

## CMHC Survey – Preliminary Report

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A survey to assess job satisfaction, stress, and coping mechanisms was mailed to directors of the 35 Community Mental Health Centers in Iowa. Of the 35 surveys that were sent, 29 were received for a response rate of 29/35 or 83%. A summary of the demographic characteristics, provided by 28 of the 29 respondents is summarized, below.

### **Gender:**

Male: 19/28 (68%)  
Female: 9/28 (32%)

### **Age range:**

36-50: 13/28 (46%)  
51-65: 15/28 (54%)

### **Years experience:**

Less than 1 year: 2 (7%)  
1-10 years: 16 (57%)  
11-20 years: 6 (21%)  
21-30 years: 3 (11%)  
Over 30 years: 1 (4%)

### **Percent time in clinical care:**

Less than 25%: 20 (71%)  
25-50%: 7 (25%)  
51-75%: 1 (4%)

### **Number counties in catchment area:**

1: 12 (43%)  
3-5: 15 (54%)  
6 or more: 1 (4%)

### **Annual budget:**

Category 1 (under \$600,000): 5 (18%)  
Category 2 (\$600,000 to \$1M): 9 (32%)  
Category 3 (\$1M to \$1.5M): 5 (18%)  
Category 4 (\$1.5M to \$2M): 5 (18%)  
Category 5 (\$2M to \$5M): 4 (14%)

### **Rural/urban:**

Urban: 8 (29%)  
Rural: 20 (71%)

### **Number FTE employees:**

6-15: 14 (50%)  
16-60: 14 (50%)

### **Anticipate reduction in professional staff over the next 1-year period:**

Yes: 15 (50%)  
No: 8 (29%)  
Varies: 6 (21%)

### **Conflict with county board of supervisors regarding goals:**

Never: 2 (7%)  
Rarely: 14 (50%)  
Occasionally: 9 (32%)  
Often: 3 (11%)  
Very often: 0

### **Conflict with county board of supervisors regarding funding:**

Never: 1 (4%)  
Rarely: 4 (14%)  
Occasionally: 57 (32%)  
Often: 6 (21%)  
Very often: 1 (4%)

### **Vision and goals shared by DHS:**

Yes: 1 (4%)  
No: 18 (64%)  
Varies: 9 (32%)

### **Vision and goals shared by MBCI (n=27)**

Yes: 13 (48%)  
No: 9 (33%)  
Varies: 5 (19%)

## **Role of Community Mental Health Center Association of Iowa**

Respondents were asked what the Community Mental Health Association of Iowa could do to help executive directors with job stress. Fourteen of the 28 respondents offered comments to this question, some offered more than one suggestion. The suggestions fell into three broad categories of 1) providing a forum for collegial support; 2) providing advocacy and lobby efforts for issues important to the viability and mission of the mental health centers; and 3) providing continuing education programs (such as stress management seminars, business management, managed care administration training). One respondent felt that the CMHCAI should consider reduction in their dues.

## **Job Satisfaction**

Respondents were asked to complete the short-form of the Minnesota Satisfaction Questionnaire. This is an instrument that was developed by David Weiss, Rene Dawis, George England and Lloyd Lofquist at the Work Adjustment Project, Industrial Relations Center, University of Minnesota (copyright 1967). The goals of the MSQ are based on a conceptual framework for research entitled the Theory of Work Adjustment. This theory proposes that the correspondence (or lack of it) between the work personality (and the work environment as the principal explanation for observed work adjustment. The work personality, measured by the "intrinsic scale", refers to vocational abilities and vocational needs. The work environment (measured by the "extrinsic scale") consists of ability requirements and reinforcer systems. Work adjustment is felt to depend on how well an individual's abilities correspond to the ability requirements in the work, and how well needs correspond to the reinforcers available in the work environment. There is also a general satisfaction scale that includes all of the items of the intrinsic and extrinsic scale in addition to some items measuring general aspects of work satisfaction.

Responses were received from 29 CMHC directors. There is less normative data available for the short form, which was developed from a long form that has been used extensively in many occupational groups. Normative data for the short form was taken from a group of 387 engineers, a group that is similar in demographic characteristics to the CMHC directors.

General Satisfaction Subscale (completed by 24 respondents): There are 20 items on this subscale, with each item rated on a scale of 1 (very dissatisfied) to 5 (very satisfied) for a possible range of 20 to 100. The range reported by CMHC directors was 47 to 95, with a mean score of 76.50 (which compares to a mean score of 77.88 for engineers). Five respondents fell in the lowest quartile for job satisfaction, and 6 respondents fell into the highest quartile, with the remaining 13 respondents in the 25% to 75% range (average satisfaction).

Intrinsic Satisfaction Subscale (completed by 29 respondents): There are 12 items on this subscale, with each item rated on a scale of 1 (very dissatisfied) to 5 (very satisfied) for a possible range of 12 to 60. The range reported by CMHC directors was 31 to 57, with a mean score of 48.62 (which compares to a mean score of 48.53 for engineers). Six respondents fell in the lowest quartile for job satisfaction, and 10 respondents fell into the highest quartile, with the remaining 13 respondents in the 25% to 75% range (average satisfaction).

Extrinsic Satisfaction Subscale (completed by 24 respondents): There are 6 items on this subscale, with each item rated on a scale of 1 (very dissatisfied) to 5 (very satisfied) for a possible range of 6 to 30. The range reported by CMHC directors was 14 to 29,

with a mean score of 20.50 (which compares to a mean score of 21.32 for engineers). Nine respondents fell in the lowest quartile for job satisfaction, and 6 respondents fell into the highest quartile, with the remaining 9 respondents in the 25% to 75% range (average satisfaction).

In summary, while the distribution of general and intrinsic satisfaction falls in the normal range of population averages, extrinsic satisfaction is lower. This suggests that CMHC directors are generally satisfied with the type of work that they do but are unhappy in their present work environment.

### **Job Stress**

The Maslach Burnout Inventory-Human Services Survey (MBI-HSS) measured Job stress. This measure was developed by C. Maslach and SE Jackson and is copyrighted by the Consulting Psychologists Press, Inc. Palo Alto, California (1996). Burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with people in some capacity. Burnout can lead to a deterioration in the quality of care or service provided by staff. It appears to be a factor in job turnover, absenteeism, and low morale.

The MBI contains three subscales that assess the different aspects of experienced burnout: emotional exhaustion, depersonalization, and personal accomplishment. Scores are considered high if they are in the upper third of the normative distribution, average if they are in the middle third, and low if they are in the lower third. Each subscale is assessed using a six-point, fully anchored response format. A high degree of burnout is reflected in high scores on the emotional exhaustion and depersonalization subscales, and in low scores on the personal accomplishment subscale. An average degree of burnout is reflected in average scores on the three subscales. A low degree of burnout is reflected in low scores on the emotional exhaustion and depersonalization subscales and in high scores on the personal accomplishment subscale. A state that is the opposite of burnout is indicative of engagement with work, that is, low emotional exhaustion, low depersonalization, and high level of personal accomplishment.

In scoring this instrument, normative data was taken from the responses of 730 mental health workers (psychologists, psychotherapists, counselors, mental hospital staff, and psychiatrists). 28 CMHC directors completed the MBI-HSS.

**Emotional Exhaustion Subscale:** As emotional resources are depleted, workers feel that they are not longer able to give of themselves at a psychological level. This subscale assesses feelings of being emotionally overextended and exhausted by one's work.

**Depersonalization Subscale:** This describes the development of a negative, cynical attitudes and feelings about one's clients. This subscale measures an unfeeling and impersonal response toward recipients of one's service, care, treatment, or instruction.

**Personal Accomplishment Subscale:** When a sense of personal accomplishment is reduced, a tendency to evaluate oneself negatively occurs, particularly with regard to one's work with clients. This subscale assesses feelings of competence and successful achievement in one's work with people.

| <b>MBI Subscale</b>     | <b>Low<br/>(lower third)</b> | <b>Average<br/>(middle third)</b> | <b>High<br/>(upper third)</b> |
|-------------------------|------------------------------|-----------------------------------|-------------------------------|
| Emotional exhaustion    | 5 (18%)                      | 4 (14%)                           | 19 (68%)                      |
| Depersonalization       | 6 (21%)                      | 9 (32%)                           | 13 (46%)                      |
| Personal accomplishment | 20 (71%)                     | 4 (14%)                           | 4 (14%)                       |

The results of the MBI-HHS indicate that CMHC directors are experiencing a high rate of burnout, particularly in regard to a high rate of emotional exhaustion and a low experience rate of feeling a sense of personal accomplishment in their present positions.

### **Coping Strategies**

Coping strategies were assessed by using an instrument called the COPE Inventory, abbreviated version. This instrument has been used in populations including a community sample recovering from Hurricane Andrew. It was developed by Charles Carver (1997) who is in the department of psychology at the University of Miami, Florida. Dr. Carver in the Journal of Personality and Social Psychology in 1989 published a description of the original, longer, inventory. The brief COPE consists of 28 items. It assesses 14 subscales, two items each, on a scale of 1 (“I haven’t been doing this at all”) to 4 (“I’ve been doing this a lot”). The subscales are summarized, below.

#### Problem focused coping (3 subscales)

*Active coping:* Taking action, exerting efforts, to remove or circumvent the stressor

*Planning:* Thinking about how to confront the stressor, planning one’s active coping efforts

*Use of instrumental support:* Seeking assistance, information, or advice about what to do

#### Emotion focused coping (3 subscales)

*Use of emotional support:* Getting sympathy or emotional support from someone

*Positive reframing:* Making the best of the situation by growing from it, or viewing it in a more favorable light

*Religion:* Increased engagement in religious activities

#### Other coping mechanisms, probably adaptive (2 subscales)

*Acceptance:* Accepting the fact that the stressful event has occurred and is real

*Humor:* Making jokes about the stressor

Other coping mechanisms, probably maladaptive (6 subscales)

*Venting*: An increased awareness of one's emotional distress, and a concomitant tendency to ventilate or discharge those feelings

*Behavioral disengagement*: Giving up, or withdrawing effort from, the attempt to attain the goal with which the stressor is interfering

*Mental disengagement (self-distraction)*: Psychological disengagement from the goal with which the stressor is interfering (e.g., daydreaming, sleep, or self-distraction)

*Self-blame*: Criticizing or blaming oneself for the stressor that has occurred

*Substance use*: Turning to the use of alcohol or other drugs as a way of disengaging from the stressor

*Denial*: An attempt to reject the reality of the stressful event

Scores for the subscales were calculated and are summarized below. The results indicate that CMHC directors are primarily using positive coping mechanisms, especially problem focused coping, in response to their stress.

| <b>COPE Subscale</b>   | <b>None or little<br/>(average score per<br/>item 4 or less)</b> | <b>Moderate<br/>(average score per<br/>item 4.1-6.0)</b> | <b>Often<br/>(average score per<br/>item more than 6)</b> |
|------------------------|--|--|---|
| Problem focused coping | 0  | 12/29 (41%)  | 17/29 (59%)   |
| Emotion focused coping | 8/28 (29%)   | 13/28 (46%)  | 7/28 (25%)  |
| Adaptive coping        | 6/29 (21%)   | 16 (55%)   | 7/29 (24%)  |
| Maladaptive coping*    | 21/27 (78%)  | 5/27 (18%)   | 1/27 (4%)   |

\* Does not include Mental Disengagement