE TOTBURNOUT	261459.074 630862.540	121 121			
Corrected Total	TOTWKENGAGE TOTBURNOUT	6087.087 9721.524	120 120			

Table 4.3 – H1-H3 Tests of Between-Subjects Effects cont.

Tests of Between-Subjects Effects

Source	Dependent Variable	Partial Eta Squared	Noncent. Parameter	Observed Power[a]
Corrected Model	TOTWKENGAGE TOTWKENGAGE	.222	31.996	.989
	TOTBURNOUT TOTBURNOUT	.226	32.731	.990
Intercept	TOTWKENGAGE TOTWKENGAGE	.977	4835.418	1.000
	TOTBURNOUT TOTBURNOUT	.985	7421.353	1.000
ComCompGrps	TOTWKENGAGE TOTWKENGAGE	.082	10.062	.807
	TOTBURNOUT TOTBURNOUT	.004	.462	.085
SSSATGRPSIII	TOTWKENGAGE TOTWKENGAGE	.006	.709	.106
	TOTBURNOUT TOTBURNOUT	.097	12.070	.876
ComCompGrps * SSSATGRPSIII	TOTWKENGAGE TOTWKENGAGE	.097	12.032	.784
	TOTBURNOUT TOTBURNOUT	.107	13.384	.831
Error	TOTWKENGAGE TOTWKENGAGE			
	TOTBURNOUT TOTBURNOUT			
Total	TOTWKENGAGE TOTWKENGAGE			
	TOTBURNOUT TOTBURNOUT			
Corrected Total	TOTWKENGAGE TOTWKENGAGE			
	TOTBURNOUT TOTBURNOUT			

a. Computed using alpha = .05

b. R Squared = .222 (Adjusted R Squared = .167)

c. R Squared = .226 (Adjusted R Squared = .171)

Table 4.4 – H1-H3 Box's Test of Equality of Covariance Matrices

Box's Test of Equality of Covariance Matrices[a]

Box's M	16.417
F	.625
df1	24
df2	7100.007
Sig.	.921

Tests the null hypothesis that the observed covariance matrices of the dependent variables are equal across groups.

a. Design: Intercept+ComCompGrps+SSSATGRPSIII+ComCompGrps * SSSATGRPSIII

The means and standard deviations, as well as the number of group participants residing in the distinct communication competence and social support satisfaction groups are reported in Table 4.5

Table 4.5 – H1-H3 Descriptive Statistics

Descriptive Statistics

	ComCompGrps	SSSATGRPSIII	Mean	Std. Deviation	N
TOTWKENGAGE	1 <= 60	1	50.15	5.597	26
TOTWKENGAGE		2	42.80	9.862	9
		3	51.81	5.984	9
		Total	48.99	7.312	44
	2 61 - 71	1	45.63	6.188	19
		2	47.25	6.350	12
		3	43.41	7.405	12
		Total	45.46	6.593	43
	3 72+	1	42.54	6.145	12
		2	44.16	6.603	5
		3	42.20	5.923	17
		Total	42.60	5.944	34
	Total	1	47.04	6.574	57
		2	45.12	7.755	26
		3	44.86	7.411	38
		Total	45.94	7.122	121
TOTBURNOUT	1 <= 60	1	73.80	7.301	26
TOTBURNOUT		2	64.28	9.127	9
		3	73.97	6.213	9
		Total	71.89	8.301	44
	2 61 - 71	1	78.19	6.763	19
		2	71.08	7.754	12
		3	66.34	10.647	12
		Total	72.90	9.535	43
	3 72+	1	72.16	9.201	12
		2	73.36	8.305	5
		3	66.99	8.932	17
		Total	69.75	9.125	34
	Total	1	74.92	7.807	57
		2	69.17	8.833	26
		3	68.44	9.294	38
		Total	71.65	9.001	121

In light of the partial confirmation of H1 and H2, a post hoc Games Howell multiple comparisons test was conducted. This procedure can help identify statistically significant intergroup differences (i.e., between high, moderate, and low groups). As table 4.6 indicates, the high communication competent group (denoted by "≤60") and the low communication competent group (denoted by "72+") differed significantly on the dependent variable, job engagement. The mean difference was 6.38 with $p = .000$. The high communication competent group and the moderate communication competent

group (denoted by "61-71") approached significance at $\underline{p}$ = .053 with a mean difference of 3.53. No other group mean differences were statistically significant and the same was true for job burnout.

Table 4.6 – ComCompGrps TOTCOMCOMP (Binned) Multiple Comparisons

Games-Howell

Dependent Variable	(I) TOTCOMCOMP (Binned)	(J) TOTCOMCOMP (Binned)	Mean Difference (I-J)	Std. Error	Sig.
TOTWKENGAGE	1 <= 60	2 61 - 71	3.53	1.492	.053
TOTWKENGAGE		3 72+	6.38*	1.501	.000
	2 61 - 71	1 <= 60	-3.53	1.492	.053
		3 72+	2.86	1.432	.121
	3 72+	1 <= 60	-6.38*	1.501	.000
		2 61 - 71	-2.86	1.432	.121
TOTBURNOUT	1 <= 60	2 61 - 71	-1.01	1.918	.859
TOTBURNOUT		3 72+	2.14	2.004	.537
	2 61 - 71	1 <= 60	1.01	1.918	.859
		3 72+	3.15	2.136	.310
	3 72+	1 <= 60	-2.14	2.004	.537
		2 61 - 71	-3.15	2.136	.310

Multiple Comparisons

Games-Howell

Dependent Variable	(I) TOTCOMCOMP (Binned)	(J) TOTCOMCOMP (Binned)	95% Confidence Interval	
			Lower Bound	Upper Bound
TOTWKENGAGE	1 <= 60	2 61 - 71	-.03	7.09
TOTWKENGAGE		3 72+	2.79	9.97
	2 61 - 71	1 <= 60	-7.09	.03
		3 72+	-.57	6.28
	3 72+	1 <= 60	-9.97	-2.79
		2 61 - 71	-6.28	.57
TOTBURNOUT	1 <= 60	2 61 - 71	-5.59	3.57
TOTBURNOUT		3 72+	-2.66	6.94
	2 61 - 71	1 <= 60	-3.57	5.59
		3 72+	-1.96	8.26
	3 72+	1 <= 60	-6.94	2.66
		2 61 - 71	-8.26	1.96

Based on observed means.

*. The mean difference is significant at the .05 level.

As table 4.7 indicates, there were no statistically significant mean groups differences between the support satisfaction groups (high, moderate, and low) for job engagement. For job burnout, the high group mean differed significantly from the moderate and low groups with mean differences of 5.75 and 6.48 respectively and with p = .018 and .002 respectively (see Table 4.7).

Table 4.7 – SSSATGRPSIII TOTSSAT(Binned) Multiple Comparisons

Multiple Comparisons

Games-Howell

Dependent Variable	(I) TOTSSSAT (Binned)	(J) TOTSSSAT (Binned)	Mean Difference (I-J)	Std. Error	Sig.
TOTWKENGAGE	1	2	1.92	1.752	.521
TOTWKENGAGE		3	2.18	1.484	.311
	2	1	-1.92	1.752	.521
		3	.26	1.939	.990
	3	1	-2.18	1.484	.311
		2	-.26	1.939	.990
TOTBURNOUT	1	2	5.75*	2.017	.018
TOTBURNOUT		3	6.48*	1.828	.002
	2	1	-5.75*	2.017	.018
		3	.73	2.297	.946
	3	1	-6.48*	1.828	.002
		2	-.73	2.297	.946

Multiple Comparisons

Games-Howell

Dependent Variable	(I) TOTSSSAT (Binned)	(J) TOTSSSAT (Binned)	95% Confidence Interval	
			Lower Bound	Upper Bound
TOTWKENGAGE	1	2	-2.33	6.18
TOTWKENGAGE		3	-1.37	5.73
	2	1	-6.18	2.33
		3	-4.42	4.94
	3	1	-5.73	1.37
		2	-4.94	4.42
TOTBURNOUT	1	2	.86	10.65
TOTBURNOUT		3	2.10	10.86
	2	1	-10.65	-.86
		3	-4.80	6.26
	3	1	-10.86	-2.10
		2	-6.26	4.80

Based on observed means.

*. The mean difference is significant at the .05 level.

RQ1and RQ2 Findings

As noted in chapters two and three, RQs 1 and 2 were designed to be examined through a qualitative approach. Utilizing the CIT (Flangan, 1954) protocol, narrative data was gathered using six open-ended questions on the Assisted Living Facility Employee Questionnaire (see Appendices E and F). Consistent with Kahn's (1979) view of social support, the narratives were examined using the following definitions of social support's five dimensions (Wills, 1985). The five dimensions include emotional support (also known as esteem support, Wills, 1985) though the former term is used more frequently; (Query & James, 1989; Query & Kreps, 1996; Query & Wright, 2003); status support, informational support, instrumental support, and motivational support. Emotional support is described as being an, "interpersonal resource with a strong effect for counteracting self-esteem threats" (Wills, 1985, p. 67). Status support is characterized by its affiliation with supportive organizations and/or relationships. Informational support is applied to the process whereby individuals seek information, guidance, and/or advice (Wills, 1985). Instrumental support provides assistance and support through tangible or material means. Motivational support is the dimension whereby individuals motivate and support one another during periods of stress or uncertainty (Wills, 1985).

To analyze the collected narratives, verbatim responses from participants were reviewed within Wills' (1985) dimensions above. Responses were then categorized into dominant themes that emerged from each question based on participants' responses. The numerical frequency of narratives residing in each category was then calculated. Salient examples from each of the emerging categories are identified below and a complete transcript of all collected narratives is found in Appendix H. A total of 72 critical incidents were collected for CIT question number 76 and 57 for CIT question number 77. The grand total of critical incidents was 129. Note that the numbers of instances and occurrences may exceed the total number of positive or negative critical incidents since some respondents described multiple social support dimensions and behaviors.

RQ1 Narrative Analysis / CIT Question Survey Item 76

Research question one asked: What positive themes, if any, are present in assisted living facility employee narratives concerning social support experiences buffering job burnout, thereby contributing to job engagement? To address this question, CIT question, number 76, asked participants to "think about a time when you felt supported in your job. This support may be from supervisors, colleagues, and/or people outside of work. Please describe what happened in this supportive situation by recalling some of the interaction and accompanying messages".

Four dimensions of social support emerged: emotional support with 78 occurrences; instrumental support with 32 instances; informational support with 17 occurrences; and motivational support with 9 instances. Additionally, three general themes emerged: (1) relief with 44 occurrences; (2) validation with 35 instances; and (3) thankfulness with 35 occurrences. A total of 72 critical incidents were classified and then analyzed thematically in concert with Wills' (1985) schema.

Emotional Support Exemplars

The following verbatim incidents are pivotal exemplars reflective of the emotional support category. Respondent 4 stated, "my direct supervisor has the attitude that this is a learning experience, I find that to be very supportive." Respondent 70 shared that "My supervisors (from regional to vice president) constantly reassure me that i am doing a good job and that they relate and understand the problems i face daily." Respondent 62 observed that "I intially left work and took a walk, when I returned I we had a conference with the CEO, who said that my entire job was only to 'love' people, and that if I did that they didn't care if I sold a single system." In a similar manner, Respondent 36 noted that "As a manager I frequently have to make decisions that are not always popular with all staff. My supervisors, colleagues trust my judgment and support my decisions."

Proceeding further, Respondent 28 commented that “I almost left my job due to some issues with my immediate supervisor but some one in a higher position really took the time to listen to me and offered me a promotion to stay with the company the only down fall is the hour and ten minute drive.” Respondent 21 reported that s/he “Listened to my frustrations, validated my concerns and gave suggestions of how to address it with upper management. Respondent 12 indicated that “I disagreed with my peers regarding a issue regarding how timeperiods are run. My boss carefully listened to what I had to say and supported what I was saying.” A final exemplar follows from Respondent 7 who indicated that “They walked me through it, listened to my concerns, encouraged me through the down times.”

Instrumental Support Exemplars

In the instrumental support category, Respondent 66 stated that “I had several very important issues at play that needed my attention all at one time. My Direct of Nursing services came over b/c she could see I had many issues to handle & asked me to pick the one I wanted to deal with & she would handle the others.” Respondent 56 indicated that “We helped each other through it - did alot of brainstorming. We were available to do whatever job was needed, even if it wasn't our customary job.” In a similar manner, Respondent 86 reported that “Currently, I am trying to build the occupancy in a turn-around community. The other directors are fully supporting my actions.

Each department is ready will and able to pitch in when I have a prospect." Prayer was mentioned in several examples, included Respondent 90 who stated that "My boss said I'll pray for you and then called to make sure I was okay after the meeting ended." Additionally, Respondent 102 explained how he/she, "helped to make things better by praying with me, and calling me everyday just to see how my family and i were doing." Similarly, Respondent 183 describes how "Peers were understanding and supportive of the decision, knowing the difficulty I was facing, they were empathetic and embraced me, prayed for me." And in a final example of instrumental support, Respondent 120 stated that "I truly don't feel supported by my colleagues or my supervisors at work. This contributes greatly to my feelings of stress and burnout. However, I do feel supported by my assistant who is wonderful and works hard and has great ideas. This comes in the form of jumping right in to help out without having to ask what is needed, following through with tasks and commitments (something that is truly lacking in upper management) and being consistent At home my significant other is wonderful. I work a lot of hours over the Christmas holiday and before work on Christmas Eve I had a bit of a melt down. He gave me a big hug and encouraged me that I just had to get through one more day before I got a break and then that night when I got home he had bought me flowers because he knew I was having a hard day."

Informational Support Exemplars

Within the informational support dimension, Respondent 110 stated that “Felt as though I could not show appreciation to my employees due to budget issues. I had a great supporter who gave some wonderful advice and jumped in to help.” Respondent 131 noted that “They always offer advice, they are there whenever you have questions and always make me feel praised for hard work”. Respondent 109 indicated that “the individuals were very supportive listened to my problems and gave me good advice”. Respondent 81 shared that “This person listened as I outlined the facts of this case and my observations based upon those facts. This person then asked what I felt was an appropriate course of action and listened to my response. The person asked some probing questions to help me clarify some points that seemed a bit unclear, and then offered support for the decision I needed to make.”

Motivational Support Exemplars

In the category of motivational support, Respondent 4 observed that “just knowing that even though the expectation is in place they understand that i am learning”. Respondent 7 shared that “They have supported me in learning and taking a new turn in my career when I switched from Government to Assisted Living.” Respondent 55 reported that “My supervisor is very supportive of continuing education and has been encouraging and flexible in assisting me in earning my masters degree.” Similarly, Respondent 100 noted

that “she remined me that it was her that stayed on me about going back to college and that she supports me.” Finally, Respondent 185 stated that “Last year I had 3 manager openings within 2 weeks of each other. My regional director called me on a regular basis to tell me to hand in there and helped me realize it was going to be better...that this was the best thing for my community.”

Relief Exemplars

In the relief theme, Respondent 12 indicated that he/she felt “Relieved and confident that he understood my perspective.” Respondent 36 noted that he/she was “relieved, knowing that my decision are for the good of the whole, even though individuals are sometimes adversely affected.” Respondent 70 suggested that they were “a little relieved. I still feel the pressure and the guilt, but at least I know that the residents are the only ones who don't get it. It feels a tiny bit better knowing that my employer is happy with me.” Finally, Respondent 54 expressed that he/she “Felt like I had support, and solutions. "Light at the end of the tunnel" Relieved, reasurred, not so alone.”

Validation Exemplars

The validation theme emerged with the following representative verbatim comments. Respondent 112 described how “…I ended up just being calmed by being able to vent and hear that I was a good person”. Respondent 143 shared how “I was glad at least they see how hard we work”. Respondent

184 expressed that “I was encouraged, realizing I was the best person to handle the issues, and I found a way to fit the additional responsibility into my schedule.” Respondent 185 commented that “I was strengthened by his confidence in me.” Similarly, Respondent 178 explained “I was put in chg of the daily operations when the manager had an extended illness. This made me feel that I was doing a good job of filling in for her and keeping things operating the way she would have wanted.”

Thankful Exemplars

In the final thankful theme, Respondent 94 shared that “I said Thank you and smiled and passed the credit on to the rest of the team”. Respondent 12 was “Thankful. I said I appreciated his support.I stated I would follow through on whatever conclusion he had but at least I was able to express mt point of view”. Additionally, Respondent 70 indicated that “i am grateful for the pats on the back, but more so for the acknowledgment of the difficulty of the job. it's very easy for someone on the outside to look in and wonder why you cant juggle 10 balls at once, but my supervisors are understanding and encouraging.” Respondent 7 noted that “We are now successful and I hold my head high. I still have a lot to learn, but I love my job and look forward to coming to work each day. I am thankful for the encouragement because I really feel like I have found my nitch!”

RQ2 Narrative Analysis / CIT Question Survey Item 77

Research question two asked: What negative themes, if any, are present in assisted living facility employee narratives concerning social support experiences contributing to burnout and thereby decreasing job engagement? To address this question, CIT question number 77, asked participants to indicate a time when they felt dissatisfied and unsupported in their position by asking "Think about a time when you felt not supported in your job. This lack of support may be from supervisors, colleagues, and/or people outside of work. Please describe what happened in this non-supportive situation by recalling some of the interaction and accompanying messages."

The narratives were examined and categorized using both Wills (1985) five support dimensions and the 3 core dimensions of the Maslach Burnout Inventory. Two dimensions of social support emerged: (1) instrumental support with 9 critical incidents, and; (2) informational support with 8 critical incidents. Two themes of burnout were revealed: (1) emotional exhaustion with 13 critical incidents, and; (2) reduced personal accomplishment with 15. Additionally, three general themes emerged: (1) validation with 28 critical incidents; (2) frustration with 18 critical incidents, and; (3) appreciation with 13 critical incidents. A total of 57 critical incidents were gathered.

Instrumental Support Exemplars

In terms of instrumental support, Respondent 63 described how the "Front door entry system malfunctioning/not able to let people in from my somewhat remote location. Maintenance supervisor left for a meeting without being willing to help." Similarly, Respondent 66 shared a time when "my office was being moved & maintance was recarpeting & painting everyone elses office & I asked about mine & was told that was my problem. Being pregnant I was not about to paint in a small space but hated the color. My other coworkers helped my spouse do it." Respondent 163 reported that " I assisted someone with a resident who was being disrespectful. Later that night I needed assistance and asked the men that I helped and they refused, saying they were too busy." Respondent 44 described a time when he/she was "Trying to negotiate for more staff; we're already at what I consider a bare minimum and negotiating for more is almost impossible".

Informational Support Exemplars

In informational support, Respondent 101 suggested that "I need and overview of the job." Respondent 18 described how "An employee from my parent organization called for me to make an immediate decision on a purchase. I felt like I needed more information to make the decision. My immediate supervisor ok'd the purchase and then told me to "deal with it." Respondent 56 noted that "I wanted direction from corporate. I wanted to be

able to give residents and their families some idea of what was ahead of them." Respondent 60 shared that his/her supervisor "Listened, but never gave me an answer. (good or bad)". Lastly, Respondent 56 told how "Before the reorganization I had full support of corporate staff. During the reorganization I had little support or direction. I was asking questions but there were no answers."

Emotional Exhaustion Exemplars

In emotional exhaustion, Respondent 9 shared that "I rarely, if ever, feel supported by my supervisor, who is the Chief Operating Officer for our company. He doesn't know how to run the business as far as caring about people goes. He only sees the bottom line… I always feel like I am out here on my own...and I have to wing it most of the time. That places an unbelievable amount of stress and responsibility on my shoulders. I do not sleep well at all." Respondent 167 reported "Employee clicks gaining up on me." Finally Respondent 173 confided feeling "stressed, overwhelmed."

Reduced Personal Accomplishment Exemplars

In reduced personal accomplishment, Respondent 22 noted that he/she "Felt like I had been kicked as I had been told I was good enough for the role, had been tapped and planned on it, then the rug was taken out from under me due to something that was not related." Respondent 28 described how "I was called in to the office because my boss was upset that i had the maintenance

man remove some locks off of lockers of people who no longer worked for the company and had not for at least 6 months…made me feel that after 8 years of hard long hours she really could not find any thing else to complain about, and knowing how dedicated to my job I am sorta made me feel like i could not make a simple decision." Respondent 54 shared how he/she "Talked with close co-worker, was feeling inadequate, unworthy." Respondent 62 told "I felt terrible. I felt as if he canceled it because he didn't think that I was good enough to represent the company. I also compared myself to the other systems analysts who didn't have to get permission to book a trip, and I felt inferior to them." Respondent 95 suggested that his/her supervisor "made me doubt myself and my abilites to care for my patients".

Validation Exemplars

Validation themes were represented with examples such as that from Respondent 128, who noted that "My boss acts like or just shrugs off anything I consider very important…Walked away feeling like my words fell on deaf ears." Similarly, Respondent 135 stated that he/she "Was not lisented to. Was scolded and bossed… Listen to my point of view, before slamming me for things. Even if I was wrong…I want to be listened to!". Respondent 139 shared that "I felt my stuff doesn't matter and I don't matter". Respondent 81 described how his/her supervior "refused to acknowledge any of my concerns

and maintained the company "party line"… I left the exchange feeling unheard and invalidated."

Frustration Exemplars

Within the frustration theme, Respondent 120 described feeling "Angry, frustrated, sad, hopeless, depressed". Respondent 78 indicated that he/she was "Frustrated at the amount of work expected from the supervisor". Similarly, Respondent 120 reported that he/she felt "Discouraged, frustrated, hopeless". Respondent 173 shared that he/she was "frustrated, like my thoughts were not significant". Finally, Respondent 28 described how "i was very upset i just turned around and walked out of her office, I then went back in and ask her if that was the only thing she could find that i did wrong".

Appreciation Exemplars

Emerging from the appreciation theme were examples such as, Respondent 54 indicated that "I'm not really sure, what I should have done is talked to the person who was making me feel un-appreciated. I just didn't feel comfortable doing that and haven't to this day. Is still a stressful subject." Respondent 63 reported "I felt at the time that no one appreciated the seriousness of the problem; I couldn't go home at the end of the day unless we had it working...I wanted to hear that my problem was taken seriously by the maintenance supervisor." Respondent 131 stated that "At a previous job, sometimes your hard work was not praised or it seemed overlooked and thing

weren't done just right." Finally, Respondent 140 shared that "I never feel supported here nobody seem to care when I do more than my share…I used to love working here…I am not doing as much as I used to…It sucks to not be appreciated".

Chapter five will interpret the preceding quantitative and qualitative results. Salient limitations and directions for future research will also be discussed.

CHAPTER 5 – DISCUSSION

This final section interprets the findings for hypotheses one thru three and for research questions one and two, discusses pragmatic and theoretical implications, addresses salient limitations, and poses key directions for future research. In the case of the non-significant findings, some competing explanations are identified. Significant findings are explicated within the context of providing additional support for Kreps' (1988) Relational Health Communication Competence Model.

Interpretation of Hypotheses 1 and 2

Hypothesis one suggested that assisted living facility employees, reporting higher levels of communication competence (independent variable), will report lower levels of job burnout (dependent variable) than assisted living facility employees reporting lower communication competence levels. Hypothesis two stated that assisted living facility employees, reporting higher levels of communication competence (independent variable), will report higher levels of job engagement (dependent variable) than assisted living facility employees reporting lower communication competence levels. As chapter four indicated, a multivariate analysis of variance (MANOVA) was conducted and results revealed that although both hypotheses were warranted (see chapter two) hypothesis one was not confirmed while hypothesis two was confirmed.

Alternative Explanations for Hypothesis 1

Since hypothesis one was not confirmed, it is essential to identify potential competing explanations that could have played a role in this non-significant finding, such as sample characteristics. In an effort to identify such competing explanations, some additional post hoc tests were performed. One potential explanation could reside in the overwhelming amount of female respondents (seventy-eight percent) since some evidence suggest females' communication competencies shape reactions to job burnout difffently than males (Law, 2008; Law, Query, & Haun, 2009). A post hoc t-test comparing females and males was conducted on the composite score for job burnout (TOTBURNOUT). The post hoc results revealed $t(54.76) = -.321$, $p = .749$. Hence, for this sample, there were no significant differences between male and female assisted living employees. Another potential explanation for the non-significant results could have been employee age. Both "younger" and "older" employees have borne the brunt of the recent economic crisis in the U. S. for example. Similar to the blunting dissatisfaction hypothesis (see Query & James, 1989; Query & Kreps, 1996) where older individuals develop more tolerance for adverse conditions through acceptance, that could have played a role in the present study. To explore the merits of this alternative explanation, a series of post hoc t-tests was conducted. The first test compared employees, 19-29 years old, with 50-59 years old employees. The results revealed $t(71) =$

-2.62, p = .011. Thus, a significant difference between these two age groups with the younger group reporting a significantly lower burnout level (mean = 69. 6 vs. n of 74.6) could have shaped the non-significant findings. Similarly, age group two, 30-39 years old, was compared to age group four. The post hoc results revealed t (69.84) = -2.62, p = .011. Hence, for this sample, there was significant difference between these age groups.

Another demographic characteristic to consider is length of employment. Approximately thirty-three percent of participants responded they have worked in their current facility less than one year. With minimal tenure it can be surmised that these individuals would not yet experience job burnout substantial enough to warrant the need for increased numbers of supportive relationships and emotional support. Similarly, forty-two percent of respondents reported their job title as administrator. Individuals holding administrative positions do not typically perform the difficult and unpleasant activities of daily life tasks (such as feeding, bathing, dressing, and toileting residents). Given that administrative job roles are characteristically less physically and emotionally demanding, the need for additional supportive relationships and emotional support may be less necessary. Future research should seek samples with great representation of employment tenure and job positions.

One additional alternative explanation may be the economic conditions

at the time of data collection. Data for this study was collected during a significant downturn in the economy which found the U.S. unemployment rate at a twenty-five year high (Kirchhoff, 2009). However, the poor state of the economy had a positive impact on assisted living facility employee recruitment and retention such that turnover rates had dramatically decreased (Redding, 2009). Given the high jobless rate, respondents may have reported lower levels of job burnout than would have been expected in previous years.

Interpretation of Hypothesis 2

Hypothesis two posited that assisted living facility employees, reporting higher levels of communication competence (independent variable), will report higher levels of job engagement (dependent variable) than assisted living facility employees reporting lower communication competence levels. As chapter four indicated, a multivariate analysis of variance (MANOVA) was conducted and the results revealed that hypothesis two was confirmed. Due to the preceding and significant omnibus test, the dependent variable was then examined. Findings from this test indicated that the high communication competent group and the moderate communication competent group differed significantly on the dependent variable, job engagement. Similarly, the high communication competent group and the low communication competent group also differed significantly on the dependent variable, job engagement.

Pragmatic Implications for Hypothesis 2

Research has shown that job engagement is the positive antidote of burnout (Schaufeli & Bakker, 2004). This finding is additionally confirmed by the results of hypothesis one. Hakanen, Perhoniemi, and Toppinen-Tanner (2008) found job engagement to be positively related to increased personal initiative as well as work innovativeness. When these finding are considered with the results of hypothesis one, assisted living facility managers can increase creative workplace problem solving by improving the effectiveness of communication episodes. Research has shown employees with higher levels of extraversion report higher levels of job engagement (Phan, 2007). These findings, when assessed in conjunction with the findings from hypothesis two, suggest that assisted living facility corporations would benefit from: (1) developing organizational climates conducive to open employee communication, and (2) providing training to increase interpersonal communication competence thereby fostering positive relationships between management and staff and co-workers.

Employee turnover has been a significant problem for assisted living facilities (American Association of Homes and Services for the Aging, 2009). Turnover is financially expensive, with reports estimating costs at more than $4 billion each year (American Association of Homes and Services for the Aging, 2009), and can lead to disruption of care, increased workload, and

resentment among remaining staff (Banaszak-Holl & Hines, 1996; Cohen-Mansfield, 1997). In an examination of social workers, Schwartz (2007) found that increased job engagement mediated the effects of job demands and decreased the intent to leave a job. Merging these findings with results of hypothesis two, it may prove advantageous for assisted living facility corporations to offer communication skills training as a means of increasing job engagement and addressing the historically critical problem of employee turnover.

Theoretical Implication of Hypothesis 2

As noted in chapter two and explicated above, research has shown that burnout and engagement scales are two distinct bipolar opposites (Gonzalez-Roma, Schaufeli, Bakker, & Lloret, 2006). Before the confirmation of job burnout as a variable of Kreps' (1988) RHCCM, the model was balanced with equal an equal number of variables representing the impact of both increased communication competence and decreased communication competence. However, Law and associates' (Law, 2008; Law, Query, & Huan, 2009) addition of job burnout to the RHCCM left the model asymmetrical. Findings from hypothesis two restore RHCCM's symmetry by suggesting the inclusion of job engagement as a new variable, the bipolar opposite of job burnout. Thus the RHCCM is extended theoretically.

Interpretation of Hypothesis 3

Hypothesis three advanced that assisted living facility employees, reporting higher levels of satisfaction with social support relationships (independent variable), will report lower levels of job burnout and higher levels of job engagement (dependent variables) than assisted living facility employees who report a lower degree of satisfaction with social support relationships. As chapter four indicated, a multivariate analysis of variance (MANOVA) was conducted and the results revealed that hypothesis three was partially confirmed.

Pragmatic Implications of Hypothesis 3

The preceding finding, in concert with other similar research (Bible, 2006; O'Brien, 2006; Query & James, 1989; Query et al., 1992; Query & Kreps, 1996; Query & Wright, 2003; Weathers, 2008; Weathers & Query, 2009), suggests that assisted living employees who perceive themselves as competent communicators are better able to develop and mobilize social networks than employees who view themselves as less competent communicators. Query and James (1989) report that "the ability to send, receive, and interpret symbolic messages appears to be essential to meaningful interaction and the expression of social support" (p. 177). Ray (1986) found that supportive relationships appear to increase job satisfaction and decrease job burnout. Similarly, Park et al. (2004) reported that social support at work

was related to higher levels of job performance. These findings, weighed together with the findings from hypothesis three, suggest that assisted living facilities would likely decrease job burnout (1) implementing workplace social support activities, and (2) encouraging employees to seek social support from significant others outside of the workplace.

Theoretical Implication of Hypothesis 3

Relative to Kreps' (1988) RHCCM, the preceding finding is confirmatory and consistent with prior research (Bible, 2006; O'Brien, 2006; Query & James, 1989; Query et al., 1992; Query & Kreps, 1996; Query & Wright, 2003; Weathers, 2008; Weathers & Query, 2009). As social support satisfaction is one of the outcomes posited by Kreps' model, this finding reinforces both the variable and the inextricable role between communication competence level and social support satisfaction.

Analysis of Qualitative Data

To the best of the PI's knowledge, this was the first time the CIT had been used to elicit narrative responses from assisted living facility employees. As noted in chapter four, two trained coders and the PI independently culled dominant categories and themes from the narrative data collected and then sought to reach consensus concerning their classifications. The collected narratives were classified in terms of social support dimensions (Wills, 1985).

Interpretations of RQ1

Research question one asked what positive themes, if any, are present in assisted living facility employee narratives concerning social support experiences buffering job burnout, thereby contributing to job engagement? Several themes emerged from these narratives specifically focusing on interpersonal relationships between and among superiors, coworkers and individuals outside of the organization. A total of 72 critical incidents were classified according to Wills (1985) five dimensions of social support with four dimensions of support emerging: emotional, instrumental, informational, and motivational. Additionally, three general themes emerged: relief, validation, and thankfulness. Many times, the themes had overlapping affective and instrumental dimensions.

Emotional support emerged as the most often reported incident of positive support. Emotional support suggests that "by receiving acceptance and approval from significant others, a person's own self-evaluation and self-esteem are enhanced" (p. 68). This type of support would be expected to have its greatest effect primarily for persons who are under considerable stress. The literature on help-seeking suggests that self-esteem maintenance is the primary function sought by distressed persons within social networks (Wills, 1983). The following statements are examples of emotional support responses. Respondent reported, "…My boss carefully listened to what I had to say and

supported what I was saying". Respondent 18 noted, "He made me feel that I was doing all I could do."

Instrumental support, which is most often associated with caregiving (Weathers, 2008; Weathers & Query, 2009), was the next most reported type of supportive incident. Participants viewed colleagues who "helped out" as individuals who relieved stress. For example, respondent 22 reported that colleagues, "Just showed that we were in it together by digging in and helping me, spending time assisting with the challenge." This type of support is probably particularly relevant for elder care workers, who often are overburdened with instrumental work roles.

Informational support, providing helpful data or knowledge (Geist-Martin et al., 2003), played a key role in supportive narratives. With high turnover rates and a sample with limited job tenure, it is imperative that employees receive adequate information to allows effective performance of work tasks. An example of this narrative is provided by respondent 81 noted that a colleague "…listened as I outlined the facts of this case and my observations based upon those facts. This person then asked what I felt was an appropriate course of action and listened to my response. The person asked some probing questions to help me clarify some points that seemed a bit unclear, and then offered support for the decision I needed to make."

Motivational support was also evident among assisted living facility employees such that support received from colleagues, supervisors, and outside individuals seemed to ease the frustration and fatigue from overwhelming work responsibilities. For example, respondent 7 reported, “They walked me through it, listened to my concerns, encouraged me through the down times..”. On a similar note, respondent 120 shared that “At home my significant other is wonderful. I work a lot of hours over the Christmas holiday and before work on Christmas Eve I had a bit of a melt down. He gave me a big hug and encouraged me that I just had to get through one more day before I got a break and then that night when I got home he had bought me flowers because he knew I was having a hard day.”

Additionally, three affective responses to social support emerged in the narratives. Respondents expressed relief, validation, and thankfulness. These responses suggest that although the work roles are often overwhelming, within certain circumstances, assisted living facility employees have felt supported by their colleagues, superiors, and family/friends. These narratives also reinforce the potential that such interactions can help positively facilitate job engagement and mitigate to some extent the adverse dimensions of burnout.

Interpretations of RQ2

Research question two asked what negative themes, if any, are present in assisted living facility employee narratives concerning social support

contributing to job burnout and thereby decreasing job engagement? A total of 57 critical incidents were categorized using both Wills (1985) five social support dimensions and the 3 core dimensions of the Maslach Burnout Inventory. Several themes emerged from these narratives focusing on troublesome interpersonal encounters between and among superiors, coworkers and residents; however, none of the narratives included incidents with family and/or friends outside of the workplace. Two dimensions of social support, (instrumental and informational support) and two themes of burnout (emotional exhaustion and reduced personal accomplishment) emerged from the data. Additionally, three general affective themes emerged, validation, frustration, and, appreciation.

As noted above and in previous chapters, instrumental and informational support are most often associated with caregivers (Weathers, 2008; Weathers & Query, 2009) and healthcare workers (Hegelson & Cohen, 1999). Therefore, it is not surprising that these themes emerged most often in narratives regarding negative social support experiences. Employees expressed their desire to receive assistance and knowledge. Verbatim examples of lack of instrumental support include respondent 73 who reports, "Another caregiver would not assist with another resident. It shouldn't be a problem to help with another resident. They were not going to do it. I asked another worked in the building for their assistace. I really needed that caregiver

to help because it was an emergency…I wanted them to act like an adult and do the job that they get paid for." Similarly, respondent 163 notes, "I assisted someone with a resident who was being disrespectful. Later that night I needed assistance and asked the men that I helped and they refused, saying they were too busy." Examples of lack of informational support include, respondent 101 who explains that "I need and overview of the job". Respondent 18 reports that "An employee from my parent organization called for me to make an immediate decision on a purchase. I felt like I needed more information to make the decision. My immediate supervisor ok'd the purchase and then told me to "deal with it." I felt like I was doing my job by requiring more information before spending the money. I wish the information could have been discussed before a decision was made."

As high levels of frustration are common in human services professions (Maslach et al., 2001; Maslach, 2003); however, Sarason, Levine, Basham, and Sarason (1983) contended that social support should be an asset in enabling a person to persist at a task under frustrating conditions. Therefore, it is not surprising that frustration emerged as the emotion most often expressed when instructional and informational support was not forthcoming. Additionally, assisted living employees shared their desire to have their work validated and appreciated. Verbatim examples include respondent 120 who reports feeling "Discouraged, frustrated, hopeless". Respondent 131 describes how

"…sometimes your hard work was not praised or it seemed overlooked and thing weren't done just right." Similarly, respondent 140 notes that "I never feel supported here nobody seem to care when I do more than my share. I used to love working here. I am not doing as much as I used to. It sucks to not be appreciated."

While industry experts often cite low pay as a negative aspect of working in the elder care industry (National Center for Assisted Living, 2007) only one respondent included salary in their narratives. Respondent 44 reports that "…the pay is low, their expectations are too high…". Additionally, while there is no question that the tasks involved with elder care can be unpleasant, none of the narratives addressed that issue and only one respondent (168) expressed that he/she experienced an "Overworked day, too much going on". The answers to research question two allows us to glean that assisted living facility employees are willing to work hard for low pay as long as they are appreciated and valued.

Participant narratives also revealed expressions of emotional exhaustion, feeling overwhelmed by emotional demands of others, and reduced personal accomplishment, a sense of inadequacy regarding ability to care for and relate to clients (Maslach, 1982; Maslach, Jackson, & Leiter, 1996). Expressions of the third element of burnout, depersonalization, were not reported in any narratives. The foci of job burnout is a sense of lack of control

over the care provided and often results in diminished positive feelings, sympathy, empathy, and respect for clients (Maslach, 1982). This helps explain the expressions of burnout as assisted living facility employees are often limited in their care by state laws, corporate policies, and supervisor leadership styles. Verbatim narrative expressions of these emotional exhaustion and reduced personal accomplishment include respondent 9 who stated "I always feel like I am out here on my own...and I have to wing it most of the time. That places an unbelievable amount of stress and responsibility on my shoulders. I do not sleep well at all." Respondent 54 reported "feeling inadequate, unworthy". Similarly, respondent 95 shared that his/her "manager talking very badly to me…made me doubt myself and my abilites to care for my patients".

Analysis of narratives shaped by answering the CIT questions in this research project qualitatively confirm the findings of hypothesis three that social support can serve to reduce levels of job burnout and increase activities which express job engagement.

Limitations

Notwithstanding the clear confirmation of the Relational Health Communication Competence Model (Kreps, 1988), there were various limitations in this study. One of the first limitations noted in this study is the unbalanced representation of demographic variables in the sample. First, the

female-to- male ratio of assisted living facility employees, with only 22 percent of respondents in this study being male is a limitation. However, it is apparent, that assisted living facility employees are predominantly female so to some extent the impact of the preceding limitation should be tempered. Additionally, the majority of the sample was married (sixty percent of the respondents). Length of employment and job position were also limitations in this research study as approximately thirty-three percent of participants responded they had worked in their current facility less than one year and forty-two percent of respondents reported their job title as administrator.

The timing of the study was another limitation. Data was collected in late 2008 and early 2009, during one of the greatest economic downturns in recent U.S. history with unemployment rates at an unprecedented high. In light of this timing, it is possible that assisted living facility employees' levels of job burnout and job engagement may have differed considerably had the survey been given in previous economically strong years.

Finally, whether respondents completed the paper or online version of the questionnaire may have influenced the outcome of this study. While the paper version of the questionnaire is more familiar and possibly more accessible to many older individuals, the online questionnaire required more technical expertise on the part of the respondents.

Future Research

There is much yet to be examined regarding assisted living facility employees and their organizations. Future inquiries should seek to draw samples with more balanced demographic characteristics including sex, marital status, length of tenure, and job position. Future research should also inquire about level of education as that may have an impact on communication competence. Additionally, research within this population context should be conducted once economic conditions have improved.

As this study is the first to include job engagement as a positive outcome of Kreps' (1988) RHCCM future research should test this variable again to confirm the findings. Also of interest for further inquiries is the use of structural equation modeling to analyze the connection of job burnout and job engagement components.

Finally, future analysis should also separate the narrative responses by communication competence groups (high to low) to ascertain if any recurring themes appear.

Conclusion

Taken together, findings from this research provide an additional variable, job engagement, for Kreps' (1988) Relational Health Communication Competence Model. Communication competence, when tested in relationship with job engagement, did follow the model's predicted directions. The

Relational Health Communication Competence Model (Kreps, 1988) serves as a vehicle for "interpersonal interaction between consumers and providers of health care…by guiding strategic health behavior, treatment, decision-making, and influencing psycho-social adaptation" (Kreps, 2001, p. 598). For health communication scholars, ideally, this study will provide another weapon in their arsenal to improve provider-recipient communication and thus increase quality of care. For the elder care industry, it should be a springboard for developing communication skills training programs designed to help assisted living facility employees improve their communication competence, thus encouraging more social support interactions and ultimately providing enhanced resident care by increasing job engagement.

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Appendix A

Communication Competence Scale (Wiemann, 1977)

Instructions: Complete the following questions. Circle one of the sets of letters under each numbered question based upon whether you strongly agree (SA), agree (A), are undecided or neutral (N), disagree (D), or strongly disagree (SD).

1. I find it easy to get along with others.
   SA A N D SD

2. I can adapt to changing situations.
   SA A N D SD

3. I treat people as individuals.
   SA A N D SD

4. I interrupt others too much.
   SA A N D SD

5. I am "rewarding" to talk to.
   SA A N D SD

6. I can deal with others effectively
   SA A N D SD

7. I am a good listener.
   SA A N D SD

8. My personal relations are cold and distant.
   SA A N D SD

9. I am easy to talk to.
   SA A N D SD

10. I won't argue with someone just to prove I am right.
    SA A N D SD

11. My conversation behavior is not "smooth".
    SA A N D SD

12. I ignore other people's feelings.
SA A N D SD

13. I generally know how others feel.
SA A N D SD

14. I let others know I understand them.
SA A N D SD

15. I understand other people.
SA A N D SD

16. I am relaxed and comfortable when speaking.
SA A N D SD

17. I listen to what people say to me.
SA A N D SD

18. I like to be close and personal with people.
SA A N D SD

19. I generally know what type of behavior is appropriate in any given situation.
SA A N D SD

20. I usually do not make unusual demands on my friends.
SA A N D SD

21. I am an effective conversationalist.
SA A N D SD

22. I am supportive of others.
SA A N D SD

23. I do not mind meeting strangers.
SA A N D SD

24. I can easily put myself in another person's shoes.
SA A N D SD

25. I pay attention to the conversation.
SA A N D SD

26. I am generally relaxed when conversing with a new acquaintance.
SA A N D SD

27. I am interested in what others have to say.
SA A N D SD

28. I don't follow the conversation very well.
SA A N D SD

29. I am a likeable person.
SA A N D SD

30. I am flexible.
SA A N D SD

31. I am not afraid to speak with people in authority.
SA A N D SD

32. People can go to me with their problems.
SA A N D SD

33. I generally say the right thing at the right time.
SA A N D SD

34. I like to use my voice and body expressively.
SA A N D SD

35. I am sensitive to others' needs of the moment.
SA A N D SD

Appendix B

Maslach Burnout Inventory (Maslach & Jackson, 1981)

Instructions: Please complete the following questions. Circle one of the sets of letters under each numbered question based upon whether you strongly agree (SA), agree (A), are undecided or neutral (N), disagree (D), or strongly disagree (SD).

Emotional Exhaustion

1. I feel emotionally drained from my work.
   SA A N D SD

2. I feel used up at the end of the workday.
   SA A N D SD

3. I feel fatigued when I get up in the morning and have to face another day on the job.
   SA A N D SD

4. Working with people all day is really a strain for me.
   SA A N D SD

5. I feel burned out from my work.
   SA A N D SD

6. I feel frustrated by my job.
   SA A N D SD

7. Working with people directly puts too much stress on me.
   SA A N D SD

8. I feel like I'm at the end of my rope.
   SA A N D SD

Personal Accomplishment

9. I can easily understand how my recipients feel about things.
   SA A N D SD

10. I deal very effectively with the problems of my recipients.
    SA A N D SD

11. I feel I'm positively influencing other people's lives through my work.
SA A N D SD

12. I feel very energetic.
SA A N D SD

13. I can easily create a relaxed atmosphere with my recipients.
SA A N D SD

14. I feel exhilarated after working closely with my recipients.
SA A N D SD

15. I have accomplished many worthwhile things in this job.
SA A N D SD

16. In my work, I deal with emotional problems very calmly.
SA A N D SD

<u>Depersonalization</u>

17. I feel I treat some recipients as if they were impersonal "objects".
SA A N D SD

18. I've become more callous toward people since I took this job.
SA A N D SD

19. I worry that this job is hardening me emotionally.
SA A N D SD

20. I don't really care what happens to some recipients.
SA A N D SD

21. I feel recipients blame me for some of their problems.
SA A N D SD

Appendix C

Utrecht Work Engagement Scale-9 (Schaufeli & Bakker, 2006)

Instructions: Read each statement and decide if you ever feel this way about your job. If you have never had this feeling circle the "0" (zero). If you have had this feeling, indicate how often you felt it by circling the number that best describes how frequently you feel that way. Please use the following scale:

0 = Never
1 = Almost Never. A few times a year or less.
2 = Rarely. Once a month or less.
3 = Sometimes. A few times a month.
4 = Often. Once a week.
5 = Very often. A few times a week
6 = Always. Every day.

1. At my work, I feel bursting with energy. (Vigor Scale)
   0 1 2 3 4 5 6

2. At my job, I feel strong and vigorous. (Vigor Scale)
   0 1 2 3 4 5 6

3. I am enthusiastic about my job. (Dedication Scale)
   0 1 2 3 4 5 6

4. My job inspires me. (Dedication Scale)
   0 1 2 3 4 5 6

5. When I get up in the morning, I feel like going to work. (Vigor Scale)
   0 1 2 3 4 5 6

6. I feel happy when I am working intensely. (Absorption Scale)
   0 1 2 3 4 5 6

7. I am proud of the work that I do. (Dedication Scale)
   0 1 2 3 4 5 6

8. I am immersed in my work. (Absorption Scale)
   0 1 2 3 4 5 6

9. I get carried away when I am working. (Absorption Scale)
   0 1 2 3 4 5 6

Appendix D

Social Support Questionnaire (Sarason, Sarason, Shearin, & Pierce, 1987)

Instructions: The following questions ask about people in your environment who provide you with help or support with both professional and personal issues. Each question has two parts. For the 1st part, please check the box next to all the people whom you can count on for help or support in the manner described. Please check ALL that apply. For the 2nd part, please indicate how satisfied you are with the overall support you receive. If you have no support for a question, please indicate the words, "No One", but still report your level of satisfaction.

1. Whom can you really count on to be dependable when you need help?
   - ☐ No One
   - ☐ My Romantic Partner
   - ☐ My Mother
   - ☐ My Father
   - ☐ My Sister(s)
   - ☐ My Brother(s)
   - ☐ Other Family Member(s)
   - ☐ My Friend(s) (Other than individuals with whom you work)
   - ☐ My Work Colleague(s)
   - ☐ My Religious/Spiritual Advisor(s)
   - ☐ Other (Please specify) _____

1a. How satisfied are you with the overall support you receive from the previously listed individual(s) to be dependable when you need help? Please check one of the following options:
   - ☐ Very Satisfied
   - ☐ Fairly Satisfied
   - ☐ A Little Satisfied
   - ☐ A Little Dissatisfied
   - ☐ Fairly Dissatisfied
   - ☐ Very Dissatisfied

2. Whom can you really count on to help you feel more relaxed when you are under pressure or tense?

- □ No One
- □ My Romantic Partner
- □ My Mother
- □ My Father
- □ My Sister(s)
- □ My Brother(s)
- □ Other Family Member(s)
- □ My Friend(s) (Other than individuals with whom you work)
- □ My Work Colleague(s)
- □ My Religious/Spiritual Advisor(s)
- □ Other (Please specify) _____

2a. How satisfied are you with the overall support you receive from the previously listed individuals to help you feel more relaxed when you are under pressure or tense? Please check one of the following options:

- □ Very Satisfied
- □ Fairly Satisfied
- □ A Little Satisfied
- □ A Little Dissatisfied
- □ Fairly Dissatisfied
- □ Very Dissatisfied

3. Who accepts you totally, including both your worst and your best points?

- □ No One
- □ My Romantic Partner
- □ My Mother
- □ My Father
- □ My Sister(s)
- □ My Brother(s)
- □ Other Family Member(s)
- □ My Friend(s) (Other than individuals with whom you work)
- □ My Work Colleague(s)
- □ My Religious/Spiritual Advisor(s)
- □ Other (Please specify) _____

3a. How satisfied are you with the overall support you receive from the previously listed individuals to accept you totally, including both your worst and your best points? Please check one of the following options:

- ☐ Very Satisfied
- ☐ Fairly Satisfied
- ☐ A Little Satisfied
- ☐ A Little Dissatisfied
- ☐ Fairly Dissatisfied
- ☐ Very Dissatisfied

4. Who can you really count on to care about you, regardless of what is happening to you?

- ☐ No One
- ☐ My Romantic Partner
- ☐ My Mother
- ☐ My Father
- ☐ My Sister(s)
- ☐ My Brother(s)
- ☐ Other Family Member(s)
- ☐ My Friend(s) (Other than individuals with whom you work)
- ☐ My Work Colleague(s)
- ☐ My Religious/Spiritual Advisor(s)
- ☐ Other (Please specify) _____

4a. How satisfied are you with the overall support you receive from the previously listed individuals to care about you, regardless of what is happening to you? Please check one of the following options:

- ☐ Very Satisfied
- ☐ Fairly Satisfied
- ☐ A Little Satisfied
- ☐ A Little Dissatisfied
- ☐ Fairly Dissatisfied
- ☐ Very Dissatisfied

5. Whom can you really count on to help you feel better when you are feeling generally down-in-the-dumps?

- No One
- My Romantic Partner
- My Mother
- My Father
- My Sister(s)
- My Brother(s)
- Other Family Member(s)
- My Friend(s) (Other than individuals with whom you work)
- My Work Colleague(s)
- My Religious/Spiritual Advisor(s)
- Other (Please specify) _____

5a. How satisfied are you with the overall support you receive from the previously listed individuals to help you feel better when you are feeling generally down-in-the-dumps? Please check one of the following options:

- Very Satisfied
- Fairly Satisfied
- A Little Satisfied
- A Little Dissatisfied
- Fairly Dissatisfied
- Very Dissatisfied

6. Whom can you count on to console you when you are very upset?

- No One
- My Romantic Partner
- My Mother
- My Father
- My Sister(s)
- My Brother(s)
- Other Family Member(s)
- My Friend(s) (Other than individuals with whom you work)
- My Work Colleague(s)
- My Religious/Spiritual Advisor(s)
- Other (Please specify) _____

6a. How satisfied are you with the overall support you receive from the previously listed individuals to console you when you are very upset? Please check one of the following options:

- ☐ Very Satisfied
- ☐ Fairly Satisfied
- ☐ A Little Satisfied
- ☐ A Little Dissatisfied
- ☐ Fairly Dissatisfied
- ☐ Very Dissatisfied

Appendix E

Critical Incident Technique Questions (Flanagan, 1954)

Instructions: We are interested in understanding how people can be more supportive of assisted living employees. To answer these questions, please think about people in your environment who provide you with help or support. These people may be fellow employees or people outside of your job. After each question, please write your response. There are no right or wrong answers.

1. Think about a time when you felt satisfied and supported in your job. This support may be from supervisors, colleagues, and/or people outside of work. Please describe what happened in this supportive situation by recalling some of the interaction and accompanying messages.

a. How would you describe what happened?

b. How did you feel before the exchange?

c. What did this person say or do?

d. How did you respond?

e. How was the exchange helpful?

f. How did you feel after the exchange?

2. Think about a time when you felt dissatisfied and not supported in your job. This lack of support may be from supervisors, colleagues, and/or people outside of work. Please describe what happened in this non-supportive situation by recalling some of the interaction and accompanying messages.

   a. How would you describe what happened?

   b. How did you feel before the exchange?

   c. What did this person say or do?

   d. How did you respond?

   e. How was the exchange dissatisfying?

   f. How did you feel after the exchange?

   g. What did you want to happen differently?

Appendix F

The Assisted Living Facility Employee Questionnaire

University of Oklahoma
Institutional Review Board
Informed Consent to Participate in a Research Study

Project Title:	Using the Relational Health Communication Model to examine the Relationship of Communication Competence and Social Support to Job Burnout and Job Engagement of Assisted Living Facility Employees
Principal Investigator:	Eileen S. Gilchrist
Department:	Communication

You are being asked to volunteer for this research study. This study is being conducted at Arbor House Assisted Living facility. You were selected as a possible participant because you are an employee of Arbor House Assisted Living facility. Please read this form and ask any questions that you may have before agreeing to take part in this study.

Purpose of the Research Study

The purpose of this study is to understand how perceived communication competence is related to job satisfaction and job burnout.

Number of Participants

About 200 people will take part in this study.

Procedures

If you agree to be in this study, you will be asked to complete a short questionnaire.

Length of Participation

Participation in this study should take no more than 30 minutes.

This study has the following risks:

Some of the questions are of a personal nature and may evoke emotional responses.

Benefits of being in the study are

Benefits are an addition to the general body of knowledge regarding health communication, job satisfaction, and job burnout.

Confidentiality
In published reports, there will be no information included that will make it possible to identify you without your permission. Research records will be stored securely and only approved researchers will have access to the records. There are organizations that may inspect and/or copy your research records for quality assurance and data analysis. These organizations include the OU Communication Department faculty and the OU Institutional Review Board.

Compensation

You will not be reimbursed for you time and participation in this study.

Voluntary Nature of the Study

Participation in this study is voluntary. If you withdraw or decline participation, you will not be penalized or lose benefits or services unrelated to the study. If you decide to participate, you may decline to answer any question and may choose to withdraw at any time.

Contacts and Questions

If you have concerns or complaints about the research, the researcher(s) conducting this study can be contacted at:

Eileen S. Gilchrist – egilchrist@ou.edu 405-819-9892
Kevin B. Wright – kbwrigth@ou.edu 405-325-5946

Contact the researcher(s) if you have questions or if you have experienced a research-related injury. If you have any questions about your rights as a research participant, concerns, or complaints about the research and wish to talk to someone other than individuals on the research team or if you cannot reach the research team, you may contact the University of Oklahoma – Norman Campus Institutional Review Board (OU-NC IRB) at 405-325-8110 or irb@ou.edu.

You will be given a copy of this information to keep for your records. If you are not given a copy of this consent form, please request one.

Statement of Consent

I have read the above information. I have asked questions and have received satisfactory answers. I consent to participate in the study.

Signature Date

Assisted Living Facility Employee Questionnaire

The University of Oklahoma would like to gather your opinions regarding communication issues and job attitudes among employees in the assisted living industry. This information will be used to better understand the nature of working in this industry. Please answer the following questions based on how you feel about your job in an assisted living facility.

This questionnaire has six sections:

The 1st section, Job Burnout, will provide key information about how employees may feel overwhelmed by their job responsibilities.

The 2nd section, Communication Practices, will provide essential information about how employees view their communication with others.

The 3rd section, Job Engagement, will provide vital information regarding how employees may feel positive and fulfilled by their job responsibilities.

The 4th and 5th sections, Social Support, will provide an understanding of how people receive support to help with job responsibilities and stress level.

The 6th and final section, Demographics, will provide important background information so that a profile of assisted living employees may be developed

Please continue to the next page to start the survey.

1st Section Instructions

Items 1 – 24 ask information about how you may feel overwhelmed by your job responsibilities. There are no right or wrong answers. Just indicate the degree to which the statement describes you in most situations. Please answer the questions by circling one of the sets of letters under each numbered question based upon whether you strongly agree (SA), agree (A), are undecided or neutral (N), disagree (D), or strongly disagree (SD).

1. I feel emotionally drained from my work.
   SA A N D SD

2. I feel used up at the end of the workday.
   SA A N D SD

3. I feel fatigued when I get up in the morning and have to face another day on the job.
   SA A N D SD

4. Working with people all day is really a strain for me.
   SA A N D SD

5. I feel burned out from my work.
   SA A N D SD

6. I feel frustrated by my job.
   SA A N D SD

7. Working with people directly puts too much stress on me.
   SA A N D SD

8. I feel like I'm at the end of my rope.
   SA A N D SD

9. I can easily understand how my recipients feel about things.
   SA A N D SD

10. I deal very effectively with the problems of my recipients.
    SA A N D SD

11. I feel I'm positively influencing other people's lives through my work.
    SA A N D SD

12. I feel very energetic.
    SA A N D SD

13. I can easily create a relaxed atmosphere with my recipients.
SA A N D SD

14. I feel exhilarated after working closely with my recipients.
SA A N D SD

15. I have accomplished many worthwhile things in this job.
SA A N D SD

16. In my work, I deal with emotional problems very calmly.
SA A N D SD

17. I feel I treat some recipients as if they were impersonal “objects”.
SA A N D SD

18. I’ve become more callous toward people since I took this job.
SA A N D SD

19. I worry that this job is hardening me emotionally.
SA A N D SD

20. I don’t really care what happens to some recipients.
SA A N D SD

21. I feel recipients blame me for some of their problems.
SA A N D SD

22. I feel similar to my recipients in many ways.
SA A N D SD

23. I feel personally involved with my recipients’ problems.
SA A N D SD

24. I feel uncomfortable about the way I have treated some people.
SA A N D SD

2nd Section Instructions:

Items 25 – 59 ask about how you view yourself and how you communicate with others in BOTH your professional and personal relationships. There are no right or wrong answers. Just indicate the degree to which the statement describes you in most situations. Please answer the questions by circling one of the sets of letters under each numbered question based upon whether you strongly agree (SA), agree (A), are undecided or neutral (N), disagree (D), or strongly disagree (SD).

25. I find it easy to get along with others.
SA A N D SD

26. I can adapt to changing situations.
SA A N D SD

27. I treat people as individuals.
SA A N D SD

28. I interrupt others too much.
SA A N D SD

29. I am "rewarding" to talk to.
SA A N D SD

30. I can deal with others effectively
SA A N D SD

31. I am a good listener.
SA A N D SD

32. My personal relations are cold and distant.
SA A N D SD

33. I am easy to talk to.
SA A N D SD

34. I won't argue with someone just to prove I am right.
SA A N D SD

35. My conversation behavior is not "smooth".
SA A N D SD

36. I ignore other people's feelings.
SA A N D SD

37. I generally know how others feel.
SA A N D SD

38. I let others know I understand them.
SA A N D SD

39. I understand other people.
SA A N D SD

40. I am relaxed and comfortable when speaking.
SA A N D SD

41. I listen to what people say to me.
SA A N D SD

42. I like to be close and personal with people.
SA A N D SD

43. I generally know what type of behavior is appropriate in any given situation.
SA A N D SD

44. I usually do not make unusual demands on my friends.
SA A N D SD

45. I am an effective conversationalist.
SA A N D SD

46. I am supportive of others.
SA A N D SD

47. I do not mind meeting strangers.
SA A N D SD

48. I can easily put myself in another person's shoes.
SA A N D SD

49. I pay attention to the conversation.
SA A N D SD

50. I am generally relaxed when conversing with a new acquaintance.
SA A N D SD

51. I am interested in what others have to say.
SA A N D SD

52. I don't follow the conversation very well.
SA A N D SD

53. I am a likeable person.
SA A N D SD

54. I am flexible.
SA A N D SD

55. I am not afraid to speak with people in authority.
SA A N D SD

56. People can go to me with their problems.
SA A N D SD

57. I generally say the right thing at the right time.
SA A N D SD

58. I like to use my voice and body expressively.
SA A N D SD

59. I am sensitive to others' needs of the moment.
SA A N D SD

3rd Section Instructions

Items 61 – 69 ask about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling circle the "0" (zero) in the space after the statement. If you have had this feeling, indicate how often you felt it by circling the number (from 1 – 6) that best describes how frequently you feel that way. Please use the following scale:

0 = Never
1 = Almost Never. A few times a year or less.
2 = Rarely. Once a month or less.
3 = Sometimes. A few times a month.
4 = Often. Once a week.
5 = Very often. A few times a week
6 = Always. Every day.

10. At my work, I feel bursting with energy.
0 1 2 3 4 5 6

11. At my job, I feel strong and vigorous.
0 1 2 3 4 5 6

12. I am enthusiastic about my job.
0 1 2 3 4 5 6

13. My job inspires me.
0 1 2 3 4 5 6

14. When I get up in the morning, I feel like going to work.
0 1 2 3 4 5 6

15. I feel happy when I am working intensely.
0 1 2 3 4 5 6

16. I am proud of the work that I do.
0 1 2 3 4 5 6

17. I am immersed in my work.
0 1 2 3 4 5 6

18. I get carried away when I am working.
0 1 2 3 4 5 6

4th Section Instructions:

Items 70-75a ask about people in your environment who provide you with help or support with both professional and personal issues. Each question has two parts.

For the 1st part, please list all the people, excluding yourself, whom you can count on for help or support in the manner described. Please check ALL that apply.

For the 2nd part, please indicate the number which describes how satisfied you are with the overall support you receive. If you have no support for a question, please indicate the words, "No One", but still report your level of satisfaction.

6 = Very Satisfied
5 = Fairly Satisfied
4 = A Little Satisfied
3 = A Little Dissatisfied
2 = Fairly Dissatisfied
1 = Very Dissatisfied

70. Whom can you really count on to be dependable when you need help?

No One
My Romantic Partner
My Mother
My Father
My Sister(s)
My Brother(s)
Other Family Member(s)
My Friend(s) (Other than individuals with whom you work)
My Work Colleague(s)
My Religious/Spiritual Advisor(s)
Other (Please specify) _____

70a. How satisfied are you with the overall support you receive from the previously listed individual(s) to be dependable when you need help?

6 5 4 3 2 1

71. Whom can you really count on to help you feel more relaxed when you are under pressure or tense?

No One
My Romantic Partner
My Mother
My Father
My Sister(s)
My Brother(s)
Other family members (Please specify)_____
My Friend(s) (Other than individuals with whom you work)
My Work Colleague(s)
My Religious/Spiritual Advisor(s)
Other (Please specify) _____

71a. How satisfied are you with the overall support you receive from the previously listed individuals to help you feel more relaxed when you are under pressure or tense?

6 5 4 3 2 1

72. Who accepts you totally, including both your worst and your best points?

No One
My Romantic Partner
My Mother
My Father
My Sister(s)
My Brother(s)
Other family members (Please specify)_____
My Friend(s) (Other than individuals with whom you work)
My Work Colleague(s)
My Religious/Spiritual Advisor(s)
Other (Please specify) _____

72a. How satisfied are you with the overall support you receive from the previously listed individuals to accept you totally, including both your worst and your best points?

6 5 4 3 2 1

73. Who can you really count on to care about you, regardless of what is happening to you?

No One
My Romantic Partner
My Mother
My Father
My Sister(s)
My Brother(s)
Other family members (Please specify)_____
My Friend(s) (Other than individuals with whom you work)
My Work Colleague(s)
My Religious/Spiritual Advisor(s)
Other (Please specify) _____

73a. How satisfied are you with the overall support you receive from the previously listed individuals to care about you, regardless of what is happening to you?

6 5 4 3 2 1

74. Whom can you really count on to help you feel better when you are feeling generally down-in-the-dumps?

No One
My Romantic Partner
My Mother
My Father
My Sister(s)
My Brother(s)
Other family members (Please specify)_____
My Friend(s) (Other than individuals with whom you work)
My Work Colleague(s)
My Religious/Spiritual Advisor(s)
Other (Please specify) _____

74a. How satisfied are you with the overall support you receive from the previously listed individuals to help you feel better when you are feeling generally down-in-the-dumps?

6 5 4 3 2 1

75. Whom can you count on to console you when you are very upset?

No One
My Romantic Partner
My Mother
My Father
My Sister(s)
My Brother(s)
Other family members (Please specify)_____
My Friend(s) (Other than individuals with whom you work)
My Work Colleague(s)
My Religious/Spiritual Advisor(s)
Other (Please specify) _____

75a. How satisfied are you with the overall support you receive from the previously listed individuals to console you when you are very upset?

6 5 4 3 2 1

5th Section Instructions:

For items 76 – 77g, we are interested in understanding how people can be more supportive of assisted living employees. To answer these questions, please think about people in your environment who provide you with help or support. These people may be fellow employees or people outside of your job. After each question, please write your response. There are no right or wrong answers.

76. Think about a time when you felt supported in your job. This support may be from supervisors, colleagues, and/or people outside of work. Please describe what happened in this supportive situation by recalling some of the interaction and accompanying messages.

g. How would you describe what happened?

h. How did you feel before the exchange?

i. What did this person say or do?

j. How did you respond?

k. How was the exchange helpful?

l. How did you feel after the exchange?

77. Think about a time when you felt not supported in your job. This lack of support may be from supervisors, colleagues, and/or people outside of work. Please describe what happened in this non-supportive situation by recalling some of the interaction and accompanying messages.

h. How would you describe what happened?

i. How did you feel before the exchange?

j. What did this person say or do?

k. How did you respond?

l. How was the exchange dissatisfying?

m. How did you feel after the exchange?

n. What did you want to happen differently?

6th Section Instructions:
Items 78 – 89 ask about some of your biographical characteristics. Please mark the appropriate choice, or write-in as necessary.

78. What is you age? _____

79. What is your gender?
Female Male

80. How would you describe yourself?
African American
Asian
Caucasian
Latino
Native American
Other

81. What is your marital status?
Single
Married
Separated
Divorced
Widow/Widower

82. What is your current work status (at this job)?
Full time
Part time

83. How many years have your worked in the elderly care industry?
Less than 1 year
1+ through 3 years
3+ through 5 years
5+ through 10 years
10+ through 20 years
More than 20

84. How many years have your worked at the assisted living facility where you are currently employed?
Less than 1 year
1+ through 3 years
3+ through 5 years
5+ through 10 years
10+ through 20 years
More than 20

85. What is your current job title/position (at this job)?
Administrator
Activity Director
RN
LPN
CAN
CMA
DON
Receptionist
Dietary Manager
Cook
Kitchen Staff
Housekeeper
Maintenance Staff
Other

86. Please circle any certifications you hold (select all that apply).
Certified Nurse Aide
Medication Administration Technician
Certified Medication Aide
Registered Nurse
Licensed Practical Nurse
Certified Nurse Technician

87. What is the population of the community in which your Assisted Living is located?
Less than 50,000
50,000 – 100,000
More than 100,000

88. Is your assisted living facility owned by a not-for-profit organization?
Yes
No
Unsure

89. Is your assisted living facility owned by a religious based organization?
Yes
No
Unsure

On behalf of the University of Oklahoma, thank you for completing the assisted living facility employee survey.

Appendix G

Critical Incidents Theory Responses

CIT Question (Survey Item 76): Think about a time when you felt supported in your job. This support may be from supervisors, colleagues, and/or people outside of work. Please describe what happened in this supportive situation by recalling some of the interaction and accompanying messages.

Part 1 - How would you describe what happened?
Part 2 - How did you feel before the exchange?
Part 3 - What did this person say or do?
Part 4 - How did you respond?
Part 5 - How was the exchange helpful?
Part 6 - How did you feel after the exchange?

Respondent 4:
Part 1 - being new to this position I have made multiple mistakes with procedural items
Part 2 - that I might loose my job
Part 3 - my direct supervisor has the attitude that this is a learning experience, I find that to be very supportive
Part 4 - thank you for your suppport
Part 5 - just knowing that even though the expectation is in place they understand that i am learning
Part 6 - supported

Respondent 7:
Part 1 - They have supported me in learning and taking a new turn in my career when I switched from Government to Assisted Living.
Part 2 - Nervous
Part 3 - They walked me through it, listened to my concerns, encouraged me through the down times.
Part 4 - We are now successful and I hold my head high. I still have a lot to learn, but I love my job and look forward to coming to work each day. I am thankful for the encouragement because I really feel like I have found my nitch!
Part 6 - good

Respondent 9:
Part 1 - My colleagues and I have an understanding that we can share what we are truly feeling about a situation, a resident, a family member, etc, and it will stay between us. Let's face it, people are getting crazier and more demanding than ever. If we can't talk and vent a little amongst ourselves, who are we really going to talk to about it?

Respondent 12:
Part 1 - I disagreed with my peers regarding a issue regarding how time periods are run. My boss carefully listened to what I had to say and supported what I was saying
Part 2 - Very frustrated with my peers and their follow through.
Part 3 - He heard me out to all the reasons and stated back what I was saying and why.He then directed a peer to follow through on something he was told to do 3 times in the last 6 months.
Part 4 - Thankful. I said I appreciated his support.I stated I would follow through on whatever conclusion he had but at least I was able to express mt point of view
Part 5 - I felt validated by my boss and that he listened to what I had to say. He heard me out to all the reasons and stated back what I was saying and why.
Part 6 - Relieved and confident that he understood my perspective.

Respondent 18:
Part 1 - Low census
Part 2 - I felt like I was not doing enough to get new residents to move in.
Part 3 - We discussed all avenues of current marketing practices as well as economy. He made me feel that I was doing all I could do.
Part 4 - I was very appreciative.
Part 5 - I felt better about my job performance.
Part 6 - I felt more confidence in myself and my job performance.

Respondent 21:
Part 1 - The place of employment was trying to make me quit my job.
Part 2 - I was frustrated and nervous.
Part 3 - Listened to my frustrations, validated my concerns and gave suggestions of how to address it with upper management.
Part 4 - Grateful for the support
Part 5 - It felt as though I wasn't alone.
Part 6 - Relieved

Respondent 22:
Part 1 - lending an ear to listen, offer advice or even go to bat with me to try to make it better
Part 2 - Like I was alone working on a problme
Part 3 - Just showed that we were in it together by digging in and helping me, spending time assisting with the challenge
Part 4 - thankfully
Part 5 - helped confidence
Part 6 - better

Respondent 28:
Part 1 - I almost left my job due to some issues with my immediate supervisor but some one in a higher position really took the time to listen to me and offered me a promotion to stay with the company the only down fall is the hour and ten minute drive.
Part 2 - i had already started to look for another job in a whole different line of work
Part 3 - offered me a job in another community
Part 4 - i told her i would take it
Part 5 - it made me feel as if i am a important part of the company some one the wanted to retain
Part 6 - RELIEVED

Respondent 35:
Part 1 - We needed our state government to help our residents and their families
Part 2 - I was hoping our state officials would help
Part 3 - They helped direct the agency to help our residents
Part 4 - with Praise
Part 5 - Very
Part 6 - Supported because we were trying to help elders in need

Respondent 36:
Part 1 - As a manager I frequently have to make decisions that are not always popular with all staff. My supervisors, colleagues trust my judgment and support my decisions. Most difficult decision is lay offs
Part 2 - I do not enjoy implementing decisions that affect people's livelihood. I feel sad and somewhat anxious.
Part 3 - Sometimes employees are angry; usually, they understand.
Part 4 – assurance

Part 6 - relieved, knowing that my decision are for the good of the whole, even though individuals are sometimes adversely affected.

Respondent 40:
Part 1 - personnel issue
Part 2 - very frustrated with a team member that reports to me
Part 3 - listened to me anf offrred a course of action agreed with me
Part 4 - folled their advice
Part 5 - helped me resolve the issue
Part 6 - better

Respondent 44:
Part 1 - Turning down a difficult resident -- letting the owners know that I felt I needed to do that
Part 2 - Have worked many years; nonetheless, not sure how the owner would respond
Part 3 - Said they trusted my judgement
Part 4 - Grateful
Part 5 - Validated my judgement -- that felt good!
Part 6 - Pleased that I had said "no" to the potential resident and that I was supported; and, as it turned out, this resident went on to another facility and caused all sorts of issues for them

Respondent 54:
Part 1 - I was having some issues with my staff, talked with my ED regarding this problem.
Part 2 - I felt betrayed, anxious, emotionally drained.
Part 3 - This person offered his support, complimented my abilities, supported me. Offered solutions.
Part 4 - Accepted advice, expressed my feelings, cried.
Part 5 - Felt like I had support, and solutions. "Light at the end of the tunnel" Relieved, reasurred, not so alone.
Part 6 - drained emotionally but not so alone, supported with a plan in place.

Respondent 55:
Part 1 - My supervisor is very supportive of continuing education and has been encouraging and flexible in assisting me in earning my masters degree.
Part 2 - Unsure of her reaction.
Part 3 - Very positive and encouraging.
Part 4 - Thankful, worked hard to be efficient to get my work done.
Part 5 - Positive outcome.

Part 6 - Relieved, thankful.

Respondent 56:
Part 1 - We opened a new facility with 47 beds of assisted living. It was a group effort between myself, the LPN, marketing staff, dietary manager, and activity director.
Part 2 - Uneasy - I wasn't sure how it was all going to come together. How do we provide services cost-effectively for a few people until we are able to reach 100% occupancy?
Part 3 - We helped each other through it - did alot of brainstorming. We were available to do whatever job was needed, even if it wasn't our customary job.
Part 4 - I appreciated everyone's efforts. I reminded them of the services we are providing Senior's and how much these Senior's need our assistance.
Part 5 - Absolutely - one person could not have done it alone.
Part 6 - I felt great - energized - give me another building to open.

Respondent 57:
Part 1 - had a problem employee who was always late, but the owner of the assisted living would support this individual because she had worked for ten years. I as the administrator ask the director of nursing to support me with the fact this aide was a problem no matter how long she had been with the company.
Part 2 - did not feel like i was getting the type of support i needed to do my job.
Part 3 - just her going into owners office with me and agreeing with the problems i was pointing out to the owner was a great help
Part 4 - after the meeting i told her how much that helped me
Part 5 - the owner supported me and i was able to make this employee be on time
Part 6 - good

Respondent 59:
Part 1 - Had a misunderstanding with one of my colleagues who did not assume the best intentions in a certain circumstance. I reached out to someone else who guided through how to approach this person and let her know how I felt
Part 2 - TERRIBLE...
Part 3 - She was angry with me that i had tried to "steal" a potential employee, which was not true.
Part 4 - I called her, told her I understood how she could be upset, but was also upset she would even think that was what I was doing.

Part 5 - It cleared the air, and deepened our friendship. it also deepened the relationship with the person who helped me out.
Part 6 - MUCH better.

Respondent 60:
Part 1 - A potential resident's family member was upset with me regarding the evaluation. (Resident was not appropriate for our assisted living setting.) Family member went to anyone who would listen and talked negatively about me, but refused to talk to me until I met with her and another director.
Part 2 - OK
Part 3 - Family member was extrememly rude and hateful. Executive Director was new and was supportive and helpful.
Part 4 - Remained calm, let the family member rake me over the coals. Apologized for any wrong doing and followed up with the Interim Executive Director.
Part 5 - Let me know where she was coming from.
Part 6 - Upset. However the Interim Executive Director was supportive and made me feel better.

Respondent 62:
Part 1 - I had had a bad day making phone calls. A prospect whose facility was a perfect application for our system had chosen not to reply to my phone calls, and after I left a final message to her explaining what we do and why we should work together, my manager reproached me for my technique, tone, and delivery
Part 2 - I felt frustrated and anxious
Part 3 - He reproached me for sounding desperate, and for not having enough fun, and for not being detached from the outcome.
Part 4 - I intially left work and took a walk, when I returned I we had a conference with the CEO, who said that my entire job was only to 'love' people, and that if I did that they didn't care if I sold a single system.
Part 5 - absolutely, it helped me to have more fun and be more relaxed on the phone, knowing that there was nothing else for me to do except 'love' the people I was talking to and try my best to help them accoring to their needs.
Part 6 - Much better, although there have still been problems and periods where I'm not as energetic as I was before, but I've come up with my own methods for energizing myself. Yoga and self-help sales books help too.

Respondent 63:
Part 1 - Others will sometimes offer to cover my desk when they see that I am overwhelmed by drop-in visitors asking for information and tours.

Part 2 - Flustered and rushed.
Part 3 - Offered to help by ansering the phone, etc.
Part 4 - Thanked them and accepted the help.
Part 5 - It allowed me to be more responsive to the visitors.
Part 6 - Supported.

Respondent 65:
Part 1 - I don't feel that my boos is very supportive at times, he always wants to be right.
Part 2 - He just frustrates me. He is only 36 years old

Respondent 66:
Part 1 - I had several very important issues at play that needed my attention all at one time. My Direct of Nursing services came over b/c she could see I had many issues to handle & asked me to pick the one I wanted to deal with & she would handle the others.
Part 2 - Somewhat anxious that I was unable to meet the needs of all 3 families but knew I could ask for help I was just so deep in it...I had a hard time triageing to delegate.
Part 3 - She told me it would be taken care of & I trust her to due so.
Part 4 - I gave her the tasks that needed done with some parameters on how I though best to serve the families from a social services perspective.
Part 5 - I created space for me w/ the knowledge that all 3 families would get the attention I felt they deserved.
Part 6 - far more relaxed & compentent in getting the one task done.

Respondent 67:
Part 1 - When I needed something done and had a time limit to do it in, that would have been hard to met without help.
Part 2 - That I had a lot to get done in little time.
Part 3 - Offered to help and encouragement that it would be fun.
Part 4 - grateful
Part 5 - It showed me I had someone to trust and depend on.
Part 6 - Felt proud of what we accomplished and grateful.

Respondent 68:
Part 1 - Upset at co-workers
Part 2 - angry and upset
Part 3 - Listened and helped me think through how to understand, analyze, interpret a situation and possible ways to respond.
Part 4 - Helped me to calm down

Part 5 - Helped me to calm down and develop and action plan of how to handle the situation
Part 6 - Better, calmer, prepared, supported.

Respondent 70:
Part 1 - I am the administrator of a facility with a very tight budget, and because of that, we are severely understaffed. I am unable to meet the demands of some of my residents due to either budget issues and/or time constraints due to staffing.
Part 2 - I always feel stressed, guilty, tense, pressured, etc. when things like this come up. I feel helpless and hopeless.
Part 3 - My supervisors (from regional to vice president) constantly reassure me that i am doing a good job and that they relate and understand the problems i face daily.
Part 4 - i am grateful for the pats on the back, but more so for the acknowledgment of the difficulty of the job. it's very easy for someone on the outside to look in and wonder why you cant juggle 10 balls at once, but my supervisors are understanding and encouraging.
Part 5 - absolutely. hearing praises during hard times definitely helps keep me motivated.
Part 6 - a little relieved. I still feel the pressure and the guilt, but at least I know that the residents are the only ones who don't get it. It feels a tiny bit better knowing that my employer is happy with me.

Respondent 73:
Part 1 - There was a complaint from a family member about laudry and a supervisor was able to dilute the situation because she was present when the laundry was washed
Part 2 - I felt like the family member was lying
Part 3 - The family member was in awe and had nothing to say there after
Part 4 - I thanked the superisor for the assistance and asked the family member if they neede help with anything else
Part 5 - Very much

Respondent 74:
Part 1 - Had a state survey that went really bad, staff and collegues rallied around each other.
Part 2 - Very down and defeated.
Part 3 - Let me know about their own experiences that were similar.
Part 4 - Realized I couldn't let it defeat me.
Part 5 - Remotivated me.

Part 6 - Better

Respondent 78:
Part 1 - They were affirming of my ideas and understanding of my situation
Part 2 - A bit frustrated and feeling many demands
Part 3 - They affirmed my work and understood my perspective
Part 4 - I thanked them for their time and affirmations
Part 5 - They affirmed me and understood my situation/frustration
Part 6 - Releived and supported

Respondent 81:
Part 1 - As administrator, I had to terminate a long-term employee knowing that this termination would be poorly received by residents and other staff members, yet I am certain it was the proper action to take.
Part 2 - Generally calm yet wanting to solicit the counsel of others who were not directly involved in this matter and who could offer objective advice.
Part 3 - This person listened as I outlined the facts of this case and my observations based upon those facts. This person then asked what I felt was an appropriate course of action and listened to my response. The person asked some probing questions to help me clarify some points that seemed a bit unclear, and then offered support for the decision I needed to make.
Part 4 - I thanked this person for their insights and proceeded with the action I needed to take.
Part 5 - The person is a Human Resources professional, so I was confident in this person's counsel and their evaluation of the situation.
Part 6 - Resolute.

Respondent 84:
Part 1 - I was in the process of overseeing the renovation and reopening of the facility. I was a bit nervous about the outcome, but was flooded with gratitude from the owner and the corporate employees for my work.
Part 2 - I was anxious about what they thought of the facility.
Part 3 - They acknowledged my efforts with kind words and gave me a monetary gift as well.
Part 4 - I thanked them on several occasions, and continued to work hard for them.
Part 5 - It made me feel appreciated.
Part 6 - I felt like I had accomplished my goal, and was ready for the next challenge.

Respondent 86:
Part 1 - Currently, I am trying to build the occupancy in a turn-around community. The other directors are fully supporting my actions. Each department is ready will and able to pitch in when I have a prospect.
Part 2 - Before starting with this team, I did not fully trust my co-workers to help me achieve my goals even though I help them to achieve theirs.
Part 3 - The other directors volunteer to step up when I tour prospects.
Part 4 - I thnak them at the end of the oturs and update them on where I am with the prospect. I also volunteer my services to their departments.
Part 5 - It builds trust and trust sells communities.
Part 6 - I feel that I am truly part of a team.

Respondent 87:
Part 1 - I had received a performance improvement plan from my superior related wholly to marketing activities or lack of. There were many extenuating circumstances in this building that was actually sitting at a higher census then ever in it's 10 year history. I had convinced myself (with my husband's help) that I was going to be fired. So I resigned. The director of nursing told me that if I left she would leave - I was the only reason that she was there.
Part 2 - Before the exchange - I felt like a failure, unappreciated, alone and very vulnerable.
Part 3 - She told my boss without my knowledge that he needed to find a way to keep me or she was going to walk.
Part 4 - In shock and awe. I recinded by resignation and asked to stay.
Part 5 - I didn't want to leave the residents and families in a lurch without an administrator or DNS - I decided that I had over reacted and put too much thought into the PIP
Part 6 - That I'm still not crazy about my job but I said that I would stay for 2 years (anniversary is April 09')

Respondent 88:
Part 1 - Victim of domestic violence at home. Frequently came to work with hidden bruises, however, once was unable to hide the bruises. Boss saw them, pulled me out of a meeting, took pictures, and gave me contact information for the local shelter & counseling.
Part 2 - Scared, worried, fearful
Part 3 - Asked questions, gave verbal support, offered community resources and referrals, gave reassurance that paid time off would be granted as needed.
Part 4 - Appreciative
Part 5 - Life altering in a positive way
Part 6 - Thankful

Respondent 90:
Part 1 - I had a meeting with a very difficult family that has unrealistic expectations of assisted living.
Part 2 - Nervous, already defeated
Part 3 - My boss said I'll pray for you and then called to make sure I was okay after the meeting ended
Part 4 - THANK YOU!
Part 5 - I knew my boss supported and trusted me.
Part 6 - With the family- a failure; after the exchange with boss- good about my career

Respondent 94:
Part 1 - A time when census was down I was reassured I am doing a good job and my job was secure. Congratulated me on my achievments and focused on how to move forward.
Part 2 - uneasy
Part 3 - congradulated me in front of my co-workers on what a great job I'm doing.
Part 4 - I said Thank you and smiled and passed the credit on to the rest of the team
Part 5 - It pushed me to strive harder
Part 6 - Much better

Respondent 95:
Part 1 - Most employess understand the high stress level associated with caring for elderly residents. At times families are unrealistic and demanding of staff. They expect things that cannot be done with the amount of staffing available. This is esp true of those residents who canot afford some of the higher scale assisted living facilities. I have found that those who fell into the middle or low middle class expected much more services at a lower cost than those who lived in upscale facilities. Since fewer staff available, most asministrators are on call 24/4 with no relief. they are responsible for nursing care,maintence, budgets,and day to day operations. With the right staff,even if it consists of just a few support people, they can be as effective as those working with a large corporation that have endless employees. Every person chips in to help lessen the stress of their coworkers.
Part 2 - overwhelmed, what had I gotten myself into, def. was not for the money, was I really going to be able to make a difference with my residents and their families

Part 3 - always stepped in to take over a diff. resident or familiy member. Headed off the problem before it got so large and snowballed. Made it possible to walk away if even for a momement and clear my head but I said something i regreted!
Part 4 - I felt my spirits were better. Not so stressed
Part 5 - Made it possible to not feel like everything rested on my shoulders
Part 6 - releived

Respondent 96:
Part 1 - Within the sales department I was able to get my first move-in and my team members gave me support.
Part 2 - Felt that I had finally accomplished something, but still yearned for support
Part 3 - "woohoo", "congratulations", "we knew you could do it."
Part 4 - Thank you, it's about time!
Part 5 - helped me feel supported and part of the team.
Part 6 - like part of the team, that I was doing my part.

Respondent 98:
Part 1 - i dont bring my promble to work
Part 2 - i tell all my promble to God
Part 3 - thank you God

Respondent 100:
Part 1 - mrs hall made sure that i took my net test for college
Part 2 - i felt like no one cared if i had a day off to take my test
Part 3 - she remined me that it was her that stayed on me about going back to college and that she supports me
Part 4 - i cryed and thanked her i hugged her

Respondent 101:
Part 1 - Some people are not as cooperative as others, there are some that allow their personal life to interfere with their professional life.
Part 2 - Depending on the exchange.
Part 3 - May have said something smart, out of content.
Part 4 - Ok.
Part 5 - It wasn't.
Part 6 - Indifferent.

Respondent 102:
Part 1 - 14 yr old brother becoming a father, and father-in-law going through major heart surgery
Part 2 - depressed, upset, sad
Part 3 - helped to make things better by praying with me, and calling me everyday just to see how my family and i were doing.
Part 4 - i felt comfort in knowing i had their support
Part 5 - i believe everything you go through only makes you stronger as a person
Part 6 - brought my spirit up.

Respondent 104:
Part 1 - I had to terminate an employee after hearing some horrible statements she made to other employees.
Part 2 - Horrible, because i really liked her and she was doing a really good job on paper. However, she was no so good with managing people.
Part 3 - She cried and was very upset. She said she had never received complaints before.
Part 4 - I told her i was sorry this happened but I could not let her continue working for me. She was too big of a liability.
Part 5 - Getting it over with was helpful. I had fretted about it, but once it was over, it was over.
Part 6 - Horrible, because i just turned a woman's life upside down by letting her go. She had packed up and moved her life 3 hours away to work for me.

Respondent 106:
Part 1 - When a patient was dying, Ann and staff was very supporative
Part 2 - Very sad and depressed
Part 3 - We talked about the amount of pain and what we could do for him to help
Part 4 - By talking about death and his dying it helped
Part 5 - I was able to concentrate on doing something for the patient
Part 6 - better

Respondent 109:
Part 1 - the individuals were very supportive listened to my problems and gave me good advice ,
Part 2 - i felt better
Part 3 - to sat back and think before you make any decision
Part 4 - thank you for the help
Part 5 - made me think about what i needed to do

Part 6 - some better

Respondent 110:
Part 1 - Felt as though I could not show appreciation to my employees due to budget issues. I had a great supporter who gave some wonderful advice and jumped in to help.
Part 2 - It was just what I needed. I felt helpless and she took that away
Part 3 - planned a party, gifts .... for little to no cost
Part 4 - with a tear
Part 5 - helped releave the helplessness
Part 6 - relieved

Respondent 112:
Part 1 - Generally "bad" day. . . We were forced to have a very loved resident move from our community as we are not a "lock down" and she had begun to wander. We had bent over backward for the family and the resident and the family knew it and had always been extremely appreciative of it. I had personally met with the family on several occasions and done things for them that (I felt) were way beyond my usual scope but I had done them gladly and with great love. When they were moving her out, they discovered a sweater that had been ruined when it was washed and one of the family members felt that it was "imperative" that I be told about the "shoddy" service. . .
Part 2 - I felt betrayed and beaten up. . no matter how hard I tried I just didn't seem to be able to make anyone happy. . .
Part 3 - Allowed me to vent; agreed that what they said wasn't necessary and that I did do way more than was "necessary" for many of my residents and everyone at my community should realize how fortunate they were to be able to have me at the helm! Even went to the extent to make the family sound much worse than they were . . .
Part 4 - Initially by defending the family! But I ended up just being calmed by being able to vent and hear that I was a good person
Part 5 - Calmed me down and made me realize my value and that I had gone over and above the "requirements' of my position
Part 6 - That I am willing to do these "over and above" things as that is the kind of person I am and that is the kind of community I run. I just needed to get a better perspective.

Respondent 113:
Part 1 - When I decided to take on more responsibility and was not sure of myself. My co-workers were very supportive and helped me make the decision to take the additional work load.

Part 2 - Uncertian.
Part 3 - You are more than qualified.
Part 4 - I will pray about it. I then made the decision to take the job.
Part 5 - Suppot from friends and co-workers are always helpful. It gave me the confidence I needed.
Part 6 - hopefull I would not them down.

Respondent 120:
Part 1 - I truly don't feel supported by my colleagues or my supervisors at work. This contributes greatly to my feelings of stress and burnout. However, I do feel supported by my assistant who is wonderful and works hard and has great ideas. This comes in the form of jumping right in to help out without having to ask what is needed, following through with tasks and commitments (something that is truly lacking in upper management) and being consistent At home my significant other is wonderful. I work a lot of hours over the Christmas holiday and before work on Christmas Eve I had a bit of a melt down. He gave me a big hug and encouraged me that I just had to get through one more day before I got a break and then that night when I got home he had bought me flowers because he knew I was having a hard day.
Part 2 - Drained, exhausted, unappreciated
Part 3 - I think this is listed above but he gave me a big hug and was just very supportive.
Part 4 - I was receptive and appreciative and apologetic for my exhaustion and emotion as I was crying and I felt like a bit of a mess
Part 5 - It is good to know that support comes from somewhere --that rather than get upset he listened and allowed me to cry gave me a big hug and helped me gain some perspective.
Part 6 - Better and calmer still tired but I feel fortunate to have someone who understands and loves me even when I feel like such a mess.

Respondent 125:
Part 1 - A resident close to the family died
Part 2 - I felt I needed to talk to someone
Part 3 - She was really supportive
Part 4 - I listened to their message
Part 5 - It made me understand better
Part 6 - Better about the giving

Respondent 128:
Part 1 - One of the residents went outside early one morning and froze to death while a co-worker and I were waking and showering other residents. Counselors were called it for grief counseling
Part 2 - Helpless, this death should not have happened in this manner. There should have been more safety measures in place for the residents.
Part 3 - The counselors were there to listen and help those of us involved, to get through this tragedy.
Part 4 - I let my thoughts and feelings out about what happened.
Part 5 - I got to let out my thoughts and feelings, so I wouldn't keep them inside and feel bad for a long time.
Part 6 - A little better.

Respondent 129:
Part 1 - I had worked here about 9 months and received employee of the quarter, a bonus and certificate directly after the holidays.
Part 2 - Like any other day
Part 3 - Good job
Part 4 - Happy
Part 5 - Made me feel appreciated
Part 6 - Good

CIT Question (Survey Item 77):: Think about a time when you felt not supported in your job. This lack of support may be from supervisors, colleagues, and/or people outside of work. Please describe what happened in this non-supportive situation by recalling some of the interaction and accompanying messages.

Part 1 - How would you describe what happened?
Part 2 - How did you feel before the exchange?
Part 3 - What did this person say or do?
Part 4 - How did you respond?
Part 5 - How was the exchange dissatisfying?
Part 6 - How did you feel after the exchange?
Part 7 - What did you want to happen differently?

Respondent 7:
Part 1 - I don't think I have had a time where I wasn't supported

Respondent 9:
Part 1 - I rarely, if ever, feel supported by my supervisor, who is the Chief Operating Officer for our company. He doesn't know how to run the business as far as caring about people goes. He only sees the bottom line.
Part 3 - He does not care about the employees here, and does not feel comfortable about the elderly population at all.
Part 4 - I cannot tell him how I really feel. I need my job!
Part 5 - I always feel like I am out here on my own...and I have to wing it most of the time. That places an unbelievable amount of stress and responsibility on my shoulders. I do not sleep well at all.
Part 7 - I would like to work for someone who is professional, caring, supportive and knowledgeable about caring for the elderly.

Respondent 12:
Part 1 - Same incident as above. The Director of Human Resources stated it was aveeptable to keep things status quo. That it was okay to have staff work 7 days straight with out a break. That I just did not know how to schedule my staff properly.
Part 2 - That I had a legitimate point for requesting the change in order to reduce my overtime.
Part 3 - I expressed why I what I was seeking and why I was seeking the change in schedule.

Part 4 - After sher made statements of what I was doing wrong. I was getting angry. I told her that I heard what she had to say but I disagreed. As she continued to restate her point I said I needed to terminate the discussion as I felt was getting to upset to continue the discussion at this time.
Part 5 - She got under my skin and I was personalizing what she had to say.
Part 6 - Very angry
Part 7 - Get to an understanding they we can hear each others point but agree to disagree. Not make personal accusations about how one or another person does their job. Personally, I am able to seperate my personal feelings from the situation. Perhaps repeat back what the individual is saying to let them hear that I am hearing them.

Respondent 18:
Part 1 - An employee from my parent organization called for me to make an immediate decision on a purchase. I felt like I needed more information to make the decision. My immediate supervisor ok'd the purchase and then told me to "deal with it."
Part 2 - I felt like I was doing my job by requiring more information before spending the money.
Part 3 - "Deal with it".
Part 4 - I did what I was told to do.
Part 5 - being told to "deal with it "
Part 6 - as if my opinion didn't matter.
Part 7 - I wish the information could have been discussed before a decision was made.

Respondent 21:
Part 1 - I knew upper management was trying to get me to quit my job.
Part 2 - Very nervous
Part 3 - When I asked my supervisor directly, he told me he would get back to me.
Part 4 - Thanked him.
Part 5 - The next day he called me to the office and upper management handed me a letter that told me I was terminated.
Part 6 - Relieved
Part 7 - That there was honesty from the beginning by terminating me rather then pouring on the stress with added work and complaints about my performance and being relocated to a closet for an office.

Respondent 22:
Part 1 - challenging situation occurred and I was told I was no longer being considered for a new position
Part 2 - Like I had the support and the confidence to take on the challenge of a new role
Part 3 - questioned by decisions and ability to perform or lead in the capacity of which I had already been tapped for.
Part 4 - by accepting the situation for what it was
Part 5 - Felt like I had been kicked as I had been told I was good enough for the role, had been tapped and planned on it, then the rug was taken out from under me due to something that was not related

Respondent 28:
Part 1 - I was called in to the office because my boss was upset that i had the maintenance man remove some locks off of lockers of people who no longer worked for the company and had not for at least 6 months
Part 2 - i felt ok about the decision because i had new employees that needed locker space
Part 3 - she asked me why did i have the locks removed off of the lockers before talking to her
Part 4 - i was very upset i just turned around and walked out of her office, I then went back in and ask her if that was the only thing she could find that i did wrong
Part 5 - made me feel that after 8 years of hard long hours she really could not find any thing else to complain about, and knowing how dedicated to my job I am sorta made me feel like i could not make a simple decision.
Part 6 - frustrated ready to quit
Part 7 - if she had used a different tone of voice or not talked down to me,

Respondent 35:
Part 1 - Hospital referring clients to nursing homes that are appropriate for assisted living
Part 2 - Frustrated
Part 3 - Told us we could access hospital referrals
Part 4 - Made the attempt
Part 5 - Still sending assisted living appropriate individuals to nurising homes where there is less independence and it is more expensive for the individual
Part 6 - Dissappointed but determined to keep trying
Part 7 - Explanation of the full spectrum of options for each hospital discharge - assisted living, nursing home, home health and adult day care

Respondent 40:
Part 1 - betrayed by a supervisor
Part 2 - anxious
Part 3 - did not speak to me directly but had someone do it for her
Part 4 - left the organization
Part 5 - it was a one sided conversation
Part 7 - to have an actual conversation about perceived events

Respondent 44:
Part 1 - Trying to negotiate for more staff; we're already at what I consider a bare minimum and negotiating for more is almost impossible
Part 2 - Angry, determined, had told myself I would quit if staffing not forthcoming
Part 3 - The owner said no to more staff; I resigned; then rescinded my resignation; then tried again for more staff; they said no again; I resigned again; same thing happened a 3rd time and I finally stopped resigning and dealt with the staffing
Part 4 - See above -- we still have lively conversations regarding staffing and they hold all the cards -- I know I do a good job; have an excellent reputation in the community, etc., and it's a new facility; however, I am in total disagreement, still, and have been there almost 2 years
Part 5 - Not heard, not listened to, and my years of experience do not seem to count in this situation -- in fact, my years of experience are negated.
Part 6 - I love what I do; love the process of creating a new facility and taking it from nothing to something which is what I have done -- I'm still going to resign very soon as I broke my ankle before Christmas, healing is slow, and I still don't have the staff I need. I am happy that the bosses are out of the facility and I only see one of them every other week. We have a great thing going on and they know it; however, the pay is low, their expectations are too high; etc., etc., etc. I am experienced, having been a nurse for many years, and I would like to feel listened to and heard. I would miss the process and the people very much; however, am going to try to make a "go" of consulting.
Part 7 - I want a part-time activities coordinator and that is not unreasonable.

Respondent 54:
Part 1 - Sometimes feel amount of work I do goes unrecognized by upper management. Feel their are people who always get pats on the backs and thanks for job well done, never seem to get this from supervisor. yet he puts me in charge in his absence.
Part 2 - Talked with close co-worker, was feeling inadequate, unworhty

Part 3 - Expressed how she felt my performance has been, gave me compliments, gave examples of my accomplishments
Part 4 - felt some relief and reassurance
Part 5 - I appreciated this support, but still felt inadequate
Part 6 - felt good to get this off my chest
Part 7 - I'm not really sure, what I should have done is talked to the person who was making me feel un-appreciated. I just didn't feel comfortable doing that and haven't to this day. Is still a stressful subject.

Respondent 55:
Part 1 - Sometimes there is tension in the workplace amongst collegues.
Part 2 - Anxious, stressed
Part 3 - Ignore or silence
Part 4 - Try to break the ice
Part 5 - Feel miserable at work when it isn't fun or it feels stressful to your body and mind.
Part 6 - Well, if the ice breaking worked, you feel better. If it continues, I just throw my hands in the air.
Part 7 - I wish there wasn't tension in the first place.

Respondent 56:
Part 1 - The company I was working for was going through a re-organization bankruptcy. Corporate staff were "out of touch" as they were all thinking they wouldn't be around in the near future.
Part 2 - Before the reorganization I had full support of corporate staff. During the reorganization I had little support or direction. I was asking questions but there were no answers.
Part 3 - Corporate staff were not able to provide reassurance and some were reluctant to help as they were out looking for jobs.
Part 4 - I worked hard to keep the property running smoothly for the residents. My focus turned to serving residents through this difficult time and to hell with corporate.
Part 5 - It was hard - residents and family members had questions I couldn't answer.
Part 6 - Burned - I left the organization.
Part 7 - I wanted direction from corporate. I wanted to be able to give residents and their families some idea of what was ahead of them.

Respondent 57:
Part 1 - over a employee who was always late to work
Part 2 - mad

Part 3 - said this employee was always late and she had been with the company along time and it was ok for her to be late.
Part 4 - I said "not ok with me," and made appointment with the owner
Part 5 - these people were over looking the fact it was my resposiblity to make sure employee's were on time.
Part 6 - hurt
Part 7 - get support from my co-workers and the owner

Respondent 59:
Part 1 - My raise was supposed to be one percentage, and a new supervisor went back and changed it, even though I knew it was supposed to be higher. I challenged it, was told it wasn't to be changed, but found out that her boss had approved the higher amount. Later found out that person had lied as well.
Part 2 - Nervous with a change in leadership, but confident my former boss was supporting me
Part 3 - See above
Part 4 - continued to challenge it. I eventually left the company for a much better job.
Part 5 - I do not like to be lied to.
Part 6 - SIck to my stomach!
Part 7 - I wanted an apology and the original raise reinstated. I found out later that they had done this to almost all of the regionals.

Respondent 60:
Part 1 - Discussed my administrator's license with the interim executive director, executive director and board members.
Part 2 - Upset
Part 3 - Listened, but never gave me an answer. (good or bad)
Part 4 - Wrote multiple letters.
Part 5 - Ignoring people is not the way I would approach a situation.
Part 6 - Ignored. Not important.
Part 7 - Get an answer.

Respondent 62:
Part 1 - I had planned a demo trip up to Chicago and Minneapolis, we were going to show up in Peoria, IL for a public bid meeting for the Peoria County Courthouse. I was late in booking the travel so the tickets were about 1500 dollars. The CEO canceled the trip.

Part 2 - I felt terrible. I felt as if he canceled it because he didn't think that I was good enough to represent the company. I also compared myself to the other systems analysts who didn't have to get permission to book a trip, and I felt inferior to them. I also felt bad because I had to cancel with the guy in Minnesota. He had gotten some of his health care people scheduled for the demo and now he had to rearrange his schedule.
Part 3 - He said that there wasn't enough to justify spending that much money on the trip because we had a couple dealers who would be representing our product at the bid meeting, and the project about which I was meeting the prospect in Minnesota was so far out (meaning that it wouldn't be built for at least a year) that we would have time to reschedule the trip and save money.
Part 4 - I accepted his opinion because it was his money and his company
Part 5 - yes
Part 6 - dejected
Part 7 - I wanted to be supported and for him to encourage me.

Respondent 63:
Part 1 - Front door entry system malfunctioning/not able to let people in from my somewhat remote location. Maintenance supervisor left for a meeting without being willing to help.
Part 2 - Unsure what to do.
Part 3 - Told me she always had more problems when I was on duty.
Part 4 - Got impatient and complained to others. (Later apologized as she fixed the problem a couple of hours later after her meeting.)
Part 5 - I felt at the time that no one appreciated the seriousness of the problem; I couldn't go home at the end of the day unless we had it working.
Part 6 - Upset at the time. Better after I apologized the next day and she also apologized.
Part 7 - I wanted to hear that my problem was taken seriously by the maintenance supervisor.

Respondent 66:
Part 1 - my office was being moved & maintance was recarpeting & painting everyone elses office & I asked about mine & was told that was my problem. Being pregnant I was not about to paint in a small space but hated the color. My other coworkers helped my spouse do it.
Part 2 - I never would have seen that coming, my supervisor is usally very supportive.
Part 3 - Fine.
Part 4 - coordinated other supportive people to help
Part 5 - coordinated other supportive people to help

Part 6 - I let it go, we all have our issues & disagreements. This wasn't something that effected resident/ family care & I knew I could get it done other ways.
Part 7 - I wished maintance department would have done for me like they did for everyone else on the unit.

Respondent 67:
Part 1 - Someone gave out false information about me.
Part 2 - I thought we were on better terms and got along well.
Part 3 - Stated false information about my personal character to others.
Part 4 - I was shocked and disappointed. I wanted to have a chance to show how I really was and not be judged before they saw the real me.
Part 5 - No one wants to have words with one another or hear rumors about yourself. It makes you feel uncomfortable.
Part 6 - Uncomfortable.
Part 7 - It should have never happened in the first place. The truth is what I wanted.

Respondent 68:
Part 1 - My contribution to a project was not acknowledged to others.
Part 2 - Angry and defensive
Part 3 - They didn't acknowledge my involvement in a complex situation.
Part 4 - I went to talk with the person about it, but they were not available. I did share with others about my involvement - which was helpful.
Part 5 - I had some pent up anger and resentment.
Part 6 - I calmed down with time. This colleague is generally very supportive of me and I realized I was judging this person too harshly. So, the situation passed.
Part 7 - It would've been nice if it didn't happen in the first place, but I would have liked to be calmer and be more accepting of the positive intent of this person's actions. They didn't mean to hurt my feelings, they had other issues that kept their focus in a different direction. That's okay.

Respondent 73:
Part 1 - Another caregiver would not assist with another resident
Part 2 - It shouldn't be a problem to help with another resident
Part 3 - They were not going to do it
Part 4 - I asked another worked in the building for their assistace
Part 5 - I really needed that caregiver to help because it was an emergency
Part 6 - I felt fine
Part 7 - I wanted them to act like an adult and do the job that they get paid for

Respondent 78:
Part 1 - I have always felt supported in this job. In my previous job I did not feel supported. In addition to all the variety of things I was doing I felt pressured to work harder.
Part 2 - Frustrated at the amount of work expected from the supervisor
Part 3 - She was unempathetic and the basic message was, "don't work harder, work smarter."
Part 4 - I was calm.
Part 5 - I did not feel heard and felt pressured to do more when I had felt I was already giving 110%
Part 6 - WORSE!
Part 7 - I was hoping that she would hire a 10 hours/week staff member to help me accomplish all the work I was doing.

Respondent 81:
Part 1 - I was in a marketing position in this industry representing a company whose concern seemed only to be filling apartments and driving profit, not the welfare of our residents. As Marketing Director, I was caught between my ethics and the demands of my employer. I discussed my concerns with a Regional Marketing Director who was intent on supporting the directives of the company and who would not offer any support to me personally for the dilema I was feeling.
Part 2 - Anxious, though I had prepared my thoughts so as to present detailed and substantive points.
Part 3 - Seemingly, he refused to acknowledge any of my concerns and maintained the company "party line".
Part 4 - I resigned from that position and went to work for another company.
Part 5 - I left the exchange feeling unheard and invalidated.
Part 6 - Dissapointed.
Part 7 - I had hoped to begin a dialogue of culture change which I believed would serve residents and ultimately drive revenue, thus meeting the needs of all parties.

Respondent 86:
Part 1 - In a previous job, I have a co-worker who would steal my leads in order to make herself look better.
Part 2 - I trusted her.
Part 3 - She went behind my back and called the leads behind my back which resulted in them being lost. She would then blame me.
Part 4 - I became very secretive and coniving.

Part 5 - I found myself having to work twice as hard to keep my leads and my job.
Part 6 - Bitter.
Part 7 - I wanted her fired when I first discovered her duplicity.

Respondent 87:
Part 1 - I received a PIP (performance improvement plan) based on the marketing performance of my building. I do all the marketing for the building and had not been making the required amount of contact and outreach calls a week. I was told "you've done nothing for six months" (for marketing - this from a newly hired regional marketer)- this after walking into a building that was extremely challenged in so many dimensions.
Part 2 - Before the exchange - exhausted from fixing the building.
Part 3 - My boss called me and told me that they were going to but me on a performance plan because census was not at budget and (30/36) and that he'd be faxing it over and that I should call for any questions?
Part 4 - I resigned about 4 weeks later.
Part 5 - I didn't tell them why I was resigning - I said something else.
Part 6 - Liberated but guilty. I sought out one of the owners to tell him why I resigned and this prompted more discussion - with two of the partners.
Part 7 - The PIP really hurt because I recieved it in lieu of an evaluation that was due 2 months earlier. The week after I started the job (9 months before the PIP) the former DNS resigned and upon her departure - so went the other two nurses on staff. I worked 2 weeks of double shifts before I hired other nurses. 10 rooms were filled with broken furniture, beds, garbage, donated clothes, the financial files were non-existant and so many systems were broken. Census had risen to 35/36 and then we had 5 deaths. I was trying and the PIP was really just a smack in the face and a push that I wasn't willing to take.

Respondent 88:
Part 1 - The Executive Director stated that the company had a Regional position that she wanted to recommend me for.
Part 2 - Hungry' for a promotion
Part 3 - Withdrew her recommendation with no reason given.
Part 4 - Gave notice and left the company
Part 5 - Disappointing
Part 6 - Confused
Part 7 - Her support

Respondent 94:
Part 1 - anytime there was a mistake I was too blame

Part 2 - horrible
Part 3 - I need to do better. There will be changes made if this keeps happening
Part 4 - I was young and just didnt say much. Even though things were not my fault I wouldnt stand up for myself. This was 5 yrs ago
Part 5 - not good
Part 6 - not good, unhappy
Part 7 - I learned from it. I would address it and take care of it. If it still didnt change I would jump to the next link in the chain

Respondent 95:
Part 1 - manager talking very badly to me
Part 2 - was trying to establish myself at a facility and show them what I had to offer
Part 3 - was not receptive to me. Saw me as a threat to her position even though I had no desire for it
Part 4 - attempted to talk and get everyones feelings out in the open
Part 5 - YES
Part 6 - made me doubt myself and my abilites to care for my patients
Part 7 - i should have stood up for myself at that exact moment esp when I knew I was right

Respondent 96:
Part 1 - Selfishness amongst co-workers to not help in a different department.
Part 2 - frustrated.
Part 3 - "this isn't their area of concern."
Part 4 - I understand that, but if you could help me out at a time that is convenient for you I would really appreciate it.
Part 5 - selfishness, made me feel as though my job was not as important.
Part 6 - bad.
Part 7 - collaboration and teamwork.

Respondent 101:
Part 1 - I need and overview of the job.
Part 2 - Indifferent
Part 3 - Nothing, it's simple the other person just felt right in.
Part 4 - Ok.
Part 5 - Dealt with it.
Part 6 - That the person wasn't happy with me.
Part 7 - I would have like to have had a conversation, build a repore, to establish good working environment.

Respondent 102:
Part 1 - changing adminstrators
Part 2 - confused and upset
Part 3 - i felt like the new adminstrator wasnt a good fit for the facility
Part 4 - grew distant to work and co-workers
Part 5 - i believe good came out of the situation.
Part 6 - i felt like things were looking more positive
Part 7 - Nothing

Respondent 110:
Part 1 - forced to ask a resident to move out. I was against it
Part 2 - Felt like I could help the family
Part 3 - Said they didnt want the risk. They overreacted
Part 4 - no response
Part 5 - I was told It was out of my hands
Part 6 - Low
Part 7 - to be trusted enough to make the right choice

Respondent 112:
Part 1 - I will use the same scenario as I didn't feel supported by the family in the end.
Part 2 - Like I had really made a wonderful difference in this person's life
Part 3 - Berated me for how our landry people had ruined a sweater.
Part 4 - I was rather in shock but said I was very sorry and would do what I could to replace the sweater.
Part 5 - Made me feel as if everything I had done to help this family was made moot by the stupid sweater!!
Part 6 - Like I had done everything I could have
Part 7 - Appreciation would have been lovely!

Respondent 113:
Part 1 - My husband felt I was putting to much pressure on myself by taking on a bigger work load.
Part 2 - Unsure of myself.
Part 3 - They were frustrated because I had already spent to much time at work.
Part 4 - Without a word.
Part 5 - Mixed feelings about my decision.
Part 6 - Uncertian.
Part 7 - He would encourage me.

Respondent 120:
Part 1 - I have to schedule orientations to train our volunteers on how to feed residents but because I am not a nurse I am not qualified to give the orientations. The person who is our clinical educator agrees to orientation times. I will send her emails and phone calls to remind her the day before. And still she is not around come the time of the orientation. I had to finally get my supervisor involved and it took her paging her and callinging her twice on her cell phone before she finally showed up ten minutes later. This looks horrible to people who come to donate their time to volunteer and it is frustrating for me because I feel like I don't know what else I can do. On top of that, I later got punished from my supervisor for coming to her at all with my concerns even though I took my supervisor's suggestions to heart and tried to hold a meeting where I could sit down and talk with our nurse educator
Part 2 - Discouraged, frustrated, hopeless
Part 3 - When I did sit down to talk with our nurse educator I tried very hard to be non threatening and kind and I choose my words very carefully but she got so defensive so quickly she didn't hear anything I said at all. Even when I tried to put it in gentle terms and I tried to say things such as I feel...
Part 4 - I gave up and decided I just have to live with how things are here. This was just one example of how my colleagues and supervisor handle things. My supervisor especially pays lip service to putting the residents first and working as a team but her actions are counter productive and don't match her words. I love the residents and our volunteers and again my assistant is wonderful which is why I am still here.
Part 5 - Not being listened to. Not being able to rely on colleagues to follow through on what they say or commit to even when we remind them. Not being able to communicate with anyone at all or develop a good solution.
Part 6 - Angry, frustrated, sad, hopeless, depressed,
Part 7 - I would love that we all could communicate with each other openly and together as a team rather than behind each others backs. That we feel safe and not threatened--that people follow through on their commitments --because it is not personal or about them, when people don't follow through, it is our residents who suffer. I see this on so many levels here.

Respondent 128:
Part 1 - I don’t have a particular situation in mind, I just never really feel supported by supervisors or administration at work.
Part 2 - No one really cares.
Part 3 - My boss acts like or just shrugs off anything I consider very important
Part 4 - Walked away feeling like my words fell on deaf ears.
Part 5 - I don’t believe I am very important.

Part 6 - Unimportant
Part 7 - I wanted to feel like my words were heard and that my thoughts and feelings mattered.