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미국 자립생활센터 실무자가 경험하는 소진과 직무스트레스 관계성 연구

Relationship between Burnout and Role Stressors Experienced by Professions at Centers for Independent Living in the United States

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요약

본 논문의 목적은 미국 자립생활센터 실무자들이 경험하는 직무스트레스의 정도를 파악하고, 이들의 직무스트레스와 소진간의 관계를 밝히기 위함이다. 온라인조사와 설문지 조사를 통하여 설문에 최종 참여한 자립생활센터 실무자는 총 218명인데 이들이 경험하는 직무스트레스 중 직무갈등(role conflict: RC)점수는 평균 22.48 (SD = 5.80)이며 직무모호성(role ambiguity: RA) 점수는 평균 22.20 (SD = 4.30), 직무과중(role overload: RO)점수는 평균 9.14 (SD = 2.55)로 나타나 다른 휴먼서비스 직군에 비해 평균이상의 직무스트레스를 가지고 있는 것으로 나타났다. 또한 자립생활센터 실무자들의 개인적·조직적 특성에 따른 직무스트레스 정도를 ANOVA LSD 사후검정을 통해 분석한 결과, RC지수는 실무자의 나이, 직무내용, 교육정도, 휴먼서비스 근무경력, 주당 근무시간에 따라 점수 차이를 보였고, RA지수는 실무자의 휴먼서비스 근무경력과 주당 근무시간에 따라, RO지수는 휴먼서비스 근무경력에 따라 그룹 간 차이를 보이는 것으로 나타났다. 마지막으로 자립생활센터 실무자들이 경험하는 직무스트레스와 소진간의 관계성을 알아보기 위해 회귀분석한 결과, 세 가지 직무스트레스 모두 소진의 예측변수로 나타났다.

■ 중심어 : | 소진 | 직무스트레스 |

Abstract

The purpose of this study conducted in the United States was to identify the level of role stressors among professions at centers for independent living and to investigate the relationship between role stressors and burnout at the target population. A total of 218 professions completed a web-based and hard copy survey. The participants reported a mean (standard deviation) score of 22.48 (5.80) for the role conflict dimension, 22.20 (4.30) for the role ambiguity dimension, and 9.14 (2.55) for the role overload. Demographic assessment of the differences on the mean score of the three role stressors revealed significant associations with that age, job title, highest level of education, years of human service experience and working hours per week for role conflict/role ambiguity, and experience in human service for role overload. The role conflict, ambiguity, and overload stressors were significant predictors of emotional exhaustion and depersonalization explaining 26% and 14% of the variance, respectively. None of the stressors significant predicted personal accomplishment. The results indicate that role conflict, ambiguity, and overload are important predictors of burnout among professions at centers for independent living.

■ keyword : | Burnout | Role Stressors |

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I. Introduction

Independent living focuses on social and environmental barriers rather than the individual's problems or limitations based on disability[11].

Consumers with disabilities have a more unique role in Centers for Independent Living (CILs) by being involved in the service planning and delivery procedure, as distinguished from other rehabilitation services[4][7]. CILs emphasize consumer involvement in the process of program implementation and decision making[7]. These centers also hire qualified people with disabilities to fill management and service delivery positions, and have a majority on their governing boards. Because of the strong emphasis on consumer involvement, professions at CILs may feel a philosophical conflict and dissatisfaction with existing rehabilitation service.

Consumers as well as new staff who are accustomed to traditional service delivery methods and philosophies are likely to be confused and unsure about what they are supposed to do, an experience described as role ambiguity[27]. In addition, by focusing on empowerment of people to accomplish a wide range of tangible and intangible self-determined goals, outcomes of CIL services tend to be more ambiguous and difficult to measure[27]. As disability rights have increased through legislative action, the community demands on CILs have increased[35]. To meet these demands, CIL staff, particularly professional staff, have attempted to change attitudinal barriers that obstruct the integration of people with disabilities in their communities by providing a variety of services for consumers with disabilities. The combination of excessive demands and insufficient resource is described as role overload experienced CIL professions[26].

Significance of the study is that empirical studies related to the relationship of role stress with burnout dimensions in professions at CIL are rare. Therefore, the findings of this study may prove useful to CIL directors for qualifying organizational management. Moreover, future research can identify protocols and develop strategies to prevent occurrence and reduce burnout among CIL professions.

The relationship of role stress with burnout dimensions in professionals at CILs is unclear. This study was undertaken to identify the level of role stressors among CIL professionals and to investigate the relationship between role stressors and burnout in this target population in the United States.

II. Literature Review

1. Definition of Burnout and Role Stressor

Burnout was first coined to describe a change in the characteristics of social workers in local mental health centers[13]. The author reported that social workers had several symptoms that included lack of desire, fatigue, and exhaustion caused from covert reasons, which manifest in detached and cynical behavior towards their clients. Burnout has also been used to describe emotional exhaustion and cynicism[20], and a reaction to chronic occupational stress[25]. Burnout can be conceptualized as comprising three dimensions: emotional exhaustion, depersonalization, and personal accomplishment[20]. Emotional exhaustion occurs when an individual feels completely drained and loses control[20]. Unmanaged exhaustion may lead to a cognitive and emotional gap in people concerning their work. Emotional exhaustion refers to the extent of being deprived of performance interest and confidence by the exhaustion of emotional resources[20]. Emotional exhaustion is characterized by a lack of energy and depleted emotional resources[6].

Another dimension of burnout is depersonalization, which is defined as cynical feelings and attitudes toward others[20]. In human service work, depersonalization is the most important aspect of burnout[21]. Lack of personal accomplishment is a complex configuration of phenomena including being emotionally worn down by an unfavorable job situation, and a change in perception of performance[20]. It refers to feelings of inadequate personal achievement, accompanied by a diminished sense of self-esteem[12], a tendency to evaluate oneself negatively[6][21], and reduced commitment of professionals to their work[25].

Most prior research on burnout has focused on individuals in human service fields, specifically health, social services, and teaching, where the high level of burnout is experienced because of the high level of extensive and direct face-to-face contact with other people[6]. Of the investigated factors contributing to such burnout, many studies addressed the significant relationships between role associated stress, such as role conflict, role ambiguity, and role overload[1][10][17][25][27]. Consistently, people who report higher levels of burnout also report higher levels of role-related stress.

Role conflict is defined as incongruous expectations between expected and actual behaviors[28][31]. Rizzo et al.[28] suggested that role ambiguity is associated with specifications and requirements of responsibilities, roles, or tasks. The ambiguity results from inadequate information to accomplish the demanded task in a given organizational position. Thus, role ambiguity has been defined as the degree of unclear information regarding a potential role expectation[30].

Theoretically, Maslach and Jackson[20] conceptualized role overload consisted as qualitative or quantitative. People confronting qualitative overload feel that they have inadequate skills necessary to perform the task, whereas those confronting quantitative overload feel that they cannot complete their tasks in the allotted time[6]. Role overload may involve seeing too many clients with too many major problems in a work day that is too short, in an under-staffed agency[2].

2. Relationship Between Burnout and Role Stressors

As originally conceptualized, burnout was believed to result in part from qualitative and quantitative overload[20]. Individuals experiencing qualitative overload feel they lack the basic skills or talents necessary to complete the task effectively. Quantitative overload refers to the individual's perception that the work cannot be done in the allotted time[26]. Empirical investigations to date have focused on the effects of quantitative overload on individual's burnout scores, with very consistent findings. Higher staff-child ratios in day-care centers[21] and classrooms[29], and higher staff-client ratios are associated with higher experienced levels of the burnout components[34].

Burnout has long been considered an occupational stress syndrome for human services professions in high-demand work settings that are high in demand[8], low in resources[18], and require frequent face-to-face contact with other individuals. In these contexts, as the demands on employee's personal resources increases the number of clients increases[6]. Similarly, if the overload of contact with clients in hospitals increases, employees are more likely to experience burnout[16]. These results were consistent with those obtained by other researchers, who designated lack of time and heavy workload as strong determinants of emotional exhaustion (e.g., [4]).

Role conflict and ambiguity have received significant attention in the literature exploring burnout. More specifically, with regard to teachers, Schwab & Iwanicki[31] examined 469 classroom teachers from the Massachusetts Teachers Association and investigated

the relationship between two role stressors (role conflict and ambiguity) and teacher burnout. This study reported that role conflict and ambiguity accounted for almost 24% of variance and concluded that there were important relationships between role conflict and role ambiguity and the emotional exhaustion and depersonalization dimensions of burnout experienced by this sample of teachers. Role conflict can trigger the response of emotional exhaustion for elementary and intermediate teachers, but it stimulates the response of depersonalization for secondary teachers[5]. The same study also reported that the organizational variables of role conflict and work overload were critical determinants of particular aspects of burnout for teachers, regardless of the grade level taught.

Statistically significant relationships between perceived role conflict and role ambiguity and all three burnout component in 135 female human service professionals were described[3]. Another study found that role conflict was a significant predictor of the experience of burnout among 82 workplace counselors[15]. Similarly, burnout may correlate with role conflict and role ambiguity[25]. Multiple regression analyses led to the conclusion that role conflict and role ambiguity accounted for more than 60% of the explained variance in burnout among staff caring for elderly dementia patients[1]. The authors also found that role conflict and role ambiguity accounted for 57% of the variance on the Emotional Exhaustion measure, and that role conflict was a better predictor of Emotional Exhaustion

than was role ambiguity. Stout & Posner[32] found that role conflict was a significant predictor of emotional exhaustion and depersonalization, explaining about 24% and 10% of the variance, respectively. However, role ambiguity was not a significant predictor. Consistent with previous studies on burnout[36].

reported that role conflict predicted emotional exhaustion positively among healthcare personnel, whereas Kirk-Brown & Wallace[15] indicated that only role ambiguity was a significantly predictor of emotional exhaustion among counselors employed in workplace settings. Although not many studies have investigated the effects of role ambiguity and role conflict on burnout, the findings were very consistent.

III. METHODS

1. Data Collection

A total of 218 professions completed the web-based and hard copy surveys during 32 days of data collection between early June and July in 2009 from the CIL directory in Region V, which includes the states of Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. Professions were defined from those who provided direct client services to people with disabilities in a combination of any other independent living services excluding staffs such as directors, board members, volunteers, personal care attendants, and administrative or supportive staff.

2. Hypothesis

This study tests the following hypothesis:

Hypothesis 1. Role conflict is a significant predictor of dimensions of CIL profession burnout(emotional exhaustion, depersonalization and lack of personal accomplishment).

Hypothesis 2. Role ambiguity is a significant predictor of dimensions of CIL profession burnout.

Hypothesis 3. Role overload is a significant predictor of dimensions of CIL

profession burnout.

3. Instruments

3-1 Role questionnaire (RQ)

Three role stressors were measured: role conflict, role ambiguity, and role overload. Role conflict and ambiguity were measured using a previously developed role questionnaire[28] using eight items (e.g., "I receive incompatible requests from two or more people") and six items (e.g., "I know exactly what is expected of me"), with each statement rated on a scale of 1 to 7. The range for the role conflict scores was 8 to 56, and the range for the role ambiguity scores was 6 to 42. Higher dimension scores indicate higher levels of perceived role ambiguity and conflict. Previously reported internal consistency estimates of the reliabilities were .85 for role conflict and .86 for role ambiguity when used with teachers, and reliability by Cronbach's alpha for scores on the role conflict, role ambiguity, and role overload scales as .80, .85, and .64, respectively[31]. Of the role questionnaires, the role overload drawn from the Michigan Organizational Assessment Questionnaire consisted of three items (e.g., "I have too much work to do everything well")[38]. This government document reported that scores on this scale have a reliability of .65 in the original sample of 400 respondents.

3-2 Maslach Burnout Inventory

Burnout among professions at CILs were measured by using the Maslach Burnout Inventory-Human Service Survey (MBI-HSS) (Maslach et al., 1996). Maslach et al. (1996) indicated that the instrument yielded scores on three dimensions of burnout, and provide norms for each dimension. Three dimensions of burnout identified emotional exhaustion (EE: 9 items), depersonalization (DP: 5 items), and lack of personal accomplishment (PA: 8 items). Each aspect is then measured by a separate dimension. Examples of items from the dimensions are "I feel emotionally drained from my work." "I feel I treat some recipients as if they were impersonal objects." "I have accomplished many worthwhile things in this job." The participants select one answer of a possible six (between "Never" and "Everyday") for each of 22 statements.

3-3 Demographic characteristic

The demographic information included sex, age, disability status, job title, education at attainment, years of experience in human service, years in current position, average number of hours worked per week in the current position, and center location.

4. Data Analysis

One research question queried the level of role conflict(RC), ambiguity(RA), and overload(RO) experienced by CIL professions in Region V. Descriptive statistics (mean and standard deviation) determined the level of role conflict, ambiguity, and overload. The second question queried the role stressors(RS) that accounted for variance in burnout dimensions experienced by the aforementioned professions. Three multiple regression models were used to examine the three role stressors as predictors of the three dimensions of burnout; emotional exhaustion(EE), depersonalization(DP), and personal accomplishment (PA). The three dimensions, served as the dependent variables (DV) in the regression analyses, while the predictor variables of role stressors (independent variables: IV) were entered into the regression equation to determine the amount of variance in burnout accounted for by the role stressors.

IV. RESULTS

1. Profile of Participants

A total of 218 CIL providers participated in this study. The survey contained demographic variables including respondents' sex, age, disability status, highest attained education, years of experience in human service, years of experience in the current position, average number of hours worked per week in the current position, and center location. Centers were located in urban (50%), suburban (21.1%), and rural (28.9%) locales. The professionals at CILs in Region V were predominantly female (n = 175, 80.7%; male, n = 43, 19.7%). Twenty five (11.5%) participants were younger than 30 years of age, 22.9% were 30 to 40 years old (n = 50), 43.1% were 41 to 50 years old (n = 94), and 22.5% were 51 to 60 years old (n=49). The majority (69.3%) of respondents reported a disability.

2. Relationships between Role Stressors and Demographic Variables

One-way ANOVA analyses were used to reveal significant relationships between the three role stressors and the demographic variables of the participants. When the ANOVA results were significant, Scheffe's post hoc test was used; the test is the more popular procedure due to its conservatism. However, Scheffe's procedure was unable to detect significant differences among the pair-wise comparisons of demographic variables in this study. Therefore, a liberal post hoc test, Fisher's Least Significant Differences (LSD) post hoc test for significance, was used. The demographic information included sex, age, disability status, job title, highest attained education, years of experience in human service, years in current position, the average number of hours worked per week in current position, and center location. Unless specified, results are expressed as mean (standard deviation).

The participants reported a mean score of 22.48 (SD = 5.80) for the role conflict dimension, 22.20 (SD = 4.30) for the role ambiguity dimension, and 9.14 (SD = 2.55) for the role overload.

Role conflict, role ambiguity, and role overload for male professionals was 22.77(4.93), 22.30(3.55), and 9.76(1.08), respectively. The corresponding relative values for female providers were 22.41 (6.00), 22.18 (4.47), and 9.28 (1.11). No significant differences with mean scores of the role stressor dimensions were reported using ANOVA, F (1, 216) = 0.13, $p > .5$ for role conflict, F (1, 216) = 0.03, $p > .5$ for role ambiguity, and F (1, 216) = 4.04, $p > .05$ for role conflict.

To verify the mean differences, one-way ANOVA with LSD post hoc test was used. Results are shown in [Table 2]. One-way ANOVA indicated significant mean differences of role conflict in participants' age, F (3,214) = 2.66, $p < .05$. On the other hand, mean differences of role ambiguity and role overload by age were not significant. LSD post hoc testing revealed higher mean scores of role conflict in professionals less than 50 years of age than in those 51 to 60 years of age, and significantly higher scores in those less than 30 years of age compare to those 51 to 60 years of age.

Table 1. Score Summary of Role Conflict by Age

RS	Age (year)	M	SD	F	P	Post Hoc (LSD)
RC	(1) 〈 30	23.96	6.07	2.66	.049*	〉(4)*
	(2) 31-40	23.16	5.37			〉(4)*
	(3) 41-50	22.72	5.48			〉(4)*
	(4) 51-60	20.57	6.36			〈(1)*

Note : *p 〈 .05.

Role conflict, role ambiguity, and role overload mean score for professions with disabilities was 22.64 (5.96), 22.20 (4.51), and 9.47 (1.17), respectively, while the respective mean scores of professions without disabilities were 22.13 (5.69), 22.19 (3.82), and 9.16 (0.99). There were no significant differences concerning participants' disability status, F (1, 216) = 0.35, p> .5 for role conflict, F (1, 216) = 0.00, p > .5 for role ambiguity, and F (1, 216) = 2.74, p> .05 for role conflict.

Table 2. Score Summary of Role Conflict by Job Title

RS	Job Title	M	SD	F	P	Post Hoc (LSD)
RC	(1) Independent Living Specialists	21.67	5.90	2.15	.27*	⟨(5)*,(8)**
	(2) Peer Counselors	23.00	5.66			–
	(3) Informational Referral Specialists	23.17	5.56			–
	(4) Benefits Consultants	22.00	3.22			–
	(5) Assistive Technology Instructors	30.00	5.30			⟩(1)*,(7)*, (10)*
	(6) Teachers of the Blind	23.33	8.91			–
	(7) Employment Specialists	21.30	5.77			–
	(8) Case Managers	27.22	4.51			⟩(1)**, (10)**
	(9) Personal Care Attendant Community Assistants	21.00	3.22			–
	(10) Other Positions	21.97	5.27			⟨(5)*,(8)**

Note : *p ⟨ .05, **p ⟨ .001.

[Table 2] presents mean scores of role stressors of the participants' job title, along with results of one-way ANOVA tests. Significant mean differences in role conflict level were evident [F(9,209) = 2.15, p < .05]. LSD post hoc analysis of multiple comparisons among job titles reported by the participants indicated that assistive technology instructors and case managers had a significantly higher role conflict level than independent living specialists and unspecified other positions. The post hoc analysis also revealed that assistive technology instructors displayed significantly higher scores than independent living specialists, employment specialists, and the unspecified other positions.

Professions who graduated high school or who had attained a bachelor degree at university had a role conflict score of 19.87 (4.39) and 22.24 (5.82), respectively. The score for those attaining an association or a master's degree was 23.44 (6.41) and 24.14 (4.51), respectively. One-way ANOVA with LSD revealed a significant mean difference, F (3,214) =2.79, p < .05 (Table 4). No significant difference in role ambiguity and role overload was found. The results of LSD post hoc analysis showed that individuals who had attained association and master degree had were significantly higher role conflict scores than high school graduates.

Table 3. Score Summary of Role Conflict by Education at Attainment

RS	Education at Attainment	M	SD	F	P	Post Hoc (LSD)
RC	(1) H.S/GED	19.89	4.39	2.79	.04*	⟨(2)*, (4)*
	(2) Association	23.44	6.41			⟩(1)
	(3) Bachelor	22.23	5.81			–
	(4) Master	24.14	4.51			⟨(1)*

Note : *p ⟨ .05.

Table 4. Score Summary of the Role Stressors by Years of Experience in Human Service

RS	Years of Experience in HS	M	SD	F	P	Post Hoc (LSD)
RC	(1) 〈 1	22.87	6.36	2.54	.016*	〉(8)*
	(2) 2-5	22.17	5.01			〉(8)**
	(3) 6-10	22.55	5.76			〉(8)**
	(4) 11-15	23.11	6.48			〉(8)**
	(5) 16-20	23.00	5.37			〉(8)**
	(6) 21-25	22.17	5.68			〉(8)*
	(7) 26-30	23.83	3.60			〉(8)*
	(8) 〉 31	12.80	4.14			〈(1)*,(6)* 〈(2)~(5)**
RA	(1) 〈 1	21.75	4.77	2.78	.009*	〈(8)*
	(2) 2-5	22.67	4.41			〈(6)*,(8)*
	(3) 6-10	22.66	3.37			〉(7)*, 〈(8)*
	(4) 11-15	21.55	4.51			〈(6)*,(8)*
	(5) 16-20	21.69	4.91			〈(6)*,(8)*
	(6) 21-25	24.67	3.53			〉(2)*,(4)*, (5)*,(7)*
	(7) 26-30	19.00	4.33			〈(3)*,(6)*, (8)*
	(8) 〉 31	27.00	3.39			〉(1)~(5)*, (7)*
RO	(1) 〈 1	10.00	1.30	3.79	.001*	〉(4)*
	(2) 2-5	9.19	0.95			〈(6)*,(7)*
	(3) 6-10	9.52	1.14			〈(4)*,(6)*
	(4) 11-15	8.93	1.05			〈(1)*,(3)*, (6)**,(7)*
	(5) 16-20	9.27	1.04			〈(6)*,(7)*
	(6) 21-25	10.11	0.58			〉(2)*,(3)*, (4)**,(5)*
	(7) 26-30	10.33	2.16			〉(2)*,(4)*, (5)*
	(8) 〉 31	9.6	1.34			-

Note : *p 〈 .05, **p 〈 .001.

[Table 4] presents data for the three role stress levels in terms of the participants' years of experience in human service, along with results of one-way ANOVA tests. All of role stressor dimensions was significantly difference on mean scores: $F(7,210)= 2.54$, $p < .05$ for role conflict, $F(7,210)= 2.78$, $p< .05$ for role ambiguity, and $F(7,210)= 3.79$, $p = .001$ for role overload. The results of the post hoc analysis with LSD for role conflict level indicated that professions with more than 31 years experience in human service had significantly lowest scores than those reported by professions in other groups, to a significant degree. Concerning role ambiguity, professions with more than 31 years of experience reported the highest levels, which were significantly greater than those reported by professions in other groups, except those with 21 to 25 years experience in human service. In addition, professions with 21 to 25 years and more than 31 years of experience had significantly higher mean scores than those with 2 to 5 years, and 11 to 20 years of experience. The mean scores of professions with 21 to 25 years of experience were significantly higher than those of professions with 2 to 5 years, 11 to 20 years, and 26 to 30 years of experience in human service.

Role overload scores of professions with 21 to 30 years of experience were significantly higher than those with 2 to 5 years, and 11 to 20 years of experience in human service. Professions with 6 to 10 years of experience reported role overload level scores that were significantly higher than those with 11 to 15 years, and 21 to 25 years of experience in human service.

Concerning the average number of hours worked per week in the current position [Table 5], the mean difference between role conflict was significantly different [$F (4,213) = 5.59$, $p < .001$]. The results of the post hoc analysis with LSD indicated that

professions working less than 20 hours weekly in their current position had significantly lower role conflict scores than those reported by the professions working more than 21 hours. There were also significant mean differences on the level of role ambiguity. Professions working more 51 hours weekly reported the highest role ambiguity levels, which were significantly different than those reported by professions in other groups, except for those working less than 20 hours in human service.

There were no significant mean differences in the level of three role stressors concerning the years of experience in current positions and center location.

Table 6. Score Summary of the Role Stressors by Weekly Working Hours

RS	Working Hours	M	SD	F	P	Post Hoc (LSD)
RC	(1) 〈 20	16.71	4.06	5.49	.000*	〈(1)~(7)*
	(2) 21-30	21.38	5.14			〉(1)*
	(3) 31-40	22.33	5.56			〉(1)*
	(4) 41-50	24.10	5.58			〉(1)*
	(5) 〉 51	22.67	7.52			〉(1)*
RA	(1) 〈 20	23.71	1.89	2.51	.043*	-
	(2) 21-30	21.48	3.23			〈(5)*
	(3) 31-40	22.26	4.06			〈(5)*
	(4) 41-50	21.54	5.01			〈(5)*
	(5) 〉 51	25.17	4.01			〉(2)~(4)*

Note : *p 〈 .05.

3. Role Stressors as Burnout Predictors

Three multiple regression analyses were used to examine the three role stressors as predictors of the three dimensions of burnout. The independent variables of the analyses (IV) were the dimensions of the role stressors, including role conflict, role ambiguity, and role overload. The dependent variable of the analyses (DV) was the dimensions of burnout (emotional exhaustion, depersonalization, and reduced personal accomplishment).

To explain emotional exhaustion, role conflict, role ambiguity, and role overload were significant predictors (b = .17, t (214) = 2.52, $p < .05$; b = .30, t (214) = 3.51, $p < .01$; b = .80, t (214) = 5.63, $p < .01$, respectively). Role stressors also explained a significant proportion of variance in the emotional exhaustion, $R^2 = .26$, F (3,214) = 25.64, $p < .001$. In other words, role stressors accounted for 26% of the variance of emotional exhaustion above and beyond the other variables. Each predictor was positively related to the emotional exhaustion, such as role conflict ($\beta = .17$, $P < .05$), role ambiguity ($\beta = .22$, $P < .05$), and role overload ($\beta = .35$, $P < .001$).

Similarly, all of the role stressors were significantly related to the depersonalization (F 3, 214 = 11.61, $p < .001$), and 14.0% of the variance of the depersonalization can be accounted for by the role stressors. However, none of the three stressors were significant predictors in the personal accomplishment (F 3, 214 = 2.425, $p > .05$). The results of personal accomplishment were not presented.

Table 7. Summary of Regression Analysis for Role Stressors Predicting Burnout

(N = 218)

RS	EE			DP		
	B	*SE B*	*β*	*B*	*SE B*	*β*
RC	.17	.07	.17*	.08	.04	.15*
RA	.30	.09	.22*	-.13	.05	.19**
RO	.80	.14	.35**	.08	.08	.20**

Note : R^2 = .26 for EE and .14 for DP.
*p 〈 .05, **p 〈 .001.

V. Conclusions

The differences of the mean score of the three role stressors according to demographic variables was

significant, indicating age, job title, attained education, years of experience in human service and working hours per week for role conflict, years of experience in human service and working hours per week for role ambiguity, and experience in human service for role overload.

The participants reported higher mean scores of three role stressors than other human service providers. Peiro et.al.[37] measured role stressors experienced among Spain health care professionals using same instruments in the present study. It reported three mean scores of role conflict, ambiguity and overload as 3.06, 3.89, 2.71 at time 1 and 3.15, 3.87, 3.03 at time 2 respectively.

This study also found that the three role stressors were significant predictors of emotional exhaustion and depersonalization explaining 26% and 14% of the respective variance, whereas none of the three stressors were significant predictors of personal accomplishment. Service providers who are experiencing role conflict, ambiguity, and overload are more likely to be emotionally exhausted and feel depersonalized. The finding corroborates previous findings[3][5][9][15][23][25][31][34]. This implies when providers experience inconsistent behaviors (i.e., role conflict), lack necessary information (i.e., role ambiguity), and excessive work-role demands (i.e., role overload), they may become emotionally depleted and may develop a negative attitude toward patients with disabilities.

For many years, burnout has been considered an occupational stress syndrome for human services professions in work settings that are high in demand[8], low in resources[19], and require frequent face-to-face contact with other individuals. The present study found that role conflict, ambiguity, and overload are positively predictors of burnout dimensions. In terms of the prediction of burnout among the professions at CILs, it is possible that role stressors will play a primary role. Specifically, role stressors are likely to result in organizational environments that are associated with role conflict, ambiguity, and overload.

Investigating staff burnout in CIL is important to CIL executive directors because of the potential negative impact they might have on organizations and their employees. It is obvious that understanding burnout experienced by professions could ultimately influence successive service outcomes for consumers with disabilities at CILs, because burnout has led to negative performance attitude and incapacity at their work setting. Therefore, the results of this research offer all CIL administrators in the United States as well as South Korea the aware of potential negative impact they might have on organizations and their employees.

Generally administrators can add to the stress level of their staff, due to being unaware of the seriousness of the problem and failing to take action to prevent it. It is clear that administrators and supervisors who are sensitive to personnel management and development may be able to decrease stress among workers by exhibiting a high level of consideration, and by formulating structured, clear, and realistic position objectives, goals, guidelines, and requirements[32].

This study offers an interesting area for future research. Researchers need to search for more effective coping strategies for stress and burnout among service providers at CILs. Ideally, burnout studies should have a longitudinal design including more samples. Nagy & Nagy[24] pointed out that the single-time analysis is the weaknesses in the research literature on burnout. Therefore, it is worthwhile to assess the sequences of burnout in more longitudinal studies.

There are several limitations in this study. Respondents only worked at CILs in Region V. Generalization cannot be made to professions at CILs nationally in the United States and elsewhere. Second, the web-based survey mode may have restricted input from those lacking Internet and/or computer, or who are not proficient on the computer. Third, the survey response rate was low. There may be bias in responses that was introduced by either the small sample size or by a response pool made up predominantly of job title.

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