

Fall 12-7-2015

How Attachment Style Correlates to Symptoms of Burnout for Direct Care Staff in a Company that Serves People with Developmental and/or Intellectual Disabilities

Shantel Lee Pickar

Hamline University, sssenengo01@hamline.edu

Follow this and additional works at: http://digitalcommons.hamline.edu/hse_all



Part of the [Education Commons](#)

Recommended Citation

Pickar, Shantel Lee, "How Attachment Style Correlates to Symptoms of Burnout for Direct Care Staff in a Company that Serves People with Developmental and/or Intellectual Disabilities" (2015). *School of Education Student Capstones and Dissertations*. Paper 255.

This Thesis is brought to you for free and open access by the School of Education at DigitalCommons@Hamline. It has been accepted for inclusion in School of Education Student Capstones and Dissertations by an authorized administrator of DigitalCommons@Hamline. For more information, please contact jneilson01@hamline.edu.

HOW ATTACHMENT STYLE CORRELATES TO SYMPTOMS OF BURNOUT FOR
DIRECT CARE STAFF IN A COMPANY THAT SERVES PEOPLE WITH
DEVELOPMENTAL AND/OR INTELLECTUAL DISABILITIES

by

Shantel L. Pickar

A capstone submitted in partial fulfillment of the requirements for the degree of Master
of Arts in Education.

Hamline University

Saint Paul, Minnesota

December 2015

Primary Advisor: Barbara Swanson, EdD

Secondary Advisor: Eileen Slade

Peer Reviewer: Kim Hall

Copyright by
SHANTEL L PICKAR, 2015
All Rights Reserved

Thank you to my friends and family who encouraged and supported me through this project. Thank you to my Capstone Committee for not giving up on me! Thank you to the Direct Support Professionals who have provide me the inspiration and motivation to write this Capstone! I am honored to work with such an amazing group of human beings.

In memory of my parents:

Richard Pickar 1/13/1953-7/13/2015

&

Nancy Pickar 6/11/1955-12/11/2014

I couldn't have done this without your love and encouragement.

TABLE OF CONTENTS

| | |
|--|----|
| CHAPTER ONE: Introduction..... | 6 |
| Capstone Overview..... | 6 |
| Background..... | 7 |
| Summary..... | 12 |
| CHAPTER TWO: Literature Review..... | 14 |
| Effects of Burnout on People with Developmental/Intellectual Disabilities..... | 15 |
| Attachment Theory and Burnout..... | 16 |
| The Maslach Burnout Inventory..... | 21 |
| Summary..... | 22 |
| CHAPTER THREE: Methodology..... | 23 |
| Introduction..... | 23 |
| Focus of the Study..... | 23 |
| Setting..... | 24 |
| Participants..... | 25 |
| Data Collection..... | 25 |
| Approval to Conduct Research..... | 26 |
| Summary..... | 26 |
| CHAPTER FOUR: Results..... | 27 |
| Survey Content..... | 27 |
| Coding for Attachment Style..... | 30 |
| Coding for Symptoms of Burnout..... | 31 |
| Attachment Styles and Symptoms of Burnout..... | 33 |

| | |
|---|----|
| CHAPTER FIVE: Conclusion..... | 35 |
| Possible Implications..... | 36 |
| Limitations..... | 37 |
| Future Research..... | 38 |
| APPENDIX 1: Survey to Employees..... | 39 |
| APPENDIX 2: Open-Ended Survey Responses..... | 42 |
| APPENDIX 3: Chart – Attachment Styles and Burnout Propensity..... | 46 |
| REFERENCES..... | 47 |

Chapter One

Introduction

When I tell people what I do for a living the typical response is “Good for you, that must be so rewarding,” which is typically followed by “I could never be in that line of work,” or “I could never do that.” I used to believe that if I can do it, anybody can do it. I have realized recently that working in the mental health field, specifically working with adults with developmental disabilities or intellectual disabilities (DD/ID) or both is not for everyone. In fact, it takes a special person with a specific skill set to excel in working with folks who have developmental disabilities. I have found that patience, compassion, resilience, empathy, desire to help, and sensitivity are a few of the traits necessary to work with people with developmental disabilities. People who have these traits and have a desire to work in the field are not common, which is why I feel that preventing staff burnout and reducing staff turnover should be a priority for all employers and managers for caregivers and staff for people with DD/ID. There have been many studies done to address organizational causes for employee burnout, but my goal is to make an action plan for employers or managers that will increase employees' self-awareness and address an intrinsic factor for the potential for burnout. I hope to answer the question: Is adult attachment style correlated to depersonalization, lowered sense of accomplishment, and/or emotional exhaustion for direct-care employees and supervisors in one company that serves people with developmental and/or intellectual disabilities?

Capstone Overview

The literature review will provide analysis on the subject of burnout. There is limited research on burnout for direct-care staff for individuals with DD/ID as well as

research linking attachment styles in adults to burnout, so the literature review will be expanded to burnout and attachment style in mental health professionals.

The methodology chapter describes the setting, participants, and data collection. This last will be a voluntary employee survey emailed to the direct-care employees and supervisors at the company where I work. The survey is focused on gathering information about whether there is a correlation between attachment style and propensity for burnout. With the results from the survey I hope to expand employees' self-awareness about potential internal factors involved in burnout.

The focus of the fourth chapter will be data analysis. I will compile the results from my survey and put together a plan of action for how employees can overcome or avoid burnout, and how supervisors can identify and address burnout in their staff. The fifth chapter will be the synthesis and conclusion of the capstone, including my personal reflection.

Background

My first exposure to people with developmental disabilities was when I worked at the box office of a movie theatre in high school. The limited exposure I had to these folks caused me anxiety and fear. I did not know if I should make eye contact. I was not sure if I should speak to them as I would a child. I did not know if they were capable of understanding anything I tried to communicate. My initial ignorance and fear and inexperience are probably how many people feel toward people with developmental disabilities.

The summer after my freshman year of college, I confronted my fear of people with disabilities head on, when I became a camp counselor at a special needs camp in

Eastern United States. During my phone interview, the camp director joked with me that “gloves (latex) may be my best friend at times” (helping campers with their personal cares). I laughed, not quite understanding what he meant. I had no idea what to expect at this camp. All I knew that the camp staff was international and co-ed. I was given a free flight and opportunities for a summer adventure and confronting my fear of people with developmental disabilities head on.

There was minimal training for the camp counselors at this summer camp. I was ill-prepared to take on the responsibility of caring for people with developmental disabilities. The first two weeks were filled with daily team-building exercises and cleaning and preparing the cabins for four two-week summer sessions. The day before the campers arrived, we were assigned our cabins, learned very little (a paragraph) about our campers, and we were sent on our merry way. I am not sure that any amount of training could have prepared me for the emotional rollercoaster that was my first two weeks as a camp counselor. I was assigned a cabin with my favorite British friend and three lovely women from Africa with varying levels of command of the English language. I will never forget meeting the six campers in my cabin for the first time. Two were blind, one was blind and deaf, three were non-verbal, two had ambulatory concerns, and one of them used a wheelchair. I had never experienced this level of responsibility before, and I was terrified.

We would be awakened every morning by the announcement on the loudspeaker by one of the campers: “Gooooood Morning, Camp --- Riiiiise and Shine!” at the heinous (for a 19 year old) hour of 6:00 a.m., and the counselors would get our campers ready for breakfast. Camp breakfasts usually consisted of counselors hovering around

their campers, cutting their food, trying to keep anyone from hitting, screaming, or throwing food, and staff chugging vast amounts of caffeinated beverages. After breakfast our campers were assigned to a few group activities such as swimming, arts and crafts, music, or my favorite – cloud watching. There were activities for campers with a wide range of abilities and interests, something for everyone. The morning activities were followed by lunch, several more afternoon activities, yet another chaotic meal and then a planned event such as a talent show, or movie night. After the campers were tucked in for the evening a few unlucky counselors were left to look after the cabins and the rest of the counselors were given two and a half hours of freedom. I lived for the hours between 8:30 and 11:00 p.m. every evening. This was when we could gather in the staff cabin, play games, talk about our “crazy” day, swap camper stories, and bond. I will never forget the amazing friends that I made my summer as a camp counselor. We were all under stress, and we all had challenging campers that were difficult to deal with, so we leaned on each other for support. The respect, love, and support we gave each other throughout the summer were beautiful and touching.

As gratifying and fun as my summer camp experience was, I struggled most of the way through camp, and I was not sure that I had what it took to work with people with developmental disabilities. I took a break from the field to work easier part-time jobs for about a year. I missed making my campers smile and laugh, and I missed the rewarding challenge of working with people with developmental disabilities. I decided to accept a position as a residential support staff in a group home for four adult men with developmental disabilities. I felt a bond with the men instantly. I helped them cook their

meals, take care of their household responsibilities, accompanied them on many different events in the community, and helped them with their personal cares when or if necessary.

The structured, daily routine of a group home was a comfort to me in comparison to the consistent daily chaos that was summer camp. I liked all members of my team, most were college students like me. The only employee turn-over that I witnessed at this job was relocation, or if one of the students graduated from college, but even then would agree to pick up shifts on weekends or to fill in when there was staff illness. To my knowledge, all of the staff were content and had great job satisfaction. I think the main reasons for high employee retention there were that staff felt valued and validated by management, the atmosphere of the group home was loving and laid-back, there were minimal resident aggressive behaviors, and there was a priority placed on community involvement with the residents. I left this position was because I moved to Texas for a year after college graduation. I moved back to Minnesota and knew I could find a job working in the mental health field (DD/ID) fast, hoping that I could find a better paying/lower stress career eventually. I spent the next year and a half managing a respite home for children with developmental disabilities. This job was the most physically and emotionally demanding job I have ever experienced. There were 17 children who stayed at the house for 3-4 days at a time to give their parents “respite,” and acted as a brief camp of sorts for the kids as well. It was exciting and rewarding for me to work with kids, as opposed to the adults I had worked with in the past. My least favorite job requirement was carrying the on-call pager. This meant that I carried around a pager 50% of the time, and when staff had an important question, if there were any medical emergencies, or if someone was calling in sick (which was the case most of the time)

they would call the pager. My pager would wake me up at 4:00AM regularly when the 6:00AM staff would call in sick. The pager dilemma was one of the contributing factors for my hatred for this job. I also had a micromanaging supervisor who I never saw eye to eye with. I had reached my height of emotional exhaustion in just a year and a half. I didn't think I would ever work in with people with DD/ID again.

As I worked at the respite home, I applied for jobs for months before I had any real job leads. My prayers were answered when I was offered a job as a Director of Student Services with a for-profit career college. I could finally get out of the mental health field! I didn't have to worry about med errors, having to fill in for staff when they called out sick, and personal cares. My main responsibility at the for-profit college was to "save" students who were at risk of dropping out of school. I would sit down with every student who was struggling with their grades, attendance, or personal life and help them problem solve. Sometimes the student needed encouragement, help finding affordable housing, assistance finding daycare, or to be matched up with a tutor. I was essentially an unlicensed counselor, and I excelled in my position, and I stayed at the for-profit company for over five years. I had close friendships with many of my co-workers, the company paid for me to travel to off-site meetings and conferences in other states, and the salary I received was much higher than I had ever earned before. Working for the for-profit education company was more than a job, it was my career. However, due to changing government regulations which drastically impacted admissions to the college, which lowered enrollment resulting in unscrupulous practices by the upper management of the company, there were waves of heartbreaking lay-offs at the company and many disadvantageous policy changes. In less than a year the college enrollment dropped from

700 to just over 200. I knew that I was on the verge of being laid off, and with the many transitions taking place in my life I was ready for a change of pace. I decided to leave my job, move to North Carolina and temporarily become a live-in nanny for my closest friend from summer camp.

My friend worked for a non-profit company dealing with adults with developmental disabilities in North Carolina for a few years, so I knew that I would try to get a part-time job with this company before I moved from Minnesota. I started working for the company in September 2013, and I have had three promotions. I began as part-time weekend employee, moving my way to shift supervisor, and currently I'm a house supervisor. This company is the best I've worked for, but employee turnover is a serious issue. My biggest disappointment with this company is my salary at this non-profit company. However, the pay is similar to most other companies in the area, so that does not account for the high employee turnover.

There are many studies I found which focus on organizational factors which contribute to employee turnover and few that focus on individual accountability. As I turned my focus to intrinsic variables that can potentially make individuals more susceptible to burn out, I began finding research linking attachment style to burnout. None of the studies, however, dealt with direct care staff serving the DD/ID population.

I have held many positions in the mental health field, mainly dealing with people with developmental disabilities. There have been many factors which have influenced my job satisfaction and longevity at these jobs. Having a supportive, trusting supervisor, being part of a team or community, and feeling valued and appreciated are my personal requisites for job satisfaction. In the next chapter I will research effective ways in which

companies serving people with developmental disabilities can decrease employee burnout and increase staff retention.

Summary

I have felt depersonalization, lowered sense of accomplishment, and/or emotional exhaustion at times when working in direct care with people with DD/ID, however, I have been able to bounce back from it. This could be because of my forgiving personality and resiliency, my secure attachment, my ability to talk about issues with my coworkers or supervisors, or my insistence on having a happy balance between home and work. The next chapter will focus on risk factors for burnout, how attachment style relates to burnout, and ways that workers can overcome burnout.

Chapter Two

Literature Review

Seven years ago when I switched careers from working in a residential setting for children with developmental disabilities I was almost certain I'd never work in the field (with folks with developmental/physical disabilities) again. I was emotionally exhausted, irritable, impatient with resident and staff issues, and I felt that I could no longer give my 100% in my job. There were many reasons I left the field initially, ranging from not feeling support from my supervisor to having to work shifts when unreliable staff would fail to show up to work.

As I began a review of literature on the topic, I found that I was not alone in my feelings of mental exhaustion, depersonalization, and decreased sense of accomplishment (which are the three parts of burnout). There is limited research on direct care workers for people with DD/ID in a residential setting. However, the specific frustrations and reasons for employee dissatisfaction are not limited to this field. The research I focused on is mostly limited to the individual's propensity for burnout, specifically regarding their attachment style. Upon reviewing the literature available, there are many sources for job burnout in mental health, caregiver stress, job strain theory, and satisfaction for nurses in long-term care facilities, which will be generalized to address the question, "Is adult attachment style correlated to depersonalization, lowered sense of accomplishment, and/or emotional exhaustion for direct-care employees and supervisors in one company that serves people with developmental and/or intellectual disabilities."

Effects of Burnout on People with Developmental/Intellectual Disabilities

Burnout has also been defined as “a state of physical, emotional and mental exhaustion and lowered sense of accomplishment” (Pines, 2004, p. 67). Burnout is a condition typically applied to people in the caring professions such as teachers, doctors, social workers, nurses, and direct care workers. Pines and Maslach (1978) divided burnout into three categories, which I will be using as the emphasis for this paper. The first component is *emotional exhaustion*, which is characterized by a lack of energy, and the feeling that one’s emotional resources are used up (Cordes & Doherty, 1993, p. 623). This is often referred to as “compassion fatigue,” meaning that workers cannot continue to give of themselves or be as responsible for clients as they have in the past (Cordes & Doherty, 1993, p. 623). The second component is *depersonalization*, which is when employees treat clients as objects rather than people. This is a coping mechanism whereby workers display detached and emotional callousness toward clients (Cordes & Doherty, 1993, p. 63). An example of this would be the use of derogatory or cynical language toward clients, (e.g., the lung in room 316).

Kokkonen et al. (2014) found evidence to suggest that caregiver burnout influences staff behavior toward people with dementia in a residential care facility. A study done by Astrom et al. (1991) found that “burnout in staff was found to be associated with less willingness to help, low optimism, and negative emotional responses to clients’ behavior. Burnout in residential staff has also been associated with lower empathy, less positive attitudes and reduced interactions with clients” (p. 551). From my experience, I believe that if a direct care staff is burned out the quality of care decreases at the company that I work for as well. Astrom et al. claim that psychological distress in

staff can increase the likelihood of residents to display challenging and aggressive behavior (1991).

Attachment Theory and Burnout

Attachment theory was first used to describe the relationship between infants and their caregivers (Bowlby, 1988) and has more recently been applied to adults as well. Bowlby defined attachment styles in three different categories: secure, anxious, and avoidant. He believed that the attachment system is a “wired-in evolutionary survival system” (1988, p. 27). Bowlby stated that “seeking and maintaining contact with a caretaker is a primary motivating principle in humans and an innate survival mechanism providing the individual with a secure base in a potentially dangerous world” (1988, p. 7). If children learned that their needs would be met by their caregiver, they are said to have secure attachment. For example, if they cried, their caregiver would come to them or comfort them. If a child would become upset when parents would leave the room and upon their return, the child would be upset, they are said to have avoidant attachment. In the third scenario, if a child was clinging to a parent and was anxious while the parent was away, the child is said to have anxious/ambivalent attachment (Bowlby, 1988).

Most studies link the attachment behavior of adults with their predisposition and coping styles of stress (Pines, 2004). However, one study found researched the correlation between attachment styles and job burnout. Pines (2004) found a positive correlation between attachment styles and burn out. Pines performed a cross-cultural study involving Israeli MBA students, Israeli human service professionals, Hungarian social studies students, a sample of the Jewish population in Israel, and a sample of the Arab population in Israel (Pines, 2004). She used two instruments, The Burnout Measure

(Pines & Aronson, 1988) and the Adult Attachment Styles Measure (Hazan & Shaver, 1987). The Burnout Measure (BM) is a self-report measure of burnout and the second most frequently used measure of burnout (Schaufeli & Enzmann, 1998). “The BM includes 21 items that are evaluated on 7-point frequency scales, with a score of 4 indicating burnout. The items assess the person’s level of physical, emotional, and mental exhaustion” (Pines, 2004, p. 70). The Adult Attachment Types measure (Hazan & Shaver 1994) is the most frequently used measure of adult attachment styles (Pines, 2004, p. 70). In this measure, participants are asked to read three short paragraphs which describe the three attachment styles (Secure, Avoidant, and Anxious-Ambivalent) and indicate to what extent the paragraph describes their feelings on a 7-point Likert scale (Pines, 2004, p. 70).

The results found by Pines (2004) indicate that a negative correlation was found between secure attachment styles and burnout. Meaning that adults with secure attachments are more likely to find positive aspects in burnout-causing situations and have a negative correlation with the tendency to ignore the stress (Pines, 2004). There was a positive correlation found between the anxious and avoidant/ambivalent attachment styles and burnout. Those with the insecure (anxious and avoidant/ambivalent) attachment styles are less likely to make active attempts to solve problems and more likely to avoid a problem (hope it will go away) or collapsing in the face of a problem or both (Pines, 2004). Those participants who identified themselves as having anxious/ambivalent attachment are positively correlated with ignoring the stress, using drugs, using distractions, and obsessing about the problem and negatively correlated with attempts to find the positive aspects of the situation (Pines, 2004). An avoidant

attachment style was negatively correlated with talking about the problem and positively correlated with leaving the situation.

Based on Bowlby's attachment theory, people with a history of secure attachment in childhood helps them as adults to positively appraise burnout-causing situations and cope with them constructively. Ultimately, insecure attachment history in childhood, which results in either avoidant or anxious ambivalent attachment styles as an adult, is likely to lead to poor coping and burnout. (Pines, 2004, p. 68). "When attachment figures are not attained or supportive, a sense of security is not attained and doubts about others' goodwill and one's lovability and worth are developed" (Ronen & Mikulincer, 2009, p. 552).

Bartholomew (1990) created a model of adult attachment composed of four sections, which are secure, preoccupied, fearful, and dismissing. Bartholomew postulates that "adults who develop a positive model of other people as being potentially available and supportive and themselves as worthy of acceptance and support are *securely* attached" (1990, p. 151). Adults who have a secure attachment style feel that they can depend on others for support. Individuals who develop a positive model of others but a negative model of self are categorized as *preoccupied* (Bartholomew, 1990, p. 151). "Preoccupied adults become consumed by their attachment needs and actively attempt to get the needs for acceptance and approval met in close relationships" (Bartholomew, 1990, p. 151). Bartholomew further divides the anxious/avoidant attachment styles as *fearful* and *dismissing*. "People who hold a negative model of self and a negative model of others are termed *fearful*. Individuals who hold a positive model of self, but a negative model of others are considered *dismissing*," (Bartholomew, 1990, p. 152). Fearful and

dismissing adults have been considered to avoid seeking social support from others when possible, especially under stressful conditions, as they have learned they cannot depend on others. This behavior causes them also avoid close contact and become hesitant to form close bonds with people (Bartholomew, 1990, p. 152).

This study places more accountability on the individual instead of the organization, which leads to burn-out. This is why I find it useful for purposes of this capstone. Self-awareness in staff about their attachment styles it may change the way they internalize job stress, or may change negative feelings they may be having about the organization to something that they can cope with as opposed to blaming others. It is also helpful in that the study suggests that people with different attachment styles value different things in their work and cope differently with burnout-causing situations. The study found that the more secure you are, the more importance you attribute to independence (Pines, 2004). On the other hand, the more anxious/ambivalent you are the more important are collaboration, a sense of community, support, and security. Self-awareness is a crucial tool which can be used to prevent burnout. If staff can recognize their vulnerabilities or needs they can seek them out. Supervisors also can provide more or less supervision or support based on knowledge of their staff members' attachment styles.

Pines (2004) suggests one way to incorporate attachment theory into burnout theory is within a psychoanalytic existential conceptual framework that ties burnout to critical childhood experiences (that determine the choice of a particular career) and to the need to find significance in life (causing burnout when the need is not satisfied).

Mikulincer and Shaver (2007) claim that adults with good attachment figures in childhood (parents) tend to become adults with secure attachment orientation and perceive themselves as efficacious caregivers, and view others as deserving respect and support. In addition, the good emotional regulation skills of a person with secure attachment helps prevent them from becoming overwhelmed by their own distress, when faced with other people's suffering. (Mikulincer & Shaver, 2007). Adult attachment studies indicate that a secure attachment is associated with positive and responsive caregiving and greater willingness to provide care for others.

Attachment theory is relevant to the relationship between direct care workers and their clients because a history of secure attachment in childhood helps people as adults to positively appraise stressful situations and cope with them constructively, whereas insecure attachment is a risk factor that reduces people's resilience in times of stress. One recent study done found that there was a negative correlation between a secure attachment and burnout (Pines, 2004, p. 67). Meaning that if children had a strong bond and found their needs met by an adult (secure attachment) they were less likely to experience burnout in adulthood. According to Bowlby (1988), attachment behavior is especially evident in times of ill health and loss (stress). Children seek proximity to their attachment figure more so when they are ill than any other time, this behavior continues in adulthood (Bowlby, 1988.) When attachment figures are not attained or supportive, a sense of security is not attained and doubts about others' goodwill and one's lovability and worth are developed.

The Maslach Burnout Inventory

Maslach and Pines (1980) have argued against viewing burnout as a unitary concept. Empirical evidence supports the idea that emotional exhaustion, depersonalization, and personal accomplishment are conceptually distinct components.

Robert Hickey (2012) at Queens University in Ontario, surveyed 1,570 direct care workers in the Intellectual Disability field asking them about their prosocial motivation and stress/burnout. Prosocial motivation is the desire to engage in work that is beneficial to others, among direct support workers. “Specifically, this study tests the moderating effects of prosocial motivation in the experiences of stress and burnout in disability services” (Hickey, 2012, p. 135). The criticism by Hickey of current research of direct care workers burnout in the DD/ID field is that there is a focus on negative stressors which yield negative responses (Hickey, 2012). A conclusion made after this study was that “behavioral competencies which focus on values-based work practices and support prosocial motivation among direct support workers reduce feelings of depersonalization in the sector” (Hickey, 2012, p. 142). Human resource strategies that provide training opportunities beyond mandated health and safety requirements to include value-based reflections on the nature of the work also appear to mitigate the depersonalization in the sector. When value-based competencies exist in the relationship between staff and the people they support, traditional labor market and workload concerns remain central to work stress and emotional exhaustion (Hickey, 2012).

In addition to adding values-based competencies to staff training, the study suggests that managers need to rethink the traditional forms of promotion and career advancement in organizations. Internal career ladders tend to remove staff from direct

support roles as they move into positions of greater managerial responsibility.

Dissatisfaction with opportunities for advancement prevalent among staff in this study did not suggest a desire for more managerial positions, but rather, more meaningful and complex direct support roles requiring more advanced skills (Hickey, 2012).

Summary

Depersonalization, lowered sense of accomplishment, and/or emotional exhaustion in direct care employees can lead to high turnover or burnout, which ultimately decreases the quality of care for people with DD/ID. As discussed earlier in the chapter, there are many ways for employees to cope with or overcome feelings of burnout. Previous research has shown that adults with insecure or avoidant/ambivalent attachment styles are more susceptible to experience burnout (Pines, 2004). In the next chapter, I will outline a survey that will address the question: Is adult attachment style correlated to depersonalization, lowered sense of accomplishment, and/or emotional exhaustion for direct-care employees and supervisors in one company that serves people with developmental and/or intellectual disabilities?

Chapter Three

Methodology

Introduction

The purpose of this quantitative research was to examine staff burnout and turnover related to attachment style in one company. Research discussed in detail in the literature review has indicated a link between adult attachment styles and the risk of burnout (Aronson & Pines, 2004). Most of the research tends to focus on burnout at the organizational level, which takes accountability away from the individual. As noted by Maslach (1982), if all the apples in a barrel are rotten, it is the barrel that should be blamed and not the individual apple. The intention of this study is to focus on the potential vulnerability for individuals using measures designed for these factors and apply them to staff at the company that I work for by using an email survey. My goal is to write a guide (not part of this study) for staff and supervisors to help identify staff propensity for burnout after data is gathered and analyzed. It is important for staff members to understand their vulnerabilities and understand why they may be more susceptible to burnout, and what they can do to overcome it. Data analysis will also be helpful for supervisors in understanding the needs of their employees on a deeper level.

Focus of the Study

The focus of this study was for direct-care staff to self-identify their attachment styles and propensity for burnout. If they can identify the symptoms of burnout (provided after the survey is submitted), they can begin to address the issue by understanding their potential vulnerability and create meaningful dialogue with their supervisors and coworkers in attempt to overcome burnout. Retaining satisfied

intrinsically motivated employees could be an invaluable asset for the company I currently work for.

There has been extensive research linking stress and burnout but there are few studies linking attachment style and burnout. Adults with avoidant and anxious/ambivalent attachment styles (insecure attachment) are said to have lower tolerance for stressful work situations and feel they can't trust and/or confide in coworkers and supervisors as opposed to their securely attached counterparts, which leads to a higher levels of burnout (Pines, 2004). There are several studies that suggest burnout in direct care staff negatively effects the relationship and care of the individual with intellectual disability/developmental disability (DD/ID) that they serve (Astrom, et al., 1991).

A study of this nature has not been done with direct care workers in the DD/ID field. My hypothesis is that adults with insecure (avoidant and anxious) attachment styles will be in the higher level of burnout. More specifically, they will have a lower sense of personal accomplishment, they will show higher levels of emotional exhaustion, and greater levels of depersonalization.

Setting

The survey was emailed to all direct care employees and supervisors of the non-profit company serving people with developmental and/or intellectual disabilities located in the southeastern United States. This company has approximately 225 employees and has been in operation for over 30 years.

Participants

The participants in the study were part-time and full-time staff at a company that provides services for people with intellectual and developmental disabilities (DD/ID). There are approximately 225 people currently employed at this company. Employees from the day (work programs) as well as employees from the group homes and supervisors/directors will all be given the opportunity to participate in the study. Employees from the finance department were not invited to participate in the study as they have limited contact with the DD/ID population that is served by the company.

All employees within the company that I work for, with the exception of employees from finance department and human resources (due to their limited involvement with the DD/ID population), were sent an email link to the survey. The email addresses used to forward the survey link to the participants were provided by the Human Resources department with the permission of the Executive Director. Email surveys were chosen so that respondents could remain anonymous and for ease of distribution and ease of submission for respondents. Participation in the survey is voluntary and unpaid.

Data Collection

The website surveymonkey.com was used to create the survey that will be sent to participants of the study. The survey was sent via email on September 15, 2015, and the recipients were given 1 week to submit their responses, which means the deadline was September 22. A reminder email was sent on September 19 stating that the participants only had three days left to complete the survey. The survey was closed at 5:00 PM on September 22 and the data was gathered beginning that day. Participation in

the survey was voluntary and unpaid. According to Andrews, Nonnecke, and Preece (2013), email survey responses of 20% or lower are not uncommon.

Approval to Conduct Research

I received approval to conduct this research from the Hamline University School of Education's Human Subject Committee and permission from the organization where the research took place. Those who took the survey completed consent forms and were guaranteed that all results would be confidential and anonymous.

Summary

Burnout in staff can cause a decline in quality of care received by the people with DD/ID who are served by this company. This survey is meant to help caregivers (direct care staff and supervisors) identify intrinsic variables (attachment style) for potential burnout. By increasing self-awareness in staff, it is possible to overcome burnout, and reduce staff turnover within the company, which would strengthen and increase the quality of care provided for the adults with DD/ID who we provide services for.

The data from the survey described in this chapter will be collected and analyzed in the following chapter. After the analysis and capstone are completed, I plan to create a guide for how to prevent burnout and how your attachment style can contribute to your propensity to burnout for the direct care staff and supervisors, which is included in chapter four.

Chapter 4

Results

A survey was designed on surveymonkey.com to determine whether adult attachment style correlated to depersonalization, lowered sense of accomplishment, and emotional exhaustion for direct-care employees and supervisors in one company that serves people with developmental and or intellectual disabilities. A link to the survey was emailed to all direct care employees and supervisors where the survey was distributed. Participation to the survey was voluntary and unpaid.

This chapter includes the content of the survey given to employees, an analysis of the responses about attachment style, depersonalization, lowered sense of accomplishment, and emotional exhaustion (burnout symptoms). The last portion of the chapter discusses the main question of the capstone: Is adult attachment style correlated to depersonalization, lowered sense of accomplishment, and/or emotional exhaustion for direct care employees and supervisors in one company that serves people with developmental and or intellectual disabilities?

Survey Content

The first page of the survey was my letter of intent, which stated both my reason for submitting the survey, and the approvals that I received from the Executive Director at the company I work for and also the Human Subject Committee at Hamline University. Participant consent was implied when the respondent clicked the next button at the bottom of the page. The adult attachment style section in the survey was originally designed by Ayala Pines (2004). The burn out symptom portion of the survey was

inspired by Christina Maslach's Burnout Inventory, and the Burnout Measure (Pines & Aronson 1988)

The first two questions of the survey asked the respondent if they worked full or part time and what their current position was. The purpose of this section is to determine whether symptoms of burn out affect full-time staff at a different rate than the part-time staff.

The adult attachment style portion of the survey consisted of ten separate statements, in a random order, which were designed from Ayala Malach-Pines' survey (2004). The survey participant was encouraged to think about how they truly felt, and not how they wish they felt about the statements. The respondents were prompted to rate how strongly they identify with each statement based on a Likert scale. The options were: Not at all like me, not really like me, undecided, somewhat like me, and very much like me.

The statements describing an adult with secure attachment were as follows:

- It is easy for me to become emotionally close to people.
- I don't worry about getting abandoned or having others get too close to me.
- I am comfortable depending on others and having others depend on me.

The following statements describe an avoidant attachment style:

- Often others who are close to me want a more intimate relationship than I am comfortable with.
- I get tense when someone gets too close to me.
- I find it difficult to be dependent on others or trust them completely.
- I am somewhat uncomfortable getting close to others.

The following statements describe the anxious/ambivalent style:

-I often worry that others don't really love me or that they won't want to stay with me.

-I want to merge completely with others and at times this makes people distance themselves from me.

-Others are reluctant to get as close as I would like.

The third page of the survey contained ten statements that determine whether the respondent experiences symptoms of burn out at work. This section consisted of ten statements addressing the three major symptoms of burn out. One of the symptoms is a lowered sense of accomplishment. An example of a statement that addressed this symptom in the survey was "I don't feel like I'm good at what I do." An example of one statement that described another symptom, emotional exhaustion, was "I feel drained of energy and emotionally exhausted." An example of a statement used in the survey to address the third burn out symptom, depersonalization, was "I feel like I make a difference in people's lives." As described in further detail below, depending on the wording of the statement describing burn out symptoms, the answer can be either negative or positive. A prompt was given after each statement was read by the participant to respond according to a Likert Scale. The options were: Never, sometimes, undecided, often times, and always.

The final question on the survey read: Do you have any suggestions and/or recommendations as to how RSI can retain highly qualified employees? This question was optional and respondents could type a response in the text box if they chose. A response to the last question was not necessary to complete the survey. The responses to the open-ended final question are listed in Appendix 1.

Coding for Attachment Style

Question number three on the survey determined the individual's attachment style according to their responses to the questions. If individuals scored highest on the questions a, c, and i on survey question three, they have a secure attachment style. If individuals scored highest on the questions b, d, and f on question number three, they have an avoidant attachment style. Lastly, if individuals scored highest on the questions e, h, and j, they have an anxious/ambivalent attachment style.

I exported the results from the surveymonkey.com website into an excel spreadsheet. I added numeric values to the section of the survey, which addressed adult attachment styles. I then copy and pasted the questions from the survey so that they were next to one another on the spreadsheet. For example, all three questions that describe a secure attachment style are next to each other, and are separated from the ambivalent/anxious, and avoidant attachment styles. Next, I added numeric values to the individual responses. If the response was "not at all like me," a -2 code was assigned to the response. If the response was "not really like me," a -1 code was assigned to the response. A response of "undecided," received a 0. A response of "somewhat like me," was assigned a 1. A response of "very much like me," was assigned a 2. The responses for each section were added together and given a score. The higher the score, the greater the respondent identified with the particular attachment. For example, if an individual score in the secure column is 6, the respondent is considered to have a secure attachment style. On the other hand, the lower the score, the less the respondent identifies with that particular attachment style.

The three summations of attachment responses were compared for each individual and the highest score of the three (secure, anxious/ambivalent, and avoidant) was assigned for each individual. Of the fifty-five completed survey responses, only one had identical numeric values for two responses (both secure and anxious attachment). Thirty-two of the respondents self-identified as having secure attachment styles (58%). Six respondents self-identified as having anxious/ambivalent attachment styles (11%), and sixteen respondents self-identified as having avoidant attachment styles (29%).

Thirteen of the fifty-five survey respondents have supervisory positions (24%), and within that population, these were the results. Eight scored highest within the secure attachment style (61%), Three scored highest within the avoidant attachment styles (23%), and one respondent equally scored highest within the avoidant and secure attachment styles (8%). Of the twenty-eight respondents who identified as being part-time workers (51% of the total respondents), sixteen respondents identified as having a secure attachment style (57%), seven identified as having an avoidant attachment (25%), and five identified as having anxious/ambivalent attachment styles (18%). Of the twenty-seven full-time employees, sixteen respondents identified as having a secure attachment style (59%); only one respondent identified as having anxious/ambivalent attachment styles (4%); nine respondents identified as having avoidant attachment style (33%); and one respondent identified equally with avoidant and secure attachment styles (4%).

Coding for Symptoms of Burn Out

For analysis on the sense of accomplishment, depersonalization, and emotional exhaustion (symptoms of burnout) portion of the survey, the questions were divided into two categories; positive and negative. Survey questions in the positive category were

questions such as “I feel energetic,” “I feel that my values align with my job duties,” and other three additional questions that are regarded as positive.

The responses for the “positive” questions were assigned numeric codes based on a scale of how strongly the respondent felt about the question. If the response was “always,” the numeric value of 4 was assigned. For a response of “often times,” numeric value 3 was assigned. The response of “sometimes,” was assigned a 2. The response “never,” was assigned a value of 1. Finally, the undecided responses were assigned a 0. The intention of the assigned numeric codes is that the higher the number assigned, the more positively the respondent reaction was to the question. The higher the number, the less likely the individual is experiencing depersonalization, lowered sense of accomplishment, and emotional exhaustion. In other words, the lower the score, the higher the symptoms of burnout.

The questions that are considered “negative,” were also assigned numeric codes based on a scale of how strongly the respondent felt about the question. An example of a negative question is “I feel frustrated at work,” and “I feel like no one understands me, I have no one to talk to. The responses for the negative questions were assigned a numeric code on a scale from -4 to 0. The “undecided” responses were coded with a 0. The “never” responses were coded with a -1. The “sometimes” responses were coded with a -2. The “often times” responses were coded with a -3. Finally, the “always” responses were coded with a -4. The closer the number is to zero, the less depersonalization, lowered sense of accomplishment, and emotional exhaustion. In other words, the closer the response to zero, the less likely it is that the individual is experiencing symptoms of burnout.

Attachment Styles and Symptoms of Burnout

Using the coded responses mentioned in the above paragraphs, the average score for the burnout risk assessment was totaled according to each separate adult attachment style. The sum of the separate response results for the burnout risk were totaled and divided by the number of individuals who identified as either secure, avoidant, or anxious/ambivalent attachment style. For example, the sum of the scores (both negative and positive) for the anxious/ambivalent attachment style group was twenty-six. That number was then divided by the total number of individuals who identified as anxious/ambivalent according to their survey responses, which there were six. The average response for burnout risk for the anxious/ambivalent attachment style group was 4.3. The average response for burnout risk for the avoidant attachment style group was 3.5. The average response for burnout risk for those who identified as having a secure attachment style was a 7.7. The lower the number on the burnout risk assessment the stronger the symptoms of lowered sense of accomplishment, depersonalization, and emotional exhaustion. In other words, the lower the number on the burnout risk assessment, the more likely the individual is experiencing symptoms of burnout.

As discussed in the review of literature, according to Bowlby's attachment theory, individuals with a history of secure attachment in childhood helps them as adults to positively evaluate burnout causing scenarios and cope with them in a constructive manner. On the other hand, insecure attachment in childhood can result in either avoidant or anxious/ambivalent attachment styles, which is likely to lead to poor coping and burn out (Pines, 2004). The conclusion can be drawn that people with secure attachment history and secure working models of attachment enter their career with realistic

expectations, evaluate the burnout causing situations they encounter positively and cope with them constructively. People with insecure attachment theory and working models, enter their career with unrealistic expectations, appraise the burnout causing situations they encounter negatively, and cope with them non-constructively. They do it either by obsessing about them too much (which is a characteristic of anxious/ambivalent attachment style) or by avoiding them (characteristic of avoidant attachment styles) (Mikulincer & Florian, 1995).

As I hypothesized, individuals who have a secure attachment style are less likely to experience lowered sense of accomplishment, depersonalization, and emotional exhaustion than those who have either anxious/ambivalent or avoidant personality styles. See appendix 2 for figure depicting attachment style and burnout propensity.

Chapter 5

Conclusion

A small-scale study was done via email link in a company that serves people with developmental and or intellectual disabilities that determined adult attachment style in direct care workers correlates to depersonalization, lowered sense of accomplishment, and emotional exhaustion. In this study, respondents ranked how strongly they felt toward statements describing the three attachment styles. According their average responses, they were coded as having either secure, anxious/ambivalent, or avoidant attachment styles. Respondents were then asked to score how strongly they felt about work related statements in which described symptoms of burn out.

The major finding in this study was that those individuals who have insecure adult attachment styles (either avoidant or anxious/ambivalent) were nearly twice as likely to experience symptoms of burn-out as those who have a secure attachment style.

The average response for burnout risk for the anxious/ambivalent attachment style group was 4.3. The average response for burnout risk for the avoidant attachment style group was 3.5. The average response for burnout risk for those who identified as having a secure attachment style was a 7.7. The lower the number on the burnout risk assessment the stronger the symptoms of lowered sense of accomplishment, depersonalization, and emotional exhaustion. In other words, the lower the number on the burnout risk assessment, the more likely the individual is experiencing symptoms of burnout.

As discussed in the review of literature, according to Bowlby's attachment theory, individuals with a history of secure attachment in childhood helps them as adults to positively evaluate burnout causing scenarios and cope with them in a constructive

manner (1982). On the other hand, insecure attachment in childhood can result in either avoidant or anxious/ambivalent attachment styles, which is likely to lead to poor coping and burn out (Pines, 2004). The conclusion can be drawn that people with secure attachment history and secure working models of attachment enter their career with realistic expectations, evaluate the burnout causing situations they encounter positively and cope with them constructively. People with insecure attachment theory and working models, enter their career with unrealistic expectations, appraise the burnout causing situations they encounter negatively, and cope with them non-constructively. They do it either by obsessing about them too much (which is a characteristic of anxious/ambivalent attachment style) or by avoiding them (characteristic of avoidant attachment styles) (Mikulincer & Florian, 1995).

Possible Implications

Employees who experience symptoms of burn out (lowered sense of accomplishment, depersonalization, and emotional exhaustion) can lead to employee turn-over, which leads to financial costs to a company. Recruiting, hiring and training new employees is cumbersome and expensive. Even if employees feeling depersonalization, lowered sense of accomplishment, and emotional exhaustion choose to continue their employment, they will likely diminish the quality of care for the individuals served, as well as harm the morale and well-being of a team atmosphere.

In learning about the correlation between burnout and adult attachment styles, direct support staff can reflect on their relationships with co-workers and supervisors and view them in a self-aware, and potentially more positive manner. The study shows that people with avoidant and anxious ambivalent attachment styles are more likely to

experience symptoms of burnout. It is beneficial for individuals to become aware of how their attachment from childhood develops into their adult attachment style, which ultimately effects how they view their relationship with others. Raising self-awareness and accountability can help improve communication, and trust between supervisors and direct care staff, which will in turn, strengthen relationships.

Limitations

One of the major limitations of this study was that the survey was done via email link to personal email addresses of employees. Email surveys are more likely to have low response rates as cited in chapter 3 (Andrews et al., 2003). Over 150 employees received the email link, and only 55 individuals participated in the study. The response rate would have likely been higher if the questionnaires were printed and distributed at staff trainings, and meetings. The small number of respondents also made the study non generalizable to a larger population. The fact that the study asked for survey respondents to self-identify ranking choosing attachment style statements and how intensely symptoms of experienced burn out is also considered a limitation.

A time-consuming and frustrating limitation I experienced when analyzing the results from the data in the survey is that I did not assign a numerical value to each of the Likert-scale statements. I had to create a coding system for both the attachment style section as well as the burn out risk section. This made the quantitative analysis much more difficult, and may have risked the statistical validity of my results.

The focus on this study was to find whether there is a correlation between attachment styles in adults and three major symptoms of burn out. The literature review touched briefly on how to address burn out in staff, but did not address how to treat

symptoms of burn out in direct care staff. Further studies in this area would be helpful to this organization.

Future Research

I plan to share the findings from the survey results with the members of the supervisory team of the company I work for, which serves adults with developmental and or intellectual disabilities. I will ask send my finished abstract with the executive director of the company and share my findings with him. If he allows, I will present a brief 5 minute presentation at a management meeting. I will also share my findings from the survey and literature review with peers at my department meeting. I will also share the responses from the open-ended final question in the survey: “Do you have any suggestions and/or recommendations as to how RSI can retain highly qualified employees?” The responses to this question are provided in the appendix 1.

In learning the results of this study, direct care staff can increase their self-awareness and take into consideration how their attachment style can affect how they view their feelings about their jobs, their work relationships as well as their personal relationships. Supervisors can also learn how to adapt their teaching and support methods to fit the different needs of their subordinates. Adult attachment style is one of many theoretical factors that shape an individual’s personality and worldview.

Appendix 1

Survey to Employees

The email recipients received a letter of intent on the first page. The letter of intent includes the reason for the survey, assurance that participation in the survey is confidential and voluntary, what will be done with the data gathered, as well as the permissions given by the Executive Director of the company as well as the Human Subject Committee at Hamline University.

The first section of the survey contains demographic data.

1. Do you work part-time or full-time?
2. What is your current title (position held) at RSI?
 - a. Direct Support Professional (DSP) or Direct Support Coordinator (DSC)
 - b. Senior Direct Support Coordinator (SDSC), Supervisor, or Director

The second section of the survey will use a variation of the Adult Attachment Types measure (Hazan & Shave, 1987) which is the most frequently used measure of adult attachment types (Pines, 2004).

Indicate to what extent each of these sentences (A, through J) describes your feelings on a scale from 1-5. (1) not at all like me, (2) somewhat like me, (3) indifferent - not like me, and not unlike me, (4) somewhat like me (5) very much like me. Take a moment to decide how you truly feel, and not how you wish you felt. Please note the terms “close” and “intimate” refer to psychological or emotional closeness, not necessarily to sexual intimacy.

- A. It is relatively easy for me to become emotionally close to people.
- B. Often others who are close with me want a more intimate relationship than I am comfortable with.
- C. Others are reluctant to get as close as I would like.
- D. I don't worry about being abandoned or having others get too close to me.
- E. I am somewhat uncomfortable getting close to others.
- F. I find it difficult to trust others completely or to be dependent on them.
- G. I get tense when someone gets too close to me.
- H. I am comfortable depending on others and having others depend on me.
- I. I often worry that others don't really love me or that they won't want to stay with me.
- J. I want to merge completely with others and at times this makes people distance themselves from me.

The third part of the survey is the burnout questionnaire, inspired by the Burnout Measure, by Christina Maslach (1978). Participants will respond to 10 situational work scenarios and respond using a 4 point scale (never, sometimes, often times, always)

I feel frustrated in my place of work

I feel like anyone could do my job

I feel supported and part of a team at my work

I don't feel like I'm good at what I do

I feel like I make a positive difference in people's lives

I feel drained of energy and emotionally exhausted

I feel like no one understands me, I have no one to talk to.

Appendix 2

Open-Ended Survey Responses

Do you have any suggestions and/or recommendations as to how this company can retain highly qualified employees?

- I had the opportunity to shadow more than one home before being hired and it really helped me to catch on to what I was getting into. I knew this was for me. It might weed out the ones who cannot hang in there.
- Treat everyone fairly. There is a lot of gossip at this company as well. If people would focus more on the residents and not what's going on in the staff's lives, this company would be a better place to work.
- This company needs to hire more staff. The demands on current employees are outside the realm of fair expectations and result in a stressful work environment and unfair living situations for residents. There is a lack of innovation in many staff, and this is extremely frustrating for staff who attempt to change the static environment. Every problem I encounter through the day could be solved by an additional staff member.
- Better pay would be the main benefit.
- Coming in as a person who works with the same population on an Educational level, I would suggest hiring those who were or are working professionals and not simply college students who lack the understanding and true parameters of what is expected at a place like this company.
- Personality test...to see if someone's fit for the job
- Better pay

- When talking to my co-workers in the ICF department, most of them talk about how difficult the hours are especially for 2nd shift. They feel that it consumes their life. Perhaps something can be done about it.
- Older retired workers are more reliable. Especially those who have worked on one job for decades are usually dedicated and committed workers.
- I believe that RSI would retain more employees if positions were restructured to make more of them full-time. There would be more buy-in and commitment from staff members if they are there for 40 hours a week.
- Unfortunately, pay has a lot to do with it, going back part time to my restaurant job even though I love this company just because I get paid 4 dollars more an hour. Hours are so short at this company or extremely long that it takes a few days to actually get enough money meaning more time and emotional investment. Pay increase would help balance this time/emotional investment.
- Continue to implement balanced teamwork efforts and encourage self-care.
- Provide actual support and show genuine appreciation. One week of DSP appreciation is a joke when you consider how much DSPs/DSCs do. Supervisors could do a lot more to show appreciation, but many take highly qualified employees for granted, and reward less qualified employees because they'll work extra shifts.
- Hire more highly qualified employees. Hire less employees who have been in direct support for over 15 years.
- Continue to offer benefits (sick leave, annual leave, health insurance) as well as bonuses.

- I think a friendlier environment between all staff in company should be encouraged more than it currently is, because it gets very tiring trying to maintain a cheerful disposition when sometimes even your supervisors won't acknowledge your presence. And then you have your staff who refuse to speak when you tell them good morning, or hello. It's highly unprofessional and not conducive to making employees feel like you are a valued member of the company. It's off-putting and I wish more people realized this. A smile and simple hello cost you nothing. Maybe this company could push this at orientation.
- Providing training in leadership and human relations for supervisors to better support and train direct care staff.
- Recognize the people who deserve it more often. Recognition can go a long way when hard work has been done.
- More appreciation and support from supervisors.
- For most people I think that it comes down to pay. I love my job and I would work here forever if I could afford to. For now it is great for me though.
- More encouragement for employees and positive feedback.
- Higher pay, no sleep shifts, more training if an individual has never been in this field before.
- Increase the pay. Do exit interviews. Many people are quitting because of a particular Director and that should be taken seriously.
- 1. Competitive pay rates. 2. Supportive supervisors (support means, providing both constructive criticism/feedback as well as praise, dividing and taking on

tasks, assurances of trust and confidence, flexibility when possible) 3. Providing clear expectations along with some structure within which to meet these.

- Better healthcare options.
- I feel that no matter how hard the company tries to retain highly qualified employees there will always be a turnover due to the physical and emotional strain placed on staff members at work. I feel this is something that cannot be fixed it is just the nature of the field and not everyone is made to handle it.
- Higher pay, clear expectations on paid time off.

Appendix 3

Chart – Attachment Styles and Burnout Propensity

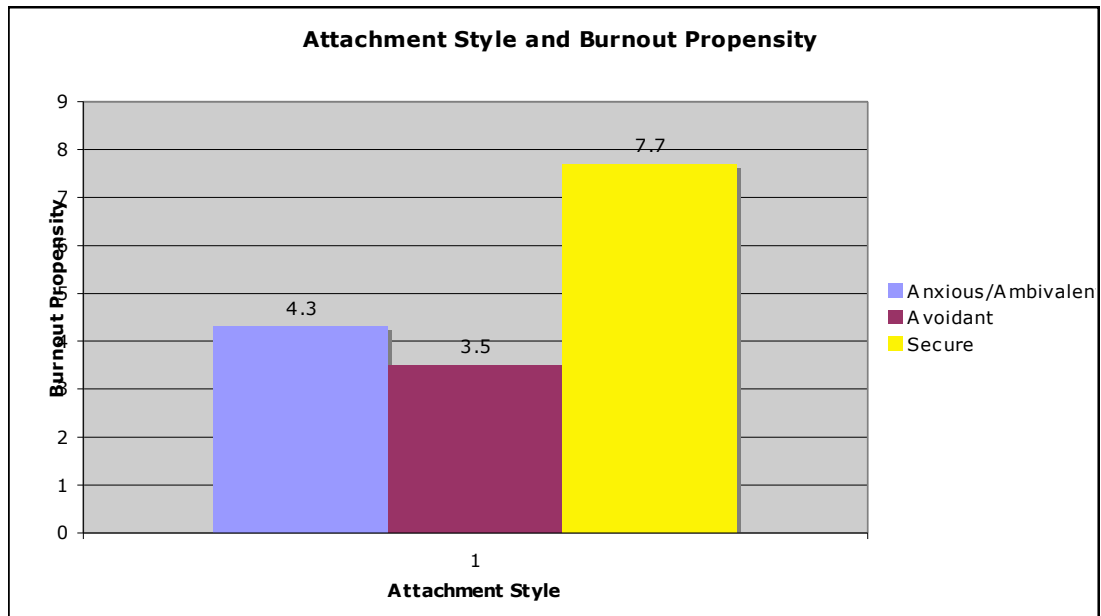


Figure 1 shows the results of the study in a bar chart. The lower the number on the burnout propensity scale, the more likely an individual is experiencing symptoms of depersonalization, lowered sense of accomplishment, and emotional exhaustion.

References

- Andrews, D., Nonnecke, B., & Preece, J. (2003). Electronic survey methodology: A case study in reaching hard-to-involve internet users. *International Journal of Human-Computer Interaction, 16*(2) 185-210.
- Astrom, S., Nilsson M., Norberg A., Sandman P., & Winblad B. (1991). Staff burnout in dementia care: Relations to empathy and attitudes. *International Journal of Nursing Studies, 28*(1), 65-75.
- Bartholomew, K. (1990). Avoidance of intimacy: An attachment perspective. *Journal of Social Personal Relationships, 7*(2), 147-178.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books.
- Cordes, C., & Dougherty, T. (1993). A review and an integration of research on job burnout. *Academy of Management Review, 18*(4), 621-656.
- Hazan C., & Shaver, P. (1994). Attachment as an organizational framework for research on close relationships. *Psychological Inquiry, 5*(1), 1-22.
- Hickey, R. (2012). Prosocial motivation, stress and burnout among direct support workers. *Journal of Applied Research in Intellectual Disabilities, 27*(2), 134-144.
- Kokkonen, T., Cheston, R., Rudi, D., & Smart, C. (2014). Attachment and coping of dementia care staff: The role of staff attachment style, geriatric nursing self-efficacy and approaches to dementia in burnout. *Dementia, 13*(4), 544-568.

- Mikulincer, M., & Florian, V. (1995). Appraisal and coping with real-life stressful situation: The contribution of attachment styles. *Personality and Social Psychology Bulletin, 21*, 406-418.
- Mikulincer, M., & Shaver, P. R. (2007). *Attachment in adulthood: Structure, dynamics, and change*. New York, NY: Guilford Press. Retrieved from <http://www.ebrary.com>
- Pines, A. M. (2004). Adult attachment styles and their relationship to burnout: A preliminary, cross-cultural investigation. *Work & Stress, 18*(1), 66-80.
- Pines, A. M., & Aronson, E. (1988) *Career burnout: Causes and cures*. New York: Free Press
- Pines, A. M., & Maslach, C. (1978). Characteristic of staff burnout in mental health settings. *Hospital & Community Psychiatry, 29*, 233-237.
- Ronen, S., & Mikulincer, M. (2009). Attachment orientation and job burnout: The mediating roles of team cohesion and organizational fairness. *Journal of Social and Personal Relationships, 26*(4), 549-563.

