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An Assessment of the Nature and Correlates of Job Satisfaction for Employees of Illinois' Community Integrated Living Arrangements Program

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An Assessment of the Nature and Correlates
of Job Satisfaction for Employees
of Illinois' Community Integrated Living
Arrangements Program

by

Marie Anne MacKay

A Thesis Submitted to the Faculty of the Graduate School
of Loyola University of Chicago in Partial Fulfillment
of the Requirement for the Degree of
Master of Arts

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VITA

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INTRODUCTION

Overview

There is currently a national trend toward a more personal method of managing services for individuals with serious mental illness or developmental disabilities. This trend is based on the philosophy that in order to promote independence in daily living and to achieve greater economic self-sufficiency, services must address the individual and unique needs of each disabled person. Furthermore, the services must be provided in an integrated community setting.

This new approach to service delivery was formally put into operation in the state of Illinois on August 30, 1988, when Illinois Governor Thompson signed into law the Community Integrated Living Arrangements (CILA) Licensure and Certification Act (PL 86-922). Drafted by the Illinois Department of Mental Health (DMHDD), this legislation provided the basis for a series of fundamental changes in Illinois' system of residential services for persons with mental and developmental disabilities. The CILA program focuses on the individual residing in his/her home with different services mixed and blended to meet his/her needs at a given point in time. Overall, the CILA program is intended to promote personal choice, independence in daily living, economic self-

sufficiency, and community integration for persons with severe mental and developmental disabilities.

The CILA program is representative of the changes that have occurred over the past 20 years in residential service delivery. In the past, supportive services had been tied to a system where people move through a series of group residences which range from the most to least restrictive. It was assumed that people who needed more intensive services needed a more restrictive living environment (Illinois Department of Mental Health, 1991). However, the philosophy underlying more recent programs, including the CILA program, is derived from the fundamental belief that community-based supports are more effective than are larger isolated facilities in creating humane and "normal" educational and living environments (George & Baumeister, 1981).

The provision of services intended to promote personal choice, independence in daily living, economic self-sufficiency, and community integration for persons with mental and developmental disabilities is a labor intensive process requiring competent workers dedicated to improving the quality of life of disabled people (Bordieri & Peterson, 1988). Consequently, the satisfaction of service providers is an important factor for agencies to consider in their efforts to maintain a relatively stable and productive staff. Dissatisfaction among staff members is likely to influence attitudes toward work, which in turn may affect treatment

outcomes (Oberlander, 1990).

Based on a comprehensive review of the job satisfaction literature, Locke (1976) concluded that among the most important values or conditions conducive to job satisfaction are : (1) mentally challenging work with which the individual can cope successfully; (2) personal interest in the work itself; (3) work that is not too physically tiring; (4) rewards for performance that are just, informative, and in line with the individual's personal aspirations; (5) working conditions that are compatible with the individual's physical needs and that facilitate accomplishment of his or her work goals; (6) high self-esteem on the part of the employee; (7) agents in the work place who help the employee to attain job values such as interesting work, pay, and promotions, whose basic values are similar to his or her own, and who minimize role conflict and ambiguity.

The phenomenon of job satisfaction has been so heavily researched in part because happiness with ones work is a basic goal in itself. In addition, job satisfaction can have effects on an individual's other attitudes, physical health, mental health, absences, and turnover. Under certain conditions, it may also affect other types of job behavior, although, it has never been directly linked to productivity (Locke, 1976; Douglas, & Locke, 1985).

Although job satisfaction has been extensively studied in industrial settings, comparably few studies have attempted to

identify the components and correlates of job satisfaction for human service workers, including those employed in community health agencies. Much of the research concerning the satisfaction of community mental health workers was conducted during the 1970s and early 1980s, after the community mental health and integration movement had sufficiently mobilized. Some of the factors related to job satisfaction that have been identified include: participation in decision making (Sarata, 1974; Cherniss & Egnatios, 1978b); physical environment (Folkins, O'Reilly, Roberts, & Miller, 1977), working with clients (Vinokur-Kaplan, 1991), and personal competence and autonomy (Cherniss & Egnatios, 1978a). Frequently cited sources of dissatisfaction are: elements of organizational quality such as poor communication, lack of organization, ambiguity of role expectations, inefficiency (Cherniss & Egnatios, 1978a), and poor pay and opportunities for promotion (Webb, Gold, Brady, Chapman, Ferree, & Delange, 1980; Vinokur-Kaplan, 1991).

The present study will examine the meaning of job satisfaction and its correlates for employees of the CILA program, which is representative of the most recent trends in residential care for disabled individuals.

Meaning of Job Satisfaction

Herzberg (1959) developed a theory of job satisfaction that has been debated since its introduction. Herzberg's two-factor theory distinguishes between two sets of factors that

are involved in job satisfaction. The first set, motivators, are related to the content of the job and include such factors as achievement, recognition, work itself, advancement, and responsibility. The second set, hygienes, are related to the context of the job and include company policy and administration, supervision, working conditions, interpersonal relations, status, and salary. Herzberg (1966) argues that the causes of job satisfaction and of job dissatisfaction are separate and distinct. Herzberg's research suggests that motivator factors influence job satisfaction, while hygiene factors are associated more with job dissatisfaction. That is, although hygiene factors are a necessary condition for job satisfaction, they do not themselves produce job satisfaction. Rather, it is the presence of motivators that leads to high levels of job satisfaction.

Herzberg's model has been tested extensively in business and industrial settings. The results have not proven conclusive enough to warrant complete acceptance or rejection of the theory. There is, however, fairly wide acceptance of the importance of motivators rather than hygiene factors in the enhancement of job satisfaction (Locke, 1976; Gruneberg, 1979).

More recently, research has been conducted using Herzberg's model of job satisfaction in human service occupations. For example, a study conducted by Emener and Stephens (1982) examined factors affecting the job

satisfaction of state vocational rehabilitation personnel. This study revealed that both hygiene and motivator factors were rated as work incentives and were positively related to job satisfaction. Predominantly hygiene factors, however, were seen as work disincentives, and were negatively associated with job satisfaction.

In a related study, Bordieri and Peterson (1988) also used Herzberg's model to examine job satisfaction among direct care workers in community residential facilities. They similarly found that both hygiene and motivator factors were rated as job incentives, while primarily hygiene factors were rated as job disincentives. Among the work incentives cited were interpersonal relationships with coworkers, nature of the work itself, and quality of the supervision. Facility policies and administration, salary, and opportunity for advancement were rated as disincentives to job satisfaction.

In the present study, Herzberg's model of job satisfaction was used as a conceptual framework in examining the meaning of job satisfaction for CILA staff members. In addition, the degree of importance which CILA personnel associate with both hygiene and motivator factors was investigated. According to Herzberg, employees should find the motivator components of their jobs to be more important than the hygiene components.

Since the veracity of Herzberg's model is debatable, the meaning of job satisfaction for CILA staff members will also

be examined from an empirical basis.

Correlates of Job Satisfaction

The level of job satisfaction experienced by an individual may be mediated by a number of different factors. Several such factors will be examined in this study. These are discussed below.

Type of Clientele

Another unique aspect of the CILA program is that it serves three types of clients: mentally ill, developmentally disabled, and dually diagnosed. The third classification refers to clients who have both a developmental disability and a mental illness. The studies in the literature that address work satisfaction among employees of community-related health programs focus primarily on one of the three groups of clientele mentioned above. The structure of the CILA program, however, offers the opportunity to see how type of clientele affects job satisfaction.

The relationship between type of clientele and job satisfaction will most likely be mediated by the client's level of functioning. Previous research has suggested that greater functional impairment among mentally ill (Faulkner, Ferwilliger, & Cutler, 1984) and mentally retarded (George & Baumeister, 1981; Sarata, 1974; Zaharia & Baumeister, 1978) persons may be correlated with increased staff dissatisfaction. Consequently, it is hypothesized here that staff members working with lower functioning clients will tend

to have a lower level of perceived satisfaction than those working with higher functioning clients. Also, since the dually diagnosed population is one of the most difficult client populations to treat, it is predicted that the personnel who usually work with dually diagnosed clients, independent of level of functioning, will tend to have a lower level of perceived job satisfaction than either those working with mentally ill or developmentally disabled individuals.

Amount of Client Contact

The relationship between perceived level of satisfaction and client's functional level may be further mediated by the amount of direct contact employees have with their clients. Research indicates that the level of an employee's satisfaction may be reduced by the frustration associated with working directly with low functioning clients (Sarata, 1974). This gives rise to the hypothesis that the perceived level of satisfaction will be low for persons whose jobs require daily direct contact with clients, especially lower functioning clients.

Philosophical Underpinnings

The community integration movement in general, and the CILA program in particular, have a philosophy underlying their approach to treatment. As mentioned earlier, the CILA program is a community based system of service delivery intended to promote personal choice, independence in daily living, economic self sufficiency, and community integration

for persons with a mental illness, developmental disability, or both. Although it has never been investigated, it would seem that an employee's level of job satisfaction would depend on the extent to which an agency actually follows this underlying philosophy. That is, with the initiation of the CILA program within an agency is supposed to come the shift to a client-driven, integrative approach toward service delivery. However, if an agency does not alter its method of service delivery to fit the CILA model, employees may become frustrated by this discrepancy between word and deed. Thus, if an agency is not following the basic tenants of the CILA philosophy, it is predicted that their employees will be less satisfied than the employees of agencies abiding by the philosophy.

Moreover, this discrepancy in satisfaction level should be the greatest for the motivational or intrinsic components of one's job. In a study of health care workers, Alpander (1990) found that employees who knew the goals and values of their organization, and felt that their organization was committed to executing them, had a higher level of intrinsic job satisfaction. Thus, CILA employees are expected to derive greater intrinsic satisfaction from their jobs when they perceive that their agencies are committed to the philosophy which guides their actions on the job.

Organizational philosophy is often formulated at the top of the organizational hierarchy and disseminated downward.

When the CILA program is adopted by an agency, employees are supposed to be informed of the specific values and principles they are to follow on the job. The top agency management is usually responsible for educating their staff. Although they promote the CILA philosophy within their agency, often times the management of an agency is the most removed from the process of directly implementing that philosophy with the clients. The more time that a worker spends directly serving the clients, the more likely they are to encounter difficulties when trying to put the CILA philosophy into effect. Accordingly, the more direct contact an employee has with clients, the less he or she should perceive the CILA philosophy is being followed as mandated.

Attitudes Towards Clients

Since community oriented service delivery programs, such as CILA, are based on attitudes that reflect more recent thinking about services and living arrangements for persons with severe disabilities, individuals who endorse such progressive attitudes should have a higher level of perceived job satisfaction than those who do not endorse such attitudes (Sarata, 1974; Alpander, 1990). However, this relationship may be tempered by the level at which an employee's clients function. That is, employees who work with low functioning clients will probably have more negative attitudes concerning their clients' ability to perform as members of the community, than employees who work with higher functioning clients.

Demographic Characteristics

(A) *Length of time spent working in the area of mental health and rehabilitation* - It would seem that opting to work in the field of mental health and rehabilitation for a long time would be a sign of a commitment, which would be expected to enhance an individual's work satisfaction.

(B) *Education* - Many studies have found a positive relationship between job satisfaction and level of education (Locke, 1976). This relationship, however, is not as simple as it appears on the surface. A large number of studies have shown that there is increased job satisfaction with increasing occupation level, and clearly, the higher the education, the likelier it is that one will be at a higher occupational level (Gruneberg, 1979).

Previous research suggests, however, that workers who have more schooling than their job requires, will be less satisfied with their jobs (Quinn, & Mandibuitch, 1975; Biscenti, & Lewis, 1977; Tsang, Rumberger, & Levin, 1991). In the present study, we are capable of testing this hypothesis for direct care workers. Based on the job descriptions that were collected from CILA agencies, the educational requirements for a direct care worker are a high school diploma or the equivalent. Thus, direct care workers who have attained a degree beyond high school have more schooling than their job requires. Accordingly, those direct care workers who have received a college degree should be less satisfied

with their jobs than the direct care workers who just have a high school degree or the equivalent.

(C) *Income* - A direct positive correlation is anticipated between annual salary and work satisfaction (Jerrell, 1983). This is consistent with the notion that for some wages may function as a source of satisfaction in the workplace (Locke, 1976).

Thus, the overall purpose of the present study is two-fold. First, the basic meaning of job satisfaction will be explored, followed by an identification of the job and individual characteristics that are closely associated with job satisfaction in community agencies delivery services under the CILA mandate.

METHOD

Subjects

Subjects were employees of agencies participating in Illinois' Community Integrated Living Arrangements program. Twenty agencies throughout Illinois that were delivering services under the CILA legislation at the time of the study were chosen as preliminary interview sites. These 20 agencies were selected based on geographical location, type of clientele served, and quality of care provided, such that a representative sample of agencies from across the state was obtained. Interviews were conducted with approximately 80 CILA staff members from a wide range of positions, in order to ensure adequate representation of the different roles and responsibilities present among CILA personnel.

Based on the information collected during the site interviews, a survey package was developed and mailed to a sample of CILA employees. At the time of the study, 154 agencies with a combined total of approximately 2485 employees, were delivering services under the CILA mandate.¹

¹ The numbers of agencies and employees delivering services under the CILA mandate were determined during pilot research conducted in June, 1991. Each agency that the Illinois Department of Mental Health listed as participating in the CILA program was contacted by telephone in order to confirm their participation in the program, and to determine the total number of CILA employees working at the agency.

Due to budgetary restrictions, it was impossible to provide one survey package for every CILA employee in the state. Consequently, the number of surveys mailed to each agency was limited to eight, for a total of 1067 employees surveyed. The agencies that had more than eight CILA employees were instructed to distribute the survey packages to one upper level supervisor (i.e., program director or program coordinator), one middle level supervisor (i.e., house manager, case manager, or team leader), and six direct care staff members. There was also a stipulation that direct care employees from all shifts be represented. This pattern of survey distribution was decided upon because it reflected the approximate proportion of CILA employees in each of the three position categories.

Materials

The measures discussed below represent the components of the survey package that are relevant to the present study. The additional measures contained in the survey package are located in the appendices.

Job Activities Evaluation

The job activities evaluation is a job analysis measure designed to assess the different activities and responsibilities that accompany the jobs of CILA staff members. The measure consists of a list of 121 individual tasks that may be performed by CILA personnel. The tasks that were used in the measure were generated from the information

collected during the site interviews and from agency provided job descriptions. Respondents were asked to indicate on two separate five-point Likert-type scales the importance of each task listed, and whether training for that task would be helpful. The ratings on the two scales ranged from "a little important" to "very important" and from training would "not help" to training would "help greatly", respectively.

Job Incentives Evaluation

In many studies of job satisfaction reported in the literature, investigators have used the Job Descriptive Index (Smith, Kendall, & Hulin, 1969) to measure job satisfaction. Although valuable because of its careful development and wide use, the JDI may have limited applicability with respect to human service organizations (Sluyter & Mukkeryee, 1986). These limitations include published norms that in most cases have been derived from business or industrial organizations, as well as the use of language that may be unfamiliar or inapplicable to human service workers (e.g., "satisfactory profit sharing plans"). Because of these limitations, a modified job satisfaction instrument was developed for use in this study, based on a careful reading of the literature and the nature of the CILA program. All items are anchored by two five-point Likert-type scales that address the importance of and satisfaction with various job components. The ratings on the two scales range from "not important" to "very important" and from "not satisfied" to "very satisfied", respectively.

Of the questionnaire's 29 items, 19 measure Herzberg's hygiene factors, including policy and administration, interpersonal relationships, salary, status, security, working conditions, and training. The remaining 10 items measure motivator factors such as recognition, work itself, advancement, achievement, and responsibility.

CILA Philosophy Measure

Since knowledge of and adherence to the philosophy of the CILA program is key to the program's success, a questionnaire that assesses the degree to which employees recognize, and their agency follows, the principles representative of the CILA philosophy was developed. A review of the Licensure and Certification Act that created the CILAs (Pl 86-922), progress reports, and other relevant documents concerning the CILA program was conducted with the purpose of generating a comprehensive list of the philosophical and operating principles of the CILA program. This preliminary review yielded a total of 35 items which were then reviewed by five experts in rehabilitation and the community integration of people with disabilities. The review by these experts yielded a final list of 27 items that were used in the survey.

CILA Staff Attitudes Measure

Since previous research suggests that the attitudes employees have regarding individuals with mental or developmental disabilities may affect their attitudes toward their jobs (Sarata, 1974; Alpander, 1990), a questionnaire to

measure attitudes toward disabled people was developed. The attitude scale used in this investigation was developed by David Henry and Christopher Keys of the University of Illinois at Chicago (Balcazar, & Keys, 1991). It began as a shorter scale used to assess the attitudes of workers at a camp for persons with cerebral palsy. Noting the comparative lack of attitude measures toward people with developmental disabilities in the literature, this scale was expanded to include items thought to tap attitudes relevant to more recent thinking about community services and living arrangements for persons with severe disabilities. Some items were adapted from the Community Attitudes toward Mental Illness (CAMI) scale (Taylor & Dear, 1981). Other items, particularly those concerned with integration and advocacy, were developed in consultation with self-advocates and professionals working with persons with developmental disabilities. The final pool of items totaled 67.

During development, the scale was administered to approximately 80 university students and 150 other individuals. Thirteen items were dropped because the data indicated that they elicited socially desirable responses. Principal components factor analysis of responses to the remaining items produced six orthogonal factors. The six resulting scales are: normalization (6 items); benevolent segregation (6 items); malevolent segregation (5 items); beliefs about ability (5 items); advocacy (5 items); and

decision locus (6 items).

Demographic Information

Participants were asked to provide information on their gender, age, marital status, race/ethnicity, education, salary, job title, number of hours worked weekly, number of clients responsible for, number of employees responsible for, length of time in current position, length of time in the organization, and number of years of experience in the field of mental health and developmental disabilities.

Procedure

The directors of the 20 agencies selected for site interviews were contacted by telephone and by letter with a request for permission to conduct the study at their agency. At this time, copies of the job descriptions for all of the positions within the CILA program at their agencies were requested. These descriptions were used to aid in the development of interview questionnaires and to provide information about the nature of the jobs within the CILA program.

Individual personal interviews were then conducted with at least one representative of each CILA related position within each of the 20 agencies. Each interview took approximately 45 minutes to complete. The protocol followed can be found in appendix A. As mentioned earlier, the information collected from these personal interviews was used to develop a series of questionnaires that were assembled into

a package and mailed to CILA employees throughout Illinois. The directors of the 154 agencies delivering services under the CILA mandate were contacted by telephone and informed of the project. CILA program directors were asked to provide the number of CILA employees working in their agencies, and to verify their agencies' mailing addresses. At that time, the CILA program directors were verbally assured that the participation of their employees was voluntary and that all responses would remain totally anonymous and confidential. CILA program directors were responsible for distributing the survey packages to the appropriate staff in their respective agencies.

A cover letter was included in each individual survey package introducing the study, requesting the voluntary participation of each subject, and assuring confidentiality of the responses. In addition, each respondent was provided with a pre-addressed postage-paid envelop and instructions to mail the completed survey package directly to the research team. Approximately one week after the survey packages had been mailed to the agencies, the director of each agency was telephoned to ensure that the surveys had been received.

RESULTS

The results section has been divided into six parts. The first section examines the response rate for the surveys. The second section presents an overview of the construction of scales from the different measures used in the survey. The third section summarizes the demographic characteristics of the respondents. The fourth section explains how respondents were grouped into job categories via cluster analysis. The fifth section addresses the meaning of job satisfaction. And the final section reports the results of hypothesis testing.

Response Rate

Of the 1067 surveys distributed, a total of 559 (52.4%) were returned. Some respondents did not complete specific items. Therefore, the exact N varied across variables, and those discrepant values have been reported where appropriate. Surveys were returned by 130 of the 154 (84.4%) agencies delivering services under the CILA mandate at the time of the study. CILA staff from Chicago and the suburbs comprised approximately 39% of the final sample, with the remaining 61% coming from northwestern (19%), central (17%), and southern (25%) Illinois. Approximately 39% of the agencies identified themselves as serving developmentally disabled clients, 44% as

serving mentally ill clients, and 17% as serving both.

Scale Construction

Item responses from the job incentives evaluation, CILA philosophy, and CILA staff attitudes measures were submitted to principal components factor analyses with varimax rotation, in order to create reliable composite indices of the constructs underlying each measure. For those measures producing more than one significant factor, scales were constructed which met the following criteria: (a) they were based on factors with an eigen value > 1.0 ; (b) each individual item showed a loading of at least $.40$ on the factor concerned; (c) each item had loadings $< .40$ on other factors; and (d) each item had a commonality $> .50$.

Table 1 lists the resulting empirically-based scales, factor loadings, reliabilities (i.e., coefficient alphas), and items for each measure. The average of the ratings on the items comprising each scale was used as a dependent measure in subsequent analyses.

Job Incentives Evaluation. Two sets of scales were empirically derived from the job incentives evaluation. The first set of scales addresses the satisfaction component of the measure. The factor analysis yielded four reliable scales which accounted for 52.3% of the variance (see Table 1). The first scale addresses facets of a job such as recognition, constructive feedback, and the importance placed upon one's suggestions, which help to determine how valued a person feels

as a worker. The second scale addresses benefits which are normally associated with a job, including health care and child care. The third scale addresses agency policies that affect workers on a daily basis, such as attendance, tardiness, and scheduling policies. The fourth scale is comprised of items that address the external or extrinsic rewards that are often associated with a job, including salary, prestige of the job, and promotion opportunities.

The second set of scales were derived from the importance component of the job incentives measure. The factor analysis yielded four reliable scales which collectively accounted for 48.3% of the variance (see Table 1). The first scale is comprised of items that reflect compensation and security issues, such as salary, health care, and job security. The second scale addresses agency policies that affect employees on a daily basis, such as work breaks, attendance, and scheduling policies. The third scale is concerned with the nature of the work being performed by the employees. The fourth scale is comprised of items which address the amount of recognition and feedback workers receive.

CILA Philosophy Measure. Three scales were empirically derived based on the extent to which respondents perceived their agency to be following the CILA philosophy. The three scales collectively accounted for 48.8% of the variance (see Table 1). Two of the scales are made up of positively worded items, and the third one is comprised of negatively worded

items. Since the reliabilities for each individual scale exceed that of the all the items together and since the scales were not highly correlated with one another, it was determined that the three-factor structure was not the result of response bias. Rather the positive-negative split indicates that the absence of something negative is not necessarily the same as the presence of something positive.

The two scales composed of positively worded items each address different client-related issues. Issues related to providing clients the opportunity to engage in the activities of daily life comprise the first scale. The second scale is made up of items which concern the amount of control clients have over the services they receive. The items included in the negative scale reflect principles that run counter to the CILA philosophy.

CILA Staff Attitudes Measure. Factor analysis of employee responses to the CILA staff attitudes measure yielded one global factor that accounted for 20.4% of the variance (see Table 1). This global scale is comprised of items which tap attitudes relevant to more recent thinking about services and living arrangements for persons with severe disabilities.

In addition to the above empirically-derived scales, conceptually-based scales were also constructed from the job incentives and CILA staff attitudes measures. The conceptual scales created with items from the job incentives measure were based on Herzberg's two-factor theory. Accordingly, the items

that represent Herzberg's hygiene factors (i.e., company policy and administration, supervision, working conditions, interpersonal relations, status, salary) were grouped into one conceptual scale, and the items that represent Herzberg's motivator factors (achievement, recognition, work itself, advancement, responsibility) into another. Hygiene and motivator factor scales were constructed from both the satisfaction and importance ratings associated with each job component listed on the job incentives measure. The reliability of each of these scales was assessed using Cronbach's alpha.

There are six conceptually-based scales for the CILA staff attitudes measure. These six scales were derived from a principal components factor analysis of responses given by 80 university students and 150 other people. Although the same six scales did not emerge from the factor analysis conducted on the responses of the CILA employees, the scales are being used in the present study because they tease out information relevant to more recent thinking about services and living arrangements for persons with severe disabilities which would be lost if the empirically derived single factor solution were to be used exclusively.

The six scales and their meanings are as follows:

- (1) Normalization - higher scores on this scale indicate greater endorsement of the normalization philosophy;
- (2) Malevolent Segregation - higher scores on this scale indicate

Table 1

Factor Analysis of Job Incentives, CILA Philosophy and CILA Staff Attitudes Measures

Job Incentives Measure

Scales for Satisfaction Component	Factor Loading	Cronbach's Alpha
Value as a Worker		.8713
- constructive feedback.	.696	
- your relationship with your supervisor	.796	
- the importance placed upon your suggestions and input	.663	
- opportunities for personal growth	.563	
- being recognized for a job well done	.734	
- the experience you are getting from your job	.468	
- on the job training	.579	
Benefits		.8361
- vacation time	.880	
- sick leave	.885	
- health care	.805	
- child care	.587	
- retirement benefits	.619	
Policies		.8209
- the physical environment at your place of employment	.518	
- attendance policies	.837	
- tardiness policies	.798	
- scheduling policies	.769	
- your work schedule/hours of work	.406	
Status/Rewards		.7717
- the amount of money you make	.733	
- your opportunities for promotion	.730	
- overtime pay	.508	
- the status/prestige of your job	.623	
- job security	.537	
- opportunities for continuing education	.413	

Table 1 (continued)Job Incentives Measure

Scales for Importance Component	Factor Loading	Cronbach's Alpha
Compensation/Security		.8483
- the amount of money you make	.608	
- your opportunities for promotion	.546	
- vacation time	.833	
- sick leave	.760	
- health care	.739	
- retirement pay	.686	
- overtime pay	.603	
- job security	.467	
Policies		.8501
- attendance policies	.820	
- tardiness policies	.854	
- scheduling policies	.821	
- work/lunch breaks	.697	
Work Itself		.7428
- your relationship with CILA recipients	.781	
- seeing progress in CILA recipients	.741	
- the experience you are getting from this job	.486	
- on the job training	.472	
- opportunities for continuing education	.598	
Recognition		.7218
- constructive feedback	.502	
- the importance placed upon your suggestions	.744	
- opportunities for personal growth	.592	
- being recognized for a job well done	.728	

Table 1 (continued)CILA Philosophy Measure

Scales for the Extent to
which Employees Perceive
Their Agency is Following
the CILA Philosophy

	Factor Loading	Cronbach's Alpha
Opportunity to Engage in Daily Activities		.8566
- Clients should have the same access to educational services as other people in the community.	.674	
- Clients should have access to full employment opportunities.	.740	
- Clients should have access to religious services.	.415	
- Clients should be involved in managing their own finances.	.691	
- Clients should have the same access to vocational training as other people in the community.	.812	
- Clients should interact frequently with non-disabled persons.	.590	
- Clients should be encouraged to become economically self-sufficient.	.723	
Staff Controlling and Limiting Clients		.8572
- Clients only need limited access to recreational and social activities	.741	
- CILA staff members should decide how clients spend their leisure time.	.738	
- All clients need and should receive the same services.	.779	
- Direct care staff should make decisions regarding matters of health care for their clients.	.725	
- The more severely disabled clients are, the more restrictive their living environment needs to be.	.729	
- Clients should be recognized first and foremost as people with disabilities.	.709	
- CILA program directors should select the care givers for clients.	.519	
- Clients are rarely seen by other community members at regular social activities.	.677	

Table 1 (continued)CILA Philosophy Measure

Scales for the Extent to
which Employees Perceive
Their Agency is Following
the CILA Philosophy

	Factor Loading	Cronbach's Alpha
Clients' Service Rights		.8295
- Clients should be able to choose their own living arrangements.	.620	
- Clients should participate in the selection of the services and supports they need.	.578	
- Clients should be able to experience the risk of failure as well as success.	.669	
- Services provided to clients should change as their specific needs and desires change.	.681	
- Clients should be able to receive services near their permanent residence.	.673	
- The services offered to clients should contribute to their capacity for independence and productivity.	.489	

CILA Staff Attitude Measure

	Factor Loading	Cronach's Alpha
Staff Attitude One-Factor Solution		.8291
- Clients should be encouraged to assume the responsibilities of normal life.	.418	
- Clients make good parents.	.547	
- Agencies that serve clients should have clients on their boards.	.435	
- Clients should not be allowed to marry and have children.	-.452	
- A person would be foolish to marry someone like one of this agency's clients.	-.634	
- Clients should be guaranteed the same rights in society as other persons.	.485	
- Clients do not want to work.	-.441	

Table 1 (continued)

CILA Staff Attitudes Measure

	Factor Loading	Cronbach's Alpha
Staff Attitude		
One-Factor Solution		.8291
- Clients need someone to plan their activities for them.	-.500	
- Clients should not hold public offices.	-.468	
- Clients should not be given any responsibilities.	-.541	
- Clients can organize and speak for themselves.	.427	
- Clients do not care about advancement in their jobs.	-.553	
- Clients do not need to make choices about the things they will do each day.	-.470	
- Clients have the kinds of problems that require a lot of supervision.	-.442	
- Clients should not be allowed to drive.	.553	
- Clients can be productive members of society.	.493	
- Clients have goals for their lives like other people.	.602	
- I would trust one of this agency's clients to be a baby sitter for my children.	.545	
- Clients cannot exercise control over their lives like other people.	-.489	
- Clients can have close personal relationships just like everyone else.	.521	
- Clients should live in sheltered facilities because of the dangers of life in the community.	-.504	
- Clients should be encouraged to lobby legislators on their own.	.551	
- Clients are the best people to give advice and counsel others who wish to move into community living.	.528	
- A client's opinion should carry more weight than the opinions of family members and professionals in decisions effecting the client.	.573	
- Clients can plan meetings and conferences without assistance from others.	.550	

Table 1 (continued)CILA Staff Attitudes Measure

	Factor Loading	Cronbach's Alpha
Staff Attitude		
One-Factor Solution		.8291
- The protectiveness of family members and professionals is often a barrier to full life for clients.	.456	
- Clients can be trusted to handle money responsibly.	.475	
- Residents have nothing to fear from clients living and working in their neighborhoods.	.418	
- The attitudes of society are more of a barrier to full life for clients than are their conditions.	.462	
- The best care for clients is to be part of normal life in the community.	.463	
- Without some control and supervision clients could get into real trouble out in the community.	-.480	
- It would be foolish of the state to make support payments directly to clients.	-.444	
- The rights of clients are more important than professional concerns about their problems.	.439	
- Homes and services for clients downgrade the neighborhoods they are in.	-.471	
- Clients are a burden on society.	-.571	
- Homes and services for clients should be kept out of residential neighborhoods.	-.600	

increased affectively negative attitudes towards persons with disabilities and services for them; (3) Benevolent Segregation - higher scores on this scale indicate greater endorsement of segregated settings and services, but with a more positive

affective tone than found in the malevolent segregation scale; (4) Beliefs About Abilities - higher scores on this scale indicate greater belief in the abilities of persons with disabilities; (5) Advocacy Scale - higher scores on this scale indicate greater endorsement of persons with disabilities advocating on their behalf; (6) Decision Locus Scale - higher scores on this scale indicate greater belief in persons with disabilities making decisions for themselves, rather than having other people make decisions for them. The specific items comprising each scale and their individual reliabilities are listed in Table 2.

As with the empirically-based scales, the average of the ratings on the items comprising each conceptually-based scale was used as a dependent variable in subsequent analyses.

Demographic Characteristics

Twelve demographic characteristics were assessed in this study: gender, age, marital status, race or ethnicity, education, income, number of hours worked weekly, number of clients responsible for, number of employees responsible for, length of time in current position, length of time in organization, and number of years experience in the field of mental health and developmental disabilities.

Most (78%) of the respondents to the survey were women, which is representative of this labor force. The age range in the sample was wide, 19 to 70 years, with a median age of 32 years. Approximately half (48.8%) of those surveyed were

Table 2Conceptually-based Scales for the Job Incentives and CILA Staff Attitude MeasuresJob Incentives Measure

Scales for Satisfaction & Importance Component	Cronbach's Alpha
Hygienes/Satisfaction	.8738
Hygienes/Importance	.8698

- the amount of money you make
- vacation time
- sick leave
- health care
- child care
- retirement benefits
- overtime pay
- the status/prestige of your job
- job security
- your relationship with your co-workers
- your relationship with your supervisor
- your relationship with CILA residents
- the physical environment at your place of work
- attendance policies
- tardiness policies
- scheduling policies
- work/lunch breaks
- on the job training
- your work schedule/hours of work

Motivators/Satisfaction	.8500
Motivators/Importance	.7527

- your opportunities for promotion
- the amount of responsibility you have in your job
- constructive feedback
- the importance placed on your suggestions and input
- opportunities for personal growth
- being recognized for a job well done
- seeing progress in CILA recipients
- working with severely disabled individuals
- the experience you are getting from this job
- opportunities for continuing education

Table 2 (continued)CILA Staff Attitudes Measure

	Cronbach's Alpha
<u>Normalization</u>	.7871
<ul style="list-style-type: none"> - Clients can make good parents. - Clients should not be allowed to marry and have children - A person would be foolish to marry someone like one of this agency's clients. - Clients should not hold public office - Clients should not be allowed to drive - I would trust one of this agency's clients to be a baby sitter for one of my children. 	
<u>Malevolent Segregation</u>	.6955
<ul style="list-style-type: none"> - Clients are usually too limited to be sensitive to the needs and feelings of others. - The best way to handle clients is to keep them in institutions. - Increased spending on programs for clients is a waste of tax dollars. - Homes and services for clients downgrade the neighborhoods they are in. - Clients are a burden on society. - Homes and services for clients should be kept out of residential neighborhoods. 	
<u>Benevolent Segregation</u>	.7562
<ul style="list-style-type: none"> - Clients are happier when they live and work with others like themselves. - Clients have the kinds of problems that require a lot of supervision. - Clients usually should be in group homes or other facilities where they can have the help and support of staff. - Sheltered workshops for clients are essential - Most clients prefer to work in a sheltered setting that is more sensitive to their needs. 	

Table 2 (continued)CILA Staff Attitudes Measure

	Cronbach's Alpha
<u>Beliefs About Abilities</u>	.5714
<ul style="list-style-type: none"> - Clients can be productive members of society. - Clients have goals for their lives like other people. - Clients cannot exercise control over their lives like other people. - Clients are capable of a lot more than most family members and professionals assume. - The protectiveness of family members and professionals is often a barrier to full life for clients. 	
<u>Advocacy Scale</u>	.6693
<ul style="list-style-type: none"> - Agencies that serve clients should have clients on their boards. - Clients can organize and speak for themselves. - Clients should have their own advocacy organization. - Clients are the best people to give advice and counsel to others who wish to move into community living. - Clients should be encouraged to lobby legislators on their own. 	
<u>Decision Locus Scale</u>	.5307
<ul style="list-style-type: none"> - Professionals should not make decisions for clients unless absolutely necessary. - Clients need someone to plan their activities for them. - A client's opinion should carry more weight than the opinions of family members and professionals in decisions affecting the client. - The solutions to the problems in living faced by clients must come from others like them. - Clients need the same kind of control and discipline as young children. - It would be foolish for the state to make support payments directly to clients. 	

married; the next largest group were singles (34%); and 15.4% were divorced or separated. Of the 67.6% of the respondents reporting that they had attended college, 9.5% earned an Associate's degree, 19.5% earned a Bachelor's degree, and 13.1% earned a Master's degree. Slightly more than three quarters (76.6%) of the respondents reported annual incomes of \$20,000 or less. The large majority (80%) of the respondents worked full-time (defined as 37.5 hours or more a week).

Concerning clients that respondents typically served, approximately 43% of the respondents reported working with persons whose primary disability was mental illness, 33.2% reported their clients as being primarily developmentally disabled, and 16.3% reported working primarily with dually diagnosed individuals. The average respondent was responsible for five clients and three staff members.

The length of time respondents reported being in their current position ranged from one month to 20 years, with a median of 12 months. The length of time respondents reported working in their current agency ranged from one month to 25 years, with a median of 15 months. The length of time respondents reported working in the mental health and rehabilitation field ranged from one month to 27 years, with a median of 36 months.

A preliminary set of analyses were conducted to determine if any of the demographic variables were significantly related to any of the dependent measures. Potential significant

relationships between each demographic characteristic and each dependent measure were evaluated by either analysis of variance (ANOVA) or Pearson's product-moment correlations, depending on whether the demographic variable was categorical or continuous, respectively.

There were no significant relationships with gender, age, marital status, number of clients responsible for, number of employees responsible for, length of time in current position, length of time in organization, or number of years experience in the field of mental health and rehabilitation. Significant relationships were, however, found for four characteristics: education, income, race and number of hours worked. In addition, the interaction between education and income was found to have a significant relationship with dependent measures.

Hierarchical multiple regression analyses were used to partial out the effects of the four significant demographic characteristics and the education x income interaction from the dependent measures. Prior to performing the multiple regression analyses, the education and race variables were both "dummy coded" so that they could be entered appropriately into a regression equation. This dichotomized coding was based on significant differences observed between the original response categories. Education was split into a two-level variable reflecting employees with a college degree and those without. Race was split into a two-level variable reflecting

persons who identified themselves as Caucasian and persons who identified themselves as African American. Once the effects of demographic characteristics were partialled out of the dependent measures, the remaining residualized variance was saved, and these residualized dependent measures were then used in subsequent hypothesis testing.² This procedure was used to control for the effects of demographic differences on responses to the dependent measures.

Cluster Analysis of Job Titles

Based on the job titles reported by respondents, 21 positions were identified. Direct care worker (46.9%) was the position most frequently held by respondents. The next most frequently held positions were: case manager (10.8%), residential manager (9.9%), CILA program director (9.2%), assistant CILA program director (4.6%), and service-team leader (4.4%).

A cluster analysis was performed to determine whether the different job positions fell into characteristic patterns. The input to the cluster analysis was the importance ratings assigned by respondents to the 121 job activities listed on the job analysis questionnaire. The clustering algorithm

² The only instance in which the effects of the demographic characteristics were not partialled out of the dependent measures was when hypotheses regarding demographic characteristics were tested. Thus, when the hypotheses regarding education were tested, the effects of income, race, and number of hours worked were partialled out, but not the effects of education; and when the hypotheses regarding income were tested, the effects of education, race, and number of hours worked were partialled out, but not the effects of income.

(PKM) is a nonhierarchical method that establishes a fixed number of homogeneous groups of cases using Euclidean distances (BMDP, 1981). Thus, respondents are categorized into homogeneous groups based on the job-related activities they felt were most important to their respective positions.

The cluster analysis yielded three reliable groups of respondents which are summarized in Table 3. Of the 559 respondents who completed the job activities questionnaire, 518 (92.7%) of them were included in one of the three groups resulting from the cluster analysis procedure. The 48 respondents that did not fall into one of the three groups held positions that were few in number and unique relative to the total sample (e.g., bookkeeper, driver, interpreter). These 48 respondents are not included in any subsequent analyses that involve grouping by job position.

Respondents in the direct care group reported activities which involved meeting clients' needs, promoting safety and health, and administration to be the most important for successful completion of their jobs. Surprisingly, respondents in the supervisor group also identified activities involved in meeting clients' needs to be a central part of their job. Apparently, the proximity of supervisory employees to clients results in their giving considerable attention to clients' needs. Supervisors also consider the evaluation of their clients' treatment and administration to be important activities of their jobs. Respondents in the manager group

identified administration duties, staff supervision,

Table 3

Cluster Analysis of Job Positions

<u>Cluster Grouping</u> <u>Frequency</u>	<u>Employees Included</u>	<u>Total</u>
Direct Care Staff	- Direct Care Personnel	256
	- CILA Staff Trainer	12
Supervisors	- Residential Manager	54
	- Team Leader	24
	- Case Manager	59
	- Outreach Worker	8
Managers	- CILA Program Director	50
	- Assistant Program Director	25
	- Qualified Mental Health Professional	18
	- Qualified Mental Retardation Professional	12

evaluation of client progress, meeting clients' needs, and staff training as the primary functions of their jobs. Although respondents in management positions help meet some of the clients' needs directly, they do so with less frequency than either direct care or supervisory staff.

Meaning of Job Satisfaction

Based on the results of factor analysis, it appears that respondents view their jobs as having multiple dimensions both in terms of satisfaction and importance. Table 4 contains the mean satisfaction and importance ratings assigned by respondents to each of the empirically derived dimensions as well as the conceptual Herzbergian dimensions. Separate

factor analyses by job grouping produced dimensions similar to those described in Table 4. Furthermore, the mean satisfaction and importance ratings for the different dimensions were found not to differ significantly by job position. Taken together, these findings suggest that the components which respondents in different positions find important and satisfying in their jobs appear to be structurally and evaluatively the same.

Table 4

Overall Means and Standard Deviations for the Components of the Job Satisfaction and Job Importance Dimensions

<u>Satisfaction Dimensions</u>	<u>Means</u>	<u>SD</u>	<u>Importance Dimensions</u>	<u>Means</u>	<u>SD</u>
Value as a Worker	3.74	.86	Compensation/ Security	4.22	.77
Policies	3.42	1.09	Policies	4.06	.93
Benefits	3.99	.79	Work Itself	4.65	.46
External Rewards	3.09	.88	Recognition	4.56	.49
Hygienes	3.67	.66	Hygienes	4.19	.55
Motivators	3.57	.76	Motivators	4.44	.44

The nature of the empirical job dimensions lends some credence to Herzberg's distinction between hygiene and motivator factors in that each empirically derived dimension is composed of items representative of either hygiene or motivator factors, with no substantial overlap between the

two. In addition, respondents found motivator items to be significantly more important than hygiene items, $t(431) = -11.42$, $p < .0002$ (one-tailed). This finding is consistent with Herzberg's belief that the intrinsic components of a job are more valued and important to workers than are the extrinsic components. This idea is further supported by the fact that respondents judged their work to be significantly more important than (a) either compensation and security, $t(482) = 11.72$, $p < .0002$, one-tailed or (b) agency policies, $t(511) = 16.47$, $p < .0002$, one-tailed. In addition, respondents also judged the recognition of their work to be significantly more important than either compensation and security, $t(489) = 9.70$, $p < .0002$, one-tailed, or agency policies, $t(518) = 13.37$, $p < .0002$, one-tailed. Incidentally, respondents working with low functioning clients rated the motivator components of a job as being more important than did respondents working with higher functioning clients, $F(1,313) = 4.96$, $p < .02$. Apparently, those respondents working with difficult populations place more emphasis on the intrinsic and motivational qualities of a job than do those working with less difficult populations.

As indicated in Table 4, the mean scores (range = 1-5) for each of the satisfaction dimensions suggest that this sample of CILA employees experiences moderate job satisfaction (X range = 3.09 - 3.99). On average, respondents are significantly more satisfied with hygiene items than with

motivator items, $t(311) = 3.02$, $p < .006$, one-tailed. In terms of the empirical dimensions, respondents were most satisfied with agency benefits, followed by their value as a worker, agency policies, and the external rewards that are associated with their jobs. A series of one-tailed t-tests revealed that the differences in the relative ratings among all of these dimensions were significant at the $p < .0002$ level.

There is, however, a discrepancy between what respondents find important in a job and how satisfied they are in their current job. This discrepancy is best summarized by comparing importance and satisfaction ratings for the hygiene and motivator dimensions. This comparison reveals that there is a significant discrepancy between ratings of importance and ratings of satisfaction for both the hygiene, $t(326) = 11.32$, $p < .0002$, one-tailed, and the motivator, $t(477) = 22.09$, $p < .0002$, one-tailed, components of a job. This suggests that there is definitely room for improvement to try and make respondents more satisfied with the job components they value.

Hypothesis Testing

Correlates of Job Satisfaction

Type of Clientele

It was predicted that employees working with low functioning clients would have a lower level of job satisfaction than employees working with higher functioning clients. Although results of a multivariate analysis of

variance (MANOVA) showed that the overall mean differences between these two groups did not reach conventional levels of statistical significance on any of the satisfaction scales, the univariate analyses of variance (ANOVAs) revealed a few definite trends that are consistent with the hypothesis. Specifically, employees working with high functioning clients were marginally more satisfied with agency policies $F(1,236)=3.32$, $p < .07$, external rewards, $F(1,282)=2.83$, $p < .09$, and hygiene factors, $F(1,211)=3.39$, $p < .06$, than employees working with low functioning clients. These trends suggest that people working with low functioning clients tend to feel they should be better compensated for their efforts.

Given the many needs of dually diagnosed individuals, it was hypothesized that employees working with dually diagnosed clients would have a lower level of job satisfaction than employees working with developmentally disabled or mentally ill clients. A MANOVA performed on respondents' satisfaction ratings revealed an overall effect of diagnosis, multivariate $F(6,168)=4.38$, $p < .0001$. The results of univariate ANOVAs further revealed that respondents' satisfaction levels differed for agency policies, $F(2,236)=5.97$, $p < .003$, and hygiene factors, $F(2,211)=3.94$, $p < .02$. Follow-up planned orthogonal contrasts revealed that respondents who were working with either developmentally disabled or dually diagnosed clients were less satisfied with agency policies and hygiene factors than respondents who were working with

mentally ill clients, all p's $<.01$. Apparently, working with developmentally disabled clients can be as demanding as working with dually diagnosed clients. Accordingly, employees working with these more demanding groups of clients feel that they are not being adequately compensated for their work.

Amount of Client Contact

It was hypothesized that the more contact an employee has with clients on a daily basis, the lower would be the employee's job satisfaction. Amount of client contact was operationalized in terms of job grouping. That is, based on the job activities survey, it appears that client contact decreases as one moves up the organizational hierarchy. Accordingly, direct care staff were expected to have the greatest amount of client contact, followed by supervisory personnel, and then managerial personnel. Although mean differences among these three job groups did not reach statistical significance on any of the satisfaction scales, they were all in the expected direction. That is, the less contact respondents had with clients the more satisfied they were, with managerial personnel always reporting the highest degree of satisfaction. However, the relatively small differences in satisfaction between the three job groups suggests that the amount of time respondents spend with clients does not have a large impact on the degree to which they are satisfied with their jobs.

It was also postulated that employees whose jobs require

daily direct contact with low functioning clients would have a lower level of job satisfaction than employees who have minimal contact with low functioning clients. However, this supposed negative experience associated with spending more time with low functioning clients did not show up in this sample. Rather the data seem to parallel what was stated earlier. That is, working with low functioning clients makes respondents slightly less satisfied than working with high functioning clients. Furthermore, this trend seems to hold irrespective of the amount of time spent with either group.

Philosophical Underpinnings

As mentioned earlier, with the initiation of the CILA program in an agency is supposed to come the shift to a client-driven, integrative approach toward service delivery. However, if an agency does not alter its method of service delivery to fit the CILA model, employees may become frustrated by this discrepancy between word and deed. Accordingly, it was hypothesized that respondents who perceive that their agency is following the basic tenants of the CILA philosophy will be more satisfied than respondents who perceive that their agency is not. Moreover, the increase in satisfaction expected when respondents perceive the philosophy is being followed should be the greatest for the motivational or intrinsic components of job satisfaction.

First, it should be noted that all respondents appeared to have a good understanding of the values and principles

underlying the CILA program, based on their ability to correctly identify which of a series of statements were consistent with the CILA philosophy. Hierarchical multiple regression analyses were used to evaluate the contribution of respondents' perceptions of the extent to which the CILA philosophy was being followed by their agencies in explaining job satisfaction. The independent measures used were the three philosophy subscales. Discussed below are the two philosophy subscales that achieved statistical significance: daily activity opportunity and service rights. Significance of the results was determined with the hierarchical F -test.

As shown in Table 5, all of the satisfaction scales showed statistically significant relationships (p 's $< .001$) with both of the philosophy subscales. The beta values from these multiple regressions indicate that the influence of respondents' perceptions regarding the CILA philosophy on job satisfaction was in the hypothesized direction. That is, the greater the extent to which respondents perceived the CILA philosophy was being followed by their agencies, the more satisfied they were.

It was further hypothesized that this increase in satisfaction would be the greatest for the motivational or intrinsic components of the job. In order to test this hypothesis directly, Ming, Rosenthal, and Rubin's (1992) tests for correlated correlation coefficients were utilized. Two specific sets of hypotheses were tested. The first set

involved the empirically derived satisfaction scales, and the second set involved the conceptually-based Herzbergian satisfaction scales.

Table 5
R-Squared and Beta Values for the CILA Philosophy Scales

<u>Satisfaction Scales</u> (Dependent Variable)	<u>Philosophy Scales</u> (Independent Variable)			
	<u>Activity Opportunities</u>		<u>Service Rights</u>	
	Partial R ²	Beta	Partial R ²	Beta
Value as a Worker	.18*	.41	.23*	.47
Policies	.04*	.20	.06*	.24
Benefits	.10*	.31	.11*	.33
External Rewards	.08*	.28	.13*	.35
Hygienes	.14*	.36	.20*	.44
Motivators	.18*	.42	.24*	.48

* $p \leq .001$

their agencies, the more satisfied they were.

It was further hypothesized that this increase in satisfaction would be the greatest for the motivational or intrinsic components of the job. In order to test this hypothesis directly, Ming, Rosenthal, and Rubin's (1992) tests for correlated correlation coefficients were utilized. Two

specific sets of hypotheses were tested. The first set involved the empirically derived satisfaction scales, and the second set involved the conceptually-based Herzbergian satisfaction scales.

With regard to the empirically derived satisfaction scales, it was predicted that the value as a worker scale would correlate more strongly with both of the philosophy subscales (i.e., activity opportunities, service rights) than would the polices, benefits, or external reward scales. For the conceptually-based scales, it was predicted that the motivator scale would correlate more strongly with the two philosophy subscales than would the hygiene scale.

The first set of hypotheses involving the empirically derived satisfaction scales was tested using Ming et al.'s (1992) test for contrasting correlated correlation coefficients. The resulting Z -statistic indicated that the obtained pattern of results was in the predicted direction for both the activity opportunity, $Z(391) = 2.61$, $p < .005$ (one-tailed), and the service rights, $Z(391) = 3.21$, $p < .001$ (one-tailed), philosophy subscales. Thus, the intrinsic value as a worker scale correlated more strongly with both philosophy subscales than did the other three extrinsically oriented satisfaction scales.

The second set of hypotheses involving the conceptually-based Herzbergian satisfaction scales was tested using Ming et al.'s (1992) test for comparing two correlated correlation

coefficients. Contrary to prediction, however, the motivator scale did not correlate more strongly than the hygiene scale with either the activity opportunity, $Z(391) = .57$, n.s., or the service rights, $Z(391) = .90$, n.s., philosophy subscales.

Overall, these results provide mixed support for the hypothesis that perceived agency compliance with the CILA philosophy increases intrinsic job satisfaction to a greater extent than it increases extrinsic job satisfaction. The empirically derived satisfaction scales show this predicted relationship, whereas the conceptually based Herzbergian scales do not.

With regards to the CILA philosophy, it was also predicted that the more direct contact an employee has with the clients, the less he or she will perceive the philosophy is being followed. Here again, amount of client contact was operationalized in terms of job groupings. An ANOVA performed on the philosophy ratings showed a main effect for job grouping on the negative items scale, $F(2,412) = 4.23$, $p < .01$, and on the service rights scale $F(2,422) = 3.24$, $p < .04$. Follow-up planned orthogonal contrasts revealed that the more contact respondents had with clients, the less they perceived the philosophy was being followed (p 's $< .05$). Evidently, one shifts toward the perception of greater agency commitment to the CILA philosophy as one move up the agency hierarchy.

Attitudes Toward Clients

Due to a printing error, only 255 of the returned surveys

had the correct scale anchors in the instructions to the CILA staff attitudes questionnaire. There were significant differences on four of the attitude scales between the group of CILA staff who returned correctly printed questionnaires and those who returned misprinted ones, multivariate $F(6,419)=12.76$, $p < .001$. Therefore, only the group that returned corrected questionnaires ($N=255$) was used in further analyses.

It was hypothesized that respondents who work primarily with low functioning clients would endorse attitudes representative of a progressive approach to treating disabled individuals less than would respondents who work primarily with high functioning clients. An ANOVA performed on respondents' attitude ratings showed a main effect for clients' level of functioning for the normalization scale, $F(1,208)=10.50$, $p < .001$. This suggests that the idea of normal community participation is tempered by the client's level of functioning. Although main effects for clients' level of functioning were not found for any of the other attitude scales, the mean differences in all cases were in the expected direction. That is, respondents working primarily with low functioning clients tended to endorse attitudes reflective of the CILA mandate less than did those working with higher functioning clients.

It was also thought that respondents who endorse attitudes representative of a progressive approach to treating

disabled individuals would have a higher level of job satisfaction than those who do not endorse more progress attitudes. Hierarchical multiple regression analyses were used to evaluate the contribution of respondents' attitudes in explaining job satisfaction. Here again, significance of the results was determined with the hierarchical F-test. However, the adjusted R-squareds did not reach statistical significance for any of the attitude scales. Thus, it appears that job satisfaction for these respondents is not strongly linked to having attitudes which coincide with the more recent trends in the treatment of disabled individuals.

Demographic Information

Length of Service

It was hypothesized that the longer respondents had worked in the field of mental health and rehabilitation, the more satisfied they would be with their job. However, no significant correlations were found between the length of time respondents reported working in the field and their satisfaction ratings. This finding may have resulted from the relatively short time the average respondent reported working in the field of mental health and rehabilitation.

Education

It was hypothesized that individuals with more education than their job required would have a lower level of job satisfaction than individuals who did not exceed the educational requirements of their job. In the present study,

this hypothesis could be tested most accurately with the direct care workers. The specific educational requirements for a direct care worker are a high school diploma or the equivalent. Hence, those direct care workers who have attained a college degree would have more schooling than their job requires; therefore, they should be less satisfied than those direct care workers who hold only a high school degree.

A MANOVA performed on direct care workers' satisfaction ratings revealed an overall effect for education, multivariate $F(6,125)=2.08$, $p < .05$. Follow-up univariate ANOVAs showed a main effect for education for one's feeling of value as a worker $F(1,225)=8.24$, $p < .004$, agency benefits, $F(1,232)=5.18$, $p < .02$, and hygiene factors, $F(1,157)=4.07$, $p < .05$. Since the education variable was a dichotomy, the mean satisfaction ratings of direct care workers with and without a college degree could be visually compared, to interpret the main effect. This direct inspection of the means revealed that direct care workers with only a high school diploma or the equivalent were more satisfied than direct care workers who earned a degree beyond high school. Trends in the expected direction for the agency policies, $F(1,179)=3.01$, $p < .08$, external rewards, $F(1,207)=2.85$, $p < .09$, and motivator, $F(1,206)=3.17$, $p < .07$, scales provide further support for this hypothesis.

A MANOVA performed on the satisfaction ratings for all workers regardless of their position, also revealed an overall

main effect for education, multivariate $F(6,276)=2.45$, $p < .025$. Follow-up univariate ANOVAs showed effects for the external rewards, $F(1,416)=7.43$, $p < .007$, hygiene, $F(1,309)=6.33$, $p < .01$, and motivator, $F(1,448)=10.78$, $p < .001$ scales. A direct inspection of the means revealed that respondents without a college degree were more satisfied with the external rewards they receive, and with the hygiene and motivator components of their jobs, than respondents with a college degree.

Income

It was predicted that the higher respondents' annual income, the more satisfied they would be. A series of one-way ANOVAs with polynomial contrasts were performed on the respondents' satisfaction ratings in order to examine the linear and curvilinear trend components of the main effect of income. Contrary to prediction, there was no significant linear relationship between income and satisfaction. That is, respondents did not become increasingly more satisfied as their annual income increased. Rather, the quadratic term of the main effect of income was significant for the value as a worker, $F(4,475)=4.54$, $p < .03$, external rewards $F(4,420)=10.09$, $p < .002$, and motivator, $F(4,444)=9.68$, $p < .002$ satisfaction scales, indicating a curvilinear relationship between income and satisfaction for these three scales. Post-hoc Duncan tests further revealed that as respondents' income increased, they were more satisfied on the value as a worker,

external rewards, and motivator scales, p 's $\leq .05$. However, respondents who were earning an annual income which fell in the middle of the income continuum were significantly less satisfied on all three of the scales, $p \leq .05$ (Duncan).

DISCUSSION

The purpose of this study was to examine job satisfaction among the employees of Illinois' Community Integrated Living Arrangements (CILA) program, which is representative of the most recent trends in residential care for disabled individuals.

Meaning of Job Satisfaction

Overall job satisfaction among the CILA employees was found to be moderately high. The mean results of the satisfaction scales for the entire sample support findings of other researchers (Oberlander, 1990; Jerrell, 1983; Perlman, Hartman, & Bosak, 1984; Webb et al., 1980) that community-based mental health and rehabilitation service providers generally are satisfied with their work. These recent results, however, run counter to the view of satisfaction among community-based mental health workers which prevailed in the 1970s. This earlier research suggested that, on average, community-based mental health service providers were relatively dissatisfied with their jobs. The dissatisfaction was presumed to result from the ambiguity surrounding the expectations and job functions present in community mental health centers at that time (Sarason, 1977). Jerrell (1983) and Oberlander (1990) have suggested that as community mental

health centers matured and became more consistent in their approach to service delivery, service providers were able to develop more refined role expectations which were more congruous with their actual job functions.

The CILA program, which evolved out of the community mental health movement, is relatively new and still undergoing changes. While the results of this study suggest that dissatisfaction is not a pervasive problem among CILA staff members, their level of work satisfaction only approaches moderate levels. This moderate level of satisfaction suggests that it might be useful to try and identify salient factors that workers find important in a job. Such an analysis of the extrinsic and intrinsic components of a job will yield information useful to agencies interested in manipulating variables that have the greatest likelihood of producing changes in employee satisfaction.

Herzberg (1966) emphasized that strategies to improve job satisfaction should be directed at motivator rather than hygiene factors. The results of the present study are consistent with Herzberg's position. Overall, CILA employees rated the motivator factors of a job as more important than the hygiene factors. Furthermore, CILA staff placed the greatest importance upon the nature and recognition of their work. These findings suggest that, if agencies want to improve their employees' level of satisfaction and reduce possible costly turnover, they should concentrate on enhancing

the motivator or intrinsic components of their employees' jobs.

The components of a job which would enhance an employee's intrinsic satisfaction can often be introduced into an agency with little cost. An agency, for example, could implement an "employee of the month" program, provide employees with more responsibility and independence in decision making when appropriate, or develop a system by which positive feedback is regularly given to employees (Balcazar, & Keys, 1991).

Overall the nature of job satisfaction as defined by CILA employees lends some credence to Herzberg's two-factor model. According to Herzberg, two separate and distinct dimensions may be used to describe job satisfaction: (1) hygiene (extrinsic) factors and (2) motivator (intrinsic) factors. Although factor analysis of employee responses to the job incentives evaluation did not yield these two sets of factors, the two did remain separate and distinct. That is, each dimension which emerged from the factor analysis was composed of items representative of either hygiene or motivator factors, with no substantial overlap between the two. Furthermore, when the hygiene and motivator items were grouped into two separate scales the resulting reliabilities were moderate to high, indicating a good deal of internal consistency among the respective items. However, since the motivator and hygiene factors were moderately correlated with one another, they are not completely independent factors. The

overall pattern of these data suggest that a weaker version of Herzberg's theory may be operating. That is, for the most part, hygiene and motivator factors represent distinct features of a job, however, there may be some degree of interrelationship between the two.

These results represent only the first step in the process of testing Herzberg's theory in a human service setting. While the present results do provide some support for the distinction between the hygiene and motivator components of a job, they are unable to support or reject Herzberg's contention that motivators contribute more to job satisfaction than hygiene factors do. An independent measure of overall job satisfaction is needed to test this postulate of Herzberg's. On the whole, however, these results suggest that Herzberg's (1966) model of job satisfaction may prove useful in examining the incentives and disincentives that community-based service providers find in their jobs.

Correlates of Job Satisfaction

In addition to attempting to understand the meaning of job satisfaction for CILA employees, job and individual characteristics that seem most closely associated with work satisfaction were also investigated.

Philosophical Underpinnings

The most intriguing set of findings discovered in this investigation concern the philosophy underlying the CILA program. The initiation of the CILA program in an agency is

supposed to be accompanied by a shift to a client-driven, integrative approach toward service delivery. The present results suggest that the greater the extent to which CILA employees perceive the CILA philosophy is being followed by their agencies, the more satisfied they are. This relationship between satisfaction and philosophy is probably due to the greater correspondence employees perceive between word and deed when the CILA philosophy is being followed by their agency. That is, since the philosophy underlying the CILA program is supposed to provide the framework which directs employees actions on the job, the more employees feel that their agencies support their efforts to utilize the philosophy, the more satisfied they feel.

Moreover, there seems to be at least some evidence which suggests that CILA employees derive greater intrinsic satisfaction from their jobs when they perceive that the agencies they work for are committed to the philosophy which guides their actions on the job. Apparently, agency commitment to the CILA philosophy serves as a motivating or energizing force which positively affects work-related satisfaction. Finding ways to motivate employees is a growing concern of human service organizations (Alpander, 1990). Employee's motivation to work may be improved through intrinsic job satisfaction. That is, employees who derive satisfaction from the basic content of their job may be more easily motivated to do their job and do it well.

In a time when extrinsic resources are scarce, employers may need to rely more heavily on intrinsic factors to attract and maintain a productive workforce. This is especially true in community-based human service programs where salary and benefits are typically low. Thus, the link observed here between agency commitment to carrying out its underlying philosophy and improved intrinsic job satisfaction represents a connection from which agency management may derive benefits if it is made properly.

With regards to CILA philosophy, it was also found that the more contact employees had with clients, the less they perceived the philosophy was being followed by their agency. Apparently, as one moves up the agency hierarchy, there is a shift towards the perception of greater agency commitment to the CILA philosophy. This shift may be the result of either disillusionment on the part of employees lower-down in the agency who have encountered difficulties in actually trying to implement the CILA philosophy, or politically-motivated misrepresentation by top management of the degree to which the agency follows the philosophy. The present data can neither confirm nor reject either possibility.

Regardless of the reason why with increasing client contact employees perceive the CILA philosophy is being followed to a lesser degree, the implications are both clear and disturbing. For the CILA program to become more than a nice idea on paper, the philosophy it is based upon must be

translated into concrete actions implemented by staff during service delivery. Effectively making this translation is particularly important for the employees who have the most daily contact with the clients. These employees have more opportunities to foster within clients a sense of independence, choice, productivity, and overall empowerment. The present results, however, suggest that these opportunities are perhaps being missed. That is, the workers who have the most contact with and influence upon the clients' daily life are the least likely to agree that their agency is implementing the CILA philosophy sufficiently. Apparently, the "paper-to-practice" translation of the values and principles which constitute the CILA philosophy is not being made at the crucial point of service exchange between client and staff. In order to properly address this discrepancy between word and deed, we need to determine whether the implementation of the CILA mandate is not feasible with some client populations or whether agencies need to become more diligent in their attempts to actually apply the CILA mandate to their daily interactions with clients. The former issue may be addressed by conducting a series of feasibility studies which would deal with issues surrounding the limits of service delivery to and community integration of disabled individuals. Studies of this type might help to clarify what variety and level of services are efficacious, yet practical, in agencies operating under the CILA mandate. The latter issue dealing

with agency compliance is more difficult to address. Agencies would most likely be unwilling to undergo a compliance evaluation unless complete confidentiality and protection from reprisal could be granted. For such a sensitive evaluation to yield accurate results, it may need to be undertaken without staff knowledge. This type of uninformed evaluation, however, inevitably gives rise to a host of ethical dilemmas. Whatever methodological approach is chosen, the origins of the differing perceptions along the organizational hierarchy concerning implementation of the CILA philosophy should be further investigated.

Attitude Toward Clients

Although the degree to which agencies adhere to the CILA philosophy seems to influence employees' job satisfaction, the particular attitudes employees' endorse regarding the recent trends in services and living arrangements for disabled individuals do not appear to have the same degree of influence on employees' satisfaction levels. The present data do not support the hypothesis that employees who endorse attitudes representative of more recent thinking about the treatment of disabled individuals should have a higher level of job satisfaction than those who do not endorse more progressive treatment attitudes. In contrast, the present data indicate that job satisfaction among CILA employees is not contingent upon having attitudes which coincide with the more recent approaches to the treatment of disabled persons.

There are at least two explanations for this discrepancy. The first is methodological. Due to a printing error, only 255 of the 559 returned surveys had the correct scale anchors in the instructions to the CILA staff attitudes questionnaire. As a result, it is possible that the findings obtained based on the responses from the 255 correctly printed questionnaires did not tell the whole story. That is, had the findings been based upon responses from all of the surveys, the hypothesis may have been supported.

The more probable reason for the present results is that selection and experience may have neutralized the effect of attitudes on work-related satisfaction. That is, people who apply to become CILA staff, to a large extent, may be more positively inclined towards persons with disabilities. Furthermore, their experiences on the job may have a positive influence on their perception of disabled individuals. The combined effect of both selection and experience probably account for the support of progressive treatment attitudes exhibited by most of the respondents.

Thus, it is not the attitudes that employees hold regarding the progressive treatment of disabled individuals that influences satisfaction per se. Rather it is the extent to which their behavior is able to coincide with those attitudes when performing their jobs. The latter point is somewhat supported by the finding that the greater the extent to which employees perceive the CILA philosophy, which

advocates the progressive treatment approach to serving disabled individuals, is being followed by their agencies, the more satisfied they are.

Type of Clientele

While attitudes per se do not appear to mediate job satisfaction levels, the type of client an employee works with does seem to mediate both job satisfaction and treatment-related attitudes. The present data suggest that CILA staff members working with low functioning clients experience relatively lower levels of satisfaction than staff members who work with higher functioning clients. In addition, employees working with developmentally disabled or dually diagnosed clients experience relatively lower levels of job satisfaction than employees who work with mentally ill clients. Thus, the most demanding client populations to work with appear to be clients who function at a low level regardless of their specific diagnosis, and clients who are diagnosed as either developmentally disabled or dually diagnosed. The demanding nature of the work associated with these particular client populations may explain why employees working with these clients tended to endorse attitudes reflective of the CILA mandate to a lesser degree than did those employees working with less demanding client populations. Apparently, spending time serving demanding clients leads employees to hold more conservative attitudes regarding their clients abilities. Overall, employees working with these demanding client

populations seem to feel that they are not being adequately compensated for their efforts.

Based on earlier theories of job dissatisfaction (Sarason, 1977), these results may be due to gaps in training and the lack of role clarity for employees working with these demanding groups of clients. That is, staff members working with such populations may still be developing norms and resolving paradoxes involved with treating these groups according to the CILA philosophy (e.g., trying to integrate the clients into the community; actively involving the clients in choosing their service plans; allowing the clients to participate in daily activities, such as keeping a checkbook). Furthermore, many agencies are limited in the time and training resources they are able to devote to developing specialized services for difficult client populations. Consequently, employees working with such demanding groups of clients are more likely to experience role confusion and to feel as if they are not being adequately supported in their efforts on the job.

One possible approach for increasing satisfaction among this group of employees would be to include in staff meetings a regular discussion of the difficulties and paradoxes involved in serving demanding client populations and their influence upon the employees. If resources permit, an agency could design an inservice training program specifically targeted at orienting staff members to their role as care

givers to a demanding client population. Furthermore, social psychological theory and research suggest that a sense of competence and mastery is a critical element for successful coping and adaptation under ambiguous and confusing conditions (Bandura, 1982; Lazarus, & Folkman, 1984; Rutter, 1987). Thus, trying to foster a sense of competence and mastery in staff members may help them better adjust to the conflicting demands of their jobs, and may in the process increase their satisfaction level.

Amount of Client Contact

Not only was type of clientele hypothesized to influence job satisfaction, but the amount of contact employees have with clients was also hypothesized to influence job satisfaction. The present results, on the contrary, do not support the hypothesis that higher client contact should be associated with lower job satisfaction. The present data, however, indicated that the amount of contact employees have with clients does not have a large impact on the degree to which they are satisfied with their jobs. This discrepancy may be the result of the way in which "client contact" was determined. That is, CILA staff were separated into high, medium, and low contact groups based on the type of activities they reported to be most important for the successful completion of their job. Thus, the determination of the amount of contact an employee has with clients was completely dependent upon how the employee prioritized his or her work

activities. An employee who may have had a good deal of contact with clients but did not rate the job activities which involved contact as important may have been classified into the wrong group. The amount of contact an employee has with clients may be more accurately measured by either direct observation of an employee over a period of time, or by an examination of the activities log which employees in many agencies were required to complete on a daily basis.

Demographic Characteristics

In addition to the influence of job-related characteristics on work satisfaction, the influence on individual characteristics was also examined.

The observed negative relationship between level of education and level of job satisfaction for direct care workers is worthy of further exploration. The adverse effect of surplus education on job satisfaction may have resulted from either unfulfilled expectations or from underutilized skills. The present data can neither confirm nor reject either possibility. A recent study, however, found that overeducated workers were more dissatisfied with their jobs even when the extrinsic and intrinsic rewards of jobs and the value workers' placed on these rewards were controlled for (Martin, & Shehan, 1989). This finding suggests that underutilized skills rather than unfulfilled expectations adversely affect worker satisfaction. Additional research is needed to be conducted to further clarify these results.

Clarification of this issue is important for several reasons. First, workers suffer when placed in jobs where their educational skills are not fully utilized. Secondly, employers may suffer since dissatisfied workers are more likely to quit. Turnover is costly because employers lose their investment in employee training and because they must channel additional resources into hiring replacement workers (Tsang, Rumberger, & Levin, 1991). Finally, high turnover rates among direct care workers may have a negative impact on clients. That is, clients may find it difficult to build relationships with staff members if there is always someone new helping them.

This issue of turnover is particularly relevant to CILA direct care staff. Interviews with CILA staff of all levels revealed that turnover among direct care workers is problematic in many agencies. The present results suggest that surplus schooling may be one of the factors which produce dissatisfaction and subsequent turnover among direct care staff. Agencies may benefit if they can reform the work place to better utilize workers' education. Such reforms may include the redesign of jobs to augment their skill requirements (Davis, & Taylor, 1982) or the creation of independent work groups to allow workers more responsibility (Susman, 1976).

Employees' income level was another individual characteristic that influenced job satisfaction. Contrary to

prediction, not all employees become increasingly more satisfied as their annual income increased. Apparently, as the income of the average employee increased, he or she felt more valued as a worker, and became more satisfied with the external rewards provided by the agency as well as the motivational components of his or her job. This finding is not surprising considering that previous research has found that, at least for some, wages may function as a source of satisfaction in the workplace (Locke, 1976).

However, the negative relationship found between income and job satisfaction for those employees earning an annual salary in the middle of the income continuum was surprising. Evidently, these employees felt less valued as a worker and were less satisfied with the external rewards and the motivational components of their jobs, than employees earning comparably less or more a year. Future research is needed to determine whether this finding represents a meaningful systematic pattern in the data or if it is simply the result of chance.

Finally, the present data failed to support the hypothesis that the longer a CILA employee had worked in the field of mental health and developmental disabilities, the more satisfied they would be with their job. Previous research suggests that opting to remain in a certain area of work for a long period of time could be an indication of psychological commitment which may enhance an individual's

level of job satisfaction (Jerrell, 1983). The positively skewed distribution of the length of time CILA employees reported working in the field of mental health and developmental disabilities probably accounts for why this positive relationship between job satisfaction and tenure in the field was not found with the present data. The average CILA employee has been working in the area of mental health and developmental disabilities for only three years. This period of time is probably too short to expect workers to have developed the kind of psychological commitment to the field which would lead to an increased level of job satisfaction.

In summary, the present research has determined that employees of Illinois' Community Integrated Living Arrangements program are moderately satisfied with their jobs. In accordance with Herzberg's two-factor theory of job satisfaction, employees rated the motivator factors of a job to be more important than the hygiene factors. Therefore, if agencies operating under the CILA mandate want to improve their employees' level of work satisfaction, they should concentrate on enhancing the motivational or intrinsic components of their employees' jobs. Perceptions of agency compliance with the CILA philosophy, type of clientele served, and level of education and income were among the job and individual characteristics found to correlate with an employee's level of job satisfaction. Employee attitudes toward clients, amount of client contact, and length of time

employed in the field of mental health and developmental disabilities, however, were not found to be significantly related to an employee's level of job satisfaction.

Limitations of the Present Research

There are several points to keep in mind when looking at this research. First, the generality of these findings concerning job satisfaction and its correlates for CILA employees is limited because they are based on data from only one type of program operating in only one state. The CILA program is representative of many types of community-based mental health and rehabilitation programs, and the study sample was relatively large and diverse, drawn from many different organizational sites and geographic areas within Illinois. However, any one state community-based mental health program could differ from other state programs in ways that might bias the findings. Thus, the results reported here must be considered tentative until replicated with other samples drawn from other community-based mental health and rehabilitation programs.

A second limitation of the present study is that its correlational focus does not allow any specific cause-and-effect inferences to be drawn between job satisfaction and individual and job characteristics. As Jerrell (1983) pointed out, job satisfaction is a complex phenomena, dependent on many values and expectations that are often difficult to specify a priori or to track quantitatively. Despite this

limitation, the present study does identify areas, such as organizational philosophy and client diagnosis, which may be fruitfully pursued by alternate methods in an attempt to develop a better understanding of job satisfaction.

One final limitation of the present study concerns the measure of job satisfaction that was used. The Job Descriptive Index (Smith, Kendall, & Hulin, 1969) is one of the most widely used measures of job satisfaction in the literature. However, due to the limited applicability of this measure with respect to human service organizations, a modified job satisfaction instrument was developed for use in this study. The development of the Job Incentives Evaluation (JIE) was based on a careful reading of the job satisfaction literature and the structure of the CILA program. Because the JIE is a brand new measure, the results of this study are not directly comparable to the majority of job satisfaction studies which use the more standard measures of job satisfaction. Although some useful comparative information may have been lost, the JIE appears to be a promising measure of satisfaction for human service employees.

Directions for Future Research

Through its examination of both the meaning and the correlates of job satisfaction among community-based mental health and rehabilitation workers, this research has added one more piece to the puzzle of job satisfaction. There are several directions this research might take in the future.

First, the findings related to CILA philosophy could be further pursued in at least two ways. In general, researchers should see if the relationship found between the perception of an organization's commitment to its underlying philosophy and intrinsic job satisfaction can be replicated in other settings. Organizations benefit when their workers are "turned-on" intrinsically to their job. Consequently, any clue which suggests how the "on" switch might be activated deserves further consideration.

Within the CILA program, future research should concentrate on determining the reasons behind the differing perceptions found as one moves up the agency hierarchy regarding agency compliance to the principles of the CILA philosophy. One important initial step that should be taken to settle this issue is to conduct feasibility studies. That is, any possible implementation difficulties, such as certain types of client population, agency size and location, should be investigated in order to clarify what variety and level of services are efficacious, yet practical, in agencies operating under the CILA mandate. Furthermore, future research endeavors should include the perceptions of clients and their families regarding agency compliance with the CILA philosophy. After all, the CILA philosophy was designed to enhance the physical and emotional well-being of the client.

The causal factors underlying the adverse effect of surplus education on the level of job satisfaction experience

by direct care workers should also be investigated. Future research projects should try and better determine whether surplus education results in job dissatisfaction because direct care workers' expectations are unfulfilled, because their skills are underutilized, or because of some combination of both. Current research indicates that individuals, to a large extent, seek out organizations that allow for maximum utilization of their skills and abilities (Alpander, 1990). If this is the case, then CILA agencies should use and reward the skills and abilities direct care workers bring to the job, in order to prevent high quality workers from leaving the field. Researchers could assist agencies in achieving this goal by designing and evaluating job enrichment programs aimed at allowing direct care workers the opportunity to develop and utilize a variety of skills and talents.

Finally, in terms of methodology, future research projects should expand their data collection efforts beyond survey instruments. Although time consuming and often expensive, case studies, in-depth interviews, and behavioral observation methods represent ways in which survey data can be invaluablely enriched.

In summary, the present research has furthered our understanding of the complex phenomena of job satisfaction within a community work setting. The community-based system is becoming the preferred method for treating disabled individuals (Department of Mental Health, 1990). The

provision of services intended to promote personal choice, independence in daily living, economic self-sufficiency, and community integration for persons with mental and developmental disabilities is a labor intensive process requiring competent workers dedicated to improving the quality of life of disabled people (Bordieri & Peterson, 1988). Consequently, the satisfaction of service providers is an important factor for agencies to consider in their efforts to maintain a relatively stable and productive workforce.

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APPENDIX A
JOB ACTIVITIES EVALUATION

JOB ACTIVITIES

In the following section you will be rating various job activities on two separate scales. Look at each activity and decide if you perform it as part of your job or not. If you do, rate it on each of the two scales provided. If you do not perform the task as part of your job please circle Not Applicable (N.A.) The first scale asks you to rate the activity on its importance to doing your job successfully. It may help you to consider the consequences of not performing the activity: A severe consequence indicates an activity that is very important; while little or no consequence indicates a less important activity. The second scale asks you to rate the activity on the extent to which you think training in this activity would help you to perform your job more effectively. Circle the number, for each scale, which most closely reflects your rating. Please rate all of the activities you perform on both scales.

	HOW IMPORTANT IS THIS ACTIVITY TO YOUR JOB?					WOULD TRAINING IN THIS AREA HELP YOU?				
	Not Applicable N.A.	Not Important	A Little Important	Moderately Important	Very Important	Not Applicable N.A.	Not At All	Slightly	Moderately	Greatly
1. Assist CILA recipients in meal preparation.	1	2	3	4	5	1	2	3	4	5
2. Assist CILA recipients in resolving conflicts.	1	2	3	4	5	1	2	3	4	5
3. Prepare medication for CILA recipients.	1	2	3	4	5	1	2	3	4	5
4. Feed CILA recipients who cannot feed themselves.	1	2	3	4	5	1	2	3	4	5
5. Transport CILA recipients to appointments.	1	2	3	4	5	1	2	3	4	5
6. Conduct fire and emergency drills.	1	2	3	4	5	1	2	3	4	5
7. Respond to CILA recipients' emotional distress.	1	2	3	4	5	1	2	3	4	5
8. Assist CILA recipients in grocery shopping.	1	2	3	4	5	1	2	3	4	5

HOW IMPORTANT IS
THIS ACTIVITY TO
YOUR JOB?

WOULD TRAINING IN
THIS AREA HELP
YOU?

	HOW IMPORTANT IS THIS ACTIVITY TO YOUR JOB?					WOULD TRAINING IN THIS AREA HELP YOU?				
	Not Applicable	Not Important	A Little Important	Moderately Important	Very Important	Not Applicable	Not At All	Slightly	Moderately	Greatly
9. Assist CILA recipients in general housekeeping activities.	1	2	3	4	5	1	2	3	4	5
10. Document the occurrence of unusual incidents.	1	2	3	4	5	1	2	3	4	5
11. Supervise other CILA staff members.	1	2	3	4	5	1	2	3	4	5
12. Assist CILA recipients in doing their laundry.	1	2	3	4	5	1	2	3	4	5
13. Encourage CILA recipients to participate in community activities.	1	2	3	4	5	1	2	3	4	5
14. Teach staff CPR and first aid.	1	2	3	4	5	1	2	3	4	5
15. Assist CILA recipients with personal hygiene.	1	2	3	4	5	1	2	3	4	5
16. Teach CILA recipients to use public transportation.	1	2	3	4	5	1	2	3	4	5
17. Discuss issues regarding sexuality with CILA recipients.	1	2	3	4	5	1	2	3	4	5
18. Direct CILA recipients in physical exercise.	1	2	3	4	5	1	2	3	4	5
19. Assist CILA recipients in bathing.	1	2	3	4	5	1	2	3	4	5
20. Respond to the needs of incontinent CILA recipients.	1	2	3	4	5	1	2	3	4	5
21. Teach sign language to CILA recipients.	1	2	3	4	5	1	2	3	4	5

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	Not Applicable	Not Important	A Little Important	Moderately Important	Very Important	Not Applicable	Not At All	Slightly	Moderately	Greatly
22. Remind CILA recipients about their appointments.	1	2	3	4	5	1	2	3	4	5
23. Teach CILA recipients traffic safety.	1	2	3	4	5	1	2	3	4	5
24. Assist CILA recipients with Public Aid and Social security policies and procedures.	1	2	3	4	5	1	2	3	4	5
25. Facilitate communication between CILA staff and clients.	1	2	3	4	5	1	2	3	4	5
26. Complete necessary report forms.	1	2	3	4	5	1	2	3	4	5
27. Give CILA recipients enemas.	1	2	3	4	5	1	2	3	4	5
28. Attend and participate in CILA staff meetings.	1	2	3	4	5	1	2	3	4	5
29. Teach CILA recipients general housekeeping skills.	1	2	3	4	5	1	2	3	4	5
30. Conduct staff performance evaluations.	1	2	3	4	5	1	2	3	4	5
31. Monitor the quality of the CILA recipients' living environment.	1	2	3	4	5	1	2	3	4	5
32. Advocate for the CILA recipients' rights and services.	1	2	3	4	5	1	2	3	4	5
33. Screen and interview prospective CILA recipients.	1	2	3	4	5	1	2	3	4	5
34. Write staff objectives and goals.	1	2	3	4	5	1	2	3	4	5

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	Not Applicable N.A.	Not Important	A Little Important	Moderately Important	Very Important	Not Applicable N.A.	Not At All	Slightly	Moderately	Great
35. Remain informed of CILA rules and regulations.	1	2	3	4	5	1	2	3	4	5
36. Provide 24 hour on call coverage for emergencies.	1	2	3	4	5	1	2	3	4	5
37. Assist in the hiring of CILA staff	1	2	3	4	5	1	2	3	4	5
38. Assist in the development of individual service plans for CILA recipients	1	2	3	4	5	1	2	3	4	5
39. Implement crisis intervention procedures.	1	2	3	4	5	1	2	3	4	5
40. Lead CILA staff meetings.	1	2	3	4	5	1	2	3	4	5
41. Maintain networking and referral contacts with other human service providers.	1	2	3	4	5	1	2	3	4	5
42. Help CILA recipients participate in the design of their individual service plans.	1	2	3	4	5	1	2	3	4	5
43. Link CILA recipients to services in the community.	1	2	3	4	5	1	2	3	4	5
44. Discuss with parent/guardian CILA recipients' status or programs.	1	2	3	4	5	1	2	3	4	5
45. Assist CILA recipient in displaying appropriate social skills in public settings.	1	2	3	4	5	1	2	3	4	5
46. Make recommendations regarding firing CILA staff members.	1	2	3	4	5	1	2	3	4	5

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	Not Applicable N.A.	Not Important	A Little Important	Moderately Important	Very Important	Not Applicable N.A.	Not At All	Slightly	Moderately	Greatly
47. Coordinate CILA staff meetings.	1	2	3	4	5	1	2	3	4	5
48. Observe and report the effects and side effects of prescribed medications.	1	2	3	4	5	1	2	3	4	5
49. Schedule CILA staff working hours.	1	2	3	4	5	1	2	3	4	5
50. Assist in the development of treatment goals for CILA recipients.	1	2	3	4	5	1	2	3	4	5
51. Develop staff training procedures.	1	2	3	4	5	1	2	3	4	5
52. Update and revise CILA recipients' service plans.	1	2	3	4	5	1	2	3	4	5
53. Prepare the payroll for CILA staff.	1	2	3	4	5	1	2	3	4	5
54. Arrange for CILA recipients to go out into the community.	1	2	3	4	5	1	2	3	4	5
55. Report maintenance problems of CILA residence.	1	2	3	4	5	1	2	3	4	5
56. Discipline CILA staff members.	1	2	3	4	5	1	2	3	4	5
57. Participate in discharge planning for CILA recipients.	1	2	3	4	5	1	2	3	4	5
58. Provide assistance in gaining access to vocational training for CILA recipients.	1	2	3	4	5	1	2	3	4	5
59. Provide assistance in proper dress for the occasion for CILA recipients.	1	2	3	4	5	1	2	3	4	5

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	Not Applicable	Not Important	A Little Important	Moderately Important	Very Important	Not Applicable	Not At All	Slightly	Moderately	Greatly
60. Manage representative payee accounts.	1	2	3	4	5	1	2	3	4	5
61. Develop and maintain agency policies and procedures.	1	2	3	4	5	1	2	3	4	5
62. Provide assistance in gaining access to educational services for CILA recipients.	1	2	3	4	5	1	2	3	4	5
63. Assist CILA recipients in obtaining and maintaining eligibility in entitlement programs.	1	2	3	4	5	1	2	3	4	5
64. Ensure proper documentation of CILA requirements.	1	2	3	4	5	1	2	3	4	5
65. Provide assistance in gaining access to employment opportunities for CILA recipients.	1	2	3	4	5	1	2	3	4	5
66. Provide medical training for CILA staff.	1	2	3	4	5	1	2	3	4	5
67. Keep CILA recipient information confidential.	1	2	3	4	5	1	2	3	4	5
68. Provide Health training to CILA staff.	1	2	3	4	5	1	2	3	4	5
69. Facilitate communication between CILA recipient and physician.	1	2	3	4	5	1	2	3	4	5
70. Assist in the lifting /moving of CILA recipients.	1	2	3	4	5	1	2	3	4	5
71. Administer medication to CILA recipients.	1	2	3	4	5	1	2	3	4	5

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	Not Applicable	N.A.	Not Important	A Little Important	Moderately Important	Very Important	Not Applicable	N.A.	Not At All	Slightly	Moderately	Greatly
72. Teach direct care providers how to prepare nutritious meals.	1	2	3	4	5	1	2	3	4	5		
73. Review medical and health history of CILA recipient.	1	2	3	4	5	1	2	3	4	5		
74. Plan menus for CILA recipients.	1	2	3	4	5	1	2	3	4	5		
75. Coordinate leisure activities with CILA recipients.	1	2	3	4	5	1	2	3	4	5		
76. Locate suitable housing with CILA recipients.	1	2	3	4	5	1	2	3	4	5		
77. Recruit volunteers for the CILA program.	1	2	3	4	5	1	2	3	4	5		
78. Ensure that CILA recipients are receiving quality care.	1	2	3	4	5	1	2	3	4	5		
79. Discuss the nature and importance of medication with CILA recipients.	1	2	3	4	5	1	2	3	4	5		
80. Teach CILA recipients how to prepare nutritious meals.	1	2	3	4	5	1	2	3	4	5		
81. Communicate with the court system on behalf of the CILA recipient.	1	2	3	4	5	1	2	3	4	5		
82. Educate the community about the CILA program, or about individuals with disabilities through workshops and speaking engagements.	1	2	3	4	5	1	2	3	4	5		
83. Assist CILA recipients in developing appropriate communication skills.	1	2	3	4	5	1	2	3	4	5		

	HOW IMPORTANT IS THIS ACTIVITY TO YOUR JOB?					WOULD TRAINING IN THIS AREA HELP YOU?				
	Not Applicable	Not Important	A Little Important	Moderately Important	Very Important	Not Applicable	Not At All	Slightly	Moderately	Greatly
84. Develop behavioral management programs with CILA recipients.	1	2	3	4	5	1	2	3	4	5
85. Complete household financial reports.	1	2	3	4	5	1	2	3	4	5
86. Assist in CILA licensure and certification process.	1	2	3	4	5	1	2	3	4	5
87. Oversee maintenance of CILA recipient related records.	1	2	3	4	5	1	2	3	4	5
88. Provide on-the-job training.	1	2	3	4	5	1	2	3	4	5
89. Implement behavioral management techniques.	1	2	3	4	5	1	2	3	4	5
90. Monitor CILA recipients' medication programs.	1	2	3	4	5	1	2	3	4	
91. Maintain knowledge of procedures for dealing with overdoses, seizures, illness, and injury.	1	2	3	4	5	1	2	3	4	5
92. Perform house inspections for compliance with CILA regulations.	1	2	3	4	5	1	2	3	4	5
93. Provide on-going in-service training for CILA staff.	1	2	3	4	5	1	2	3	4	5
94. Assist CILA recipients in the selection of furniture appliances, and utilities.	1	2	3	4	5	1	2	3	4	5
95. Prepare monthly reports for the Department of Mental Health and Developmental Disabilities.	1	2	3	4	5	1	2	3	4	5
97. Maintain inventories of household items.	1	2	3	4	5	1	2	3	4	5

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	Not Applicable	Not Important	A Little Important	Moderately Important	Very Important	Not Applicable	Not At All	Slightly	Moderately	Greatly
98. Assist in the writing of grant proposals.	1	2	3	4	5	1	2	3	4	5
99. Participate in social/leisure activities with CILA recipients.	1	2	3	4	5	1	2	3	4	5
100. Assist CILA recipients in meal planning.	1	2	3	4	5	1	2	3	4	5
101. Assist in budget planning for the agency.	1	2	3	4	5	1	2	3	4	5
102. Maintain staff performance records.	1	2	3	4	5	1	2	3	4	5
103. Monitor the delivery of the CILA recipients service plans.	1	2	3	4	5	1	2	3	4	5
104. Document CILA recipient progress.	1	2	3	4	5	1	2	3	4	5
105. Assist CILA staff in resolving conflicts.	1	2	3	4	5	1	2	3	4	5
106. Fill out administrative paperwork (e.g., 1009's time off sheets, expense vouchers, 1006's	1	2	3	4	5	1	2	3	4	5
107. Teach reading and writing skills to CILA recipients.	1	2	3	4	5	1	2	3	4	5
108. Implement aggression management for CILA recipients.	1	2	3	4	5	1	2	3	4	5
109. Develop and maintain day programs.	1	2	3	4	5	1	2	3	4	5
110. Perform functional assessments of CILA recipients.	1	2	3	4	5	1	2	3	4	5

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	Not Applicable	Not Important	A Little Important	Moderately Important	Very Important	Not Applicable	Not At All	Slightly	Moderately	Greatly
111. Facilitate parent/guardian participation in the development of the CILA recipient's treatment plan.	1	2	3	4	5	1	2	3	4	5
112. Identify agency programmatic and facility needs.	1	2	3	4	5	1	2	3	4	5
113. Talk with CILA recipients	1	2	3	4	5	1	2	3	4	5
114. Facilitate parent/guardian involvement in CILA program activities.	1	2	3	4	5	1	2	3	4	5
115. Encourage CILA recipients to make friends with other persons with disabilities.	1	2	3	4	5	1	2	3	4	5
116. Help CILA recipients learn to make independent choices.	1	2	3	4	5	1	2	3	4	5
117. Change services provided to CILA recipients to better meet their needs.	1	2	3	4	5	1	2	3	4	5
118. Help CILA recipients learn to make their own decisions about leisure time activities.	1	2	3	4	5	1	2	3	4	5
119. Encourage CILA recipients to make their own choices.	1	2	3	4	5	1	2	3	4	5
120. Teach self-advocacy skills to CILA recipients.	1	2	3	4	5	1	2	3	4	5
121. Assist CILA recipients in meeting their neighbors.	1	2	3	4	5	1	2	3	4	5
122. Inform the public about disabled persons through informal casual conversation.	1	2	3	4	5	1	2	3	4	5

APPENDIX B
PREVIOUS TRAINING SURVEY

JOB INCENTIVES EVALUATION

We would like to know the types of things that motivate you as a CILA worker and how satisfied you are with various aspects of your job. Listed below are some job incentives. Please indicate how important each incentive is to you and how satisfied you are with that incentive in your present job by circling the number that best reflects your view.

	How important is:					How satisfied are you with:				
	not important				very important	not satisfied				very satisfied
1. the amount of money you make	1	2	3	4	5	1	2	3	4	5
2. your opportunities for promotion	1	2	3	4	5	1	2	3	4	5
3. the amount of responsibility you have in your job	1	2	3	4	5	1	2	3	4	5
4. constructive feedback	1	2	3	4	5	1	2	3	4	5
5. job benefits										
a) vacation time	1	2	3	4	5	1	2	3	4	5
b) sick leave	1	2	3	4	5	1	2	3	4	5
c) health care	1	2	3	4	5	1	2	3	4	5
d) child care	1	2	3	4	5	1	2	3	4	5
e) retirement benefits	1	2	3	4	5	1	2	3	4	5
f) overtime pay	1	2	3	4	5	1	2	3	4	5
6. the status/prestige of your job	1	2	3	4	5	1	2	3	4	5
7. job security	1	2	3	4	5	1	2	3	4	5
8. your relationships with co-workers	1	2	3	4	5	1	2	3	4	5
9. your relationship with your supervisor	1	2	3	4	5	1	2	3	4	5

How important is:

How satisfied are you with:

	How important is:					How satisfied are you with:				
	not important				very important	not satisfied				very satisfied
10. your relationship with CILA residents	1	2	3	4	5	1	2	3	4	5
11. the physical environment at your place of employment	1	2	3	4	5	1	2	3	4	5
12. attendance policies	1	2	3	4	5	1	2	3	4	5
13. tardiness policies	1	2	3	4	5	1	2	3	4	5
14. scheduling policies	1	2	3	4	5	1	2	3	4	5
15. work/lunch breaks	1	2	3	4	5	1	2	3	4	5
16. the importance placed upon your suggestions and input	1	2	3	4	5	1	2	3	4	5
17. opportunities for personal growth	1	2	3	4	5	1	2	3	4	5
18. being recognized for a job well done	1	2	3	4	5	1	2	3	4	5
19. seeing progress in CILA recipients	1	2	3	4	5	1	2	3	4	5
20. working with severely disabled individuals	1	2	3	4	5	1	2	3	4	5
21. the experience you are getting from this job	1	2	3	4	5	1	2	3	4	5
22. on the job training	1	2	3	4	5	1	2	3	4	5
23. your work schedule/hours of work	1	2	3	4	5	1	2	3	4	5
24. opportunities for continuing education	1	2	3	4	5	1	2	3	4	5

APPENDIX C

JOB INCENTIVES EVALUATION

APPENDIX D
CILA PHILOSOPHY MEASURE

GILA PHILOSOPHY

Directions: This scale is designed to solicit your opinion of the philosophy underlying the GILA program. We are interested in your perceptions of the content of the GILA philosophy, rather than your personal agreement or disagreement with it. KEEPING THE PEOPLE WITH WHOM YOU WORK IN MIND, please rate the extent to which the following principles are consistent with the GILA philosophy and the extent to which they are followed by the GILA you work for.

	How consistent is this principle with the GILA philosophy?					To what extent does the GILA you work for follow this principle?				
	1 not consistent	2	3	4	5 very consistent	1 not at all	2	3	4	5 completely
1. Clients should be able to choose their own living arrangements.	1	2	3	4	5	1	2	3	4	5
2. Clients only need limited access to recreational and social activities.	1	2	3	4	5	1	2	3	4	5
3. The assessment of integrated service plans for clients should take into account their racial, ethnic and cultural background.	1	2	3	4	5	1	2	3	4	5
4. Clients should participate in the selection of the services and supports they need.	1	2	3	4	5	1	2	3	4	5
5. Clients should be able to experience the risk of failure as well as success.	1	2	3	4	5	1	2	3	4	5
6. GILA staff members should decide how clients spend their leisure time.	1	2	3	4	5	1	2	3	4	5
7. Services provided to clients should change as their specific needs and desires change.	1	2	3	4	5	1	2	3	4	5
8. Clients should be able to receive services near their permanent home.	1	2	3	4	5	1	2	3	4	5

	How consistent is this principle with the CILA philosophy?					To what extent does the CILA you work for follow this principle?				
	1 not consistent	2	3	4	5 very consistent	1 not at all	2	3	4	5 completely
9. Clients should have the same access to educational services as other people in the community.	1	2	3	4	5	1	2	3	4	5
10. All clients need and should receive the same services.	1	2	3	4	5	1	2	3	4	5
11. The services offered to clients should contribute to their capacity for independence and productivity.	1	2	3	4	5	1	2	3	4	5
12. Direct care staff should make the decisions regarding matters of health care for clients.	1	2	3	4	5	1	2	3	4	5
13. Clients should have access to full employment opportunities.	1	2	3	4	5	1	2	3	4	5
14. The more severely disabled clients are, the more restrictive their living environments need to be.	1	2	3	4	5	1	2	3	4	5
15. Clients should have access to religious activities.	1	2	3	4	5	1	2	3	4	5
16. Clients should be recognized first and foremost as people with disabilities.	1	2	3	4	5	1	2	3	4	5
17. Clients should be involved in managing their own finances.	1	2	3	4	5	1	2	3	4	5
18. Clients should have the same access to vocational training as other people in the community.	1	2	3	4	5	1	2	3	4	5

	How consistent is this principle with the CILA philosophy?					To what extent does the CILA you work for follow this principle?				
	1 not consistent	2	3	4	5 very consistent	1 not at all	2	3	4	5 completely
19. Clients' records should be kept confidential by CILA staff members.	1	2	3	4	5	1	2	3	4	5
20. Clients should be seen as individuals with the same rights, privileges, aspirations and responsibilities as other citizens.	1	2	3	4	5	1	2	3	4	5
21. Clients should not be required to participate in any activities just because they are part of their service program.	1	2	3	4	5	1	2	3	4	5
22. CILA program directors should select the caregivers for clients.	1	2	3	4	5	1	2	3	4	5
23. Clients should have the opportunity to evaluate the people who provide services to them.	1	2	3	4	5	1	2	3	4	5
24. The needs of clients should be determined by an assessment of their strengths, deficits, personal preferences and family/community supports.	1	2	3	4	5	1	2	3	4	5
25. Clients should interact frequently with non-disabled persons.	1	2	3	4	5	1	2	3	4	5
26. Clients should be encouraged to become economically self-sufficient.	1	2	3	4	5	1	2	3	4	5
27. Clients are rarely seen by other community members at regular social activities.	1	2	3	4	5	1	2	3	4	5

APPENDIX E
CILA STAFF ATTITUDES MEASURE

CILA STAFF ATTITUDES SURVEY

Directions: Please indicate the characteristics of most of THE PEOPLE WITH WHOM YOU WORK. Please indicate their primary diagnosis, level of functioning below. Please check only one primary diagnosis and one level of functioning that describes most of your clients.

<u>Primary Diagnosis</u>	<u>Level of Functioning</u>
Mental Retardation _____	High _____
Mental Illness _____	Low _____
Dual Diagnosis (MI/DD) _____	

Please indicate if the people you work with have physical disabilities or sensory disabilities.

Physical Disabilities _____

Sensory Disabilities _____

Now, rate the following statements WITH THE PEOPLE YOU WORK WITH IN MIND. Circle the number that best represents your attitude, according to the following scale:

1 - Strongly Disagree	4 - Agree Somewhat
2 - Disagree	5 - Agree
3 - Disagree Somewhat	6 - Strongly Agree

-
- | | | | | | | |
|---|---|---|---|---|---|---|
| 1. Professionals should not make decisions for clients unless absolutely necessary. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. Clients should be encouraged to assume the responsibilities of normal life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Clients can make good parents. | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. Clients resent being called names like "dummy" or "crazy". | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. Clients are happier when they live and work with others like themselves. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. Agencies that serve clients should have clients on their boards. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. Because of their disabilities, clients can not help each other. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. Clients should not be allowed to marry and have children. | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. A person would be foolish to marry someone like one of this agency's clients. | 1 | 2 | 3 | 4 | 5 | 6 |

1 - Strongly Disagree
 2 - Disagree
 3 - Disagree Somewhat

4 - Agree Somewhat
 5 - Agree
 6 - Strongly Agree

-
- | | | | | | | | |
|-----|--|---|---|---|---|---|---|
| 10. | Clients should be guaranteed the same rights in society as other persons. | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. | Clients do not want to work. | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. | Clients need someone to plan their activities for them. | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. | Clients should not hold public offices. | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. | Clients should not be given any responsibility. | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. | Clients can organize and speak for themselves. | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. | Clients do not care about advancement in their jobs. | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. | Clients do not need to make choices about the things they will do each day. | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. | Clients have the kinds of problems that require a lot of supervision. | 1 | 2 | 3 | 4 | 5 | 6 |
| 19. | Clients should not be allowed to drive. | 1 | 2 | 3 | 4 | 5 | 6 |
| 20. | Clients can be productive members of society. | 1 | 2 | 3 | 4 | 5 | 6 |
| 21. | Clients have goals for their lives like other people. | 1 | 2 | 3 | 4 | 5 | 6 |
| 22. | I would trust one of this agency's clients to be a baby sitter for one of my children. | 1 | 2 | 3 | 4 | 5 | 6 |
| 23. | Clients cannot exercise control over their lives like other people. | 1 | 2 | 3 | 4 | 5 | 6 |
| 24. | It is an unsafe practice to allow clients to cook meals without supervision. | 1 | 2 | 3 | 4 | 5 | 6 |
| 25. | Clients can have close personal relationships just like everyone else. | 1 | 2 | 3 | 4 | 5 | 6 |

1 - Strongly Disagree
 2 - Disagree
 3 - Disagree Somewhat

4 - Agree Somewhat
 5 - Agree
 6 - Strongly Agree

-
26. Clients are capable of a lot more than most family members and professionals assume. 1 2 3 4 5 6
27. I would not like to live next door to people like this agency's clients. 1 2 3 4 5 6
28. Clients are usually too limited to be sensitive to the needs and feelings of others. 1 2 3 4 5 6
29. Clients should live in sheltered facilities because of the dangers of life in the community. 1 2 3 4 5 6
30. Clients should have their own advocacy organization. 1 2 3 4 5 6
31. Clients should be encouraged to lobby legislators on their own. 1 2 3 4 5 6
32. Clients are the best people to give advice and counsel to others who wish to move into community living. 1 2 3 4 5 6
33. A client's opinion should carry more weight than the opinions of family members and professionals in decisions affecting the client. 1 2 3 4 5 6
34. The solutions to the problems in living faced by clients must come from other persons like them. 1 2 3 4 5 6
35. Clients can plan meetings and conferences without assistance from others. 1 2 3 4 5 6
36. The protectiveness of family members and professionals is often a barrier to full life for clients. 1 2 3 4 5 6
37. Clients can be trusted to handle money responsibly. 1 2 3 4 5 6
38. Clients need the same kind of control and discipline as young children. 1 2 3 4 5 6
39. Residents have nothing to fear from clients living and working in their neighborhoods. 1 2 3 4 5 6

1 - Strongly Disagree
 2 - Disagree
 3 - Disagree Somewhat

4 - Agree Somewhat
 5 - Agree
 6 - Strongly Agree

-
40. Employers in the "real world" don't understand the special needs of this agency's clients. 1 2 3 4 5 6
41. Clients usually should be in group homes or other facilities where they can have the help and support of staff. 1 2 3 4 5 6
42. Sheltered workshops for clients are essential. 1 2 3 4 5 6
43. The attitudes of society are more of a barrier to full life for clients than are their conditions. 1 2 3 4 5 6
44. The best care for clients is to be part of normal life in the community. 1 2 3 4 5 6
45. Most clients prefer to work in a sheltered setting that is more sensitive to their needs. 1 2 3 4 5 6
46. Without some control and supervision, clients could get in real trouble out in the community. 1 2 3 4 5 6
47. It would be foolish for the state to make support payments directly to clients. 1 2 3 4 5 6
48. Segregating clients in schools, work, and residential settings is simply wrong. 1 2 3 4 5 6
49. The rights of clients are more important than professional concerns about their problems. 1 2 3 4 5 6
50. The best way to handle clients is to keep them in institutions. 1 2 3 4 5 6
51. Increased spending on programs for clients is a waste of tax dollars. 1 2 3 4 5 6
52. Homes and services for clients downgrade the neighborhoods they are in. 1 2 3 4 5 6
53. Clients are a burden on society. 1 2 3 4 5 6
54. Homes and services for clients should be kept out of residential neighborhoods. 1 2 3 4 5 6

APPENDIX F
DEMOGRAPHIC CHARACTERISTICS

DEMOGRAPHICS INFORMATION

- 1) Female
 Male
- 2) Age: _____
- 3) Race: American Indian
 Asian
 Black
 Caucasian
 Other _____
(specify)
- 4) Marital Status:
 married
 widowed
 divorced
 separated
 single
- 5) Are you Hispanic or of Hispanic origin? yes no
- 6) Do you have a disability? yes no If yes, specify:

- 7) Are you a part time or full time employee?
If part time, how many hours do you work a week? _____
- 8) What is your job title? _____
- 9) What is the title of your supervisor? _____
- 10) The primary disability of the clients you work with is:
 DD MI Dual Diagnosis (MI/DD)
- 11) How many CILA clients are you directly responsible for? _____
- 12) How many CILA employees are you responsible for? _____
- 13) How long have you been in this position? _____
- 14) How long have you been in this organization? _____
- 15) How long have you worked in the DD/MI areas? _____
- 16) What is your annual income from this job?
 less than \$10,000 \$21,000 - \$25,000
 \$10,000 - \$15,000 over \$25,000
 \$16,000 - \$20,000

EDUCATION

- 1) What is your highest level of education?
 Some High School/no degree
 GED
 High School Diploma
 Some College/no degree
 Associate's degree (specify) _____
 Bachelor's degree (specify) _____
 Some Graduate School/no degree
 Master's degree (specify) _____
 M.D./Ph.D. (specify) _____
- 2) Have you received on-the-job training in the past year?
 yes no

APPROVAL SHEET

The thesis submitted by Marie MacKay has been read and approved by the following committee:

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Professor, Psychology
Loyola University of Chicago

Dr. Fabricio Balcazar
Assistant Professor, Clinical Psychology
University of Illinois at Chicago

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Professor, Psychology
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The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

7/23/92

Date

Fred H. Bryant

Director's Signature