

# Effects of Social Support, Prior Geriatric Training and Type of Job on Job Satisfaction among Staff Working with Demented Elderly

渡部 律子

Ritsuko Watanabe (Greene)

This study examined the effect of social support and prior geriatric training and job type on the job satisfaction among staff working with demented elderly in one private nursing home in New York State, USA. A questionnaire was administered to 223 employees of the nursing home asking respondents about their income, age, type of job (social worker, community nurse, nursing home nurse, therapist, nurse's aid), existence of previous geriatric training, comfort level with the elderly, locus of control, collegial support, and supervisory support. 125 questionnaires were returned. Multiple regression was used to find determinants of job satisfaction. Results indicated that supervisory support, higher comfort level with the elderly, and prior geriatric training were three significant determinants of job satisfaction for all employees. Issues concerning the most appropriate type of support for such employees are discussed.

キーワード：ソーシャルサポート、職務満足度、老人ホーム、アルツハイマー病

**Key words** : Social Support, Job Satisfaction, Nursing Home, Alzheimer's Disease

## Introduction: Working Well with the Elderly

Alzheimer's disease is a challenge to the quality of life of both those having the disease and those caring for them in home or institutional settings. This study examines the conditions needed for acceptable quality of worklife among those caring for Alzheimer's disease patients in one type of institutional setting, nursing homes.

Among the many problems that the elderly face, Alzheimer's (AD hereafter) disease is a most difficult one. According to the Alzheimer's association report, about 4 million Americans have AD. They predict that 14 million Americans will have AD by the middle of the next century if we do not discover any treatment for it (Alzheimer' Association, 1994). Although the majority of people with AD stay at home, still, quite a few of them end up receiving care in nursing homes (Gwyther, 1985). While nursing homes, therefore, play a role in determining quality of life of the elderly in them, current and future increases in AD patients cared

for in nursing homes also play a role in determining the quality of work-life of nursing home staff. Not coincidentally, the quality of worklife of nursing staffs has been discussed in less positive tones. High turnover rates (Hepler, 1987; Waxman, 1984), negative images of their jobs, and lack of professional training (Chartock, Nevins, Rzetelny, & Gillberto, 1988) are among the many problems researchers have pointed out.

Chronic conditions with degenerative prognosis are a special challenge to the morale and stamina of nursing home staff. Since there is neither effective medical treatment nor behavioral management for people with AD, it may be natural for nursing home staff to feel helpless in their work place and this will increase as the number of AD patients in such facilities increases. For making appropriate changes in the current working conditions in nursing homes, it is crucial to understand how nursing home staff currently deal with their working environment. In other words, we need to know what factors are essential for them to feel satisfied with their work since such satisfaction leads them to have stronger commitment to the job and to give higher

quality care to their clients. Identifying such factors associated with staff job satisfaction can furnish nursing home administrators with the means to modify successfully their facility's current working environment.

#### **Factors which predict job satisfaction among human service workers and nursing home staff**

Effects of social support by either co-worker or supervisor on job satisfaction in the workplace have been widely reported. However prior research results highlighted the supervisory support role more than co-worker support. For example, Garland and others (Garland, Oyabu, & Gipson, 1989) researched 138 nurse assistants in nursing homes and discovered the strongest relationship was between supervisory support and job satisfaction. Several other studies discovered an association between supervisory support and job satisfaction or burnout among nurses (Beeher, King, and King, 1990; McIntosh, 1990; Robinson, Roth, Keim, Levenson, et al. 1991), family/child and psychiatric workers (Martin, 1991), and direct care clinical staff in psychiatric centers (Sullivan, 1989).

On the other hand, study of 40 rehabilitation workers regarding their job satisfaction by Rimmerman (1989) did not find any significant relationship between job satisfaction and supervisory provision of emotional support. Other studies discovered effects of both co-worker and supervisory support on job satisfaction among nurses (Leiter, & Maslach, 1988) and geriatric social workers (Poulin, & Walter, 1992). For example, Himle, Jayaratne, & Thyne (1989) surveyed 399 Norwegian and 639 American social workers and found that emotional support from supervisors and co-workers was associated with lower levels of burnout, job dissatisfaction, and mental health strain. Regarding co-worker support, Koeske & Koeske (1989) found that low social support, particularly from co-workers, was a critical condition for burnout among social workers and Henderson and Argyle (1985) also found having at least one close colleague was related with stress reduction among non-social-work occupations. Further, Viv-Vogel (1987) found sharing work experiences among colleagues was related with effective job functioning among geriatric staff in a community mental health clinic.

Workers usually feel incompetent or ineffective when they lack proper education or training about their clients, which creates job dissatisfaction (Jayaratne, & Chess, 1986; Koeske, & Koeske, 1989). Especially when clients are the demented elderly, people cannot use their common sense to deal with client problems. Lack of knowledge about the elderly is seen among

many people even among gerontological nurses (Glasspoole & Aman, 1990). Under such circumstances, both practitioners and researchers have acknowledged need for specific training on dealing with the demented elderly (Buckwalter, 1991; Peppard, 1985-6). Penn and others (Penn, Romano, & Foat, 1988) studied 75 human service professionals and concluded opportunity for professional development was the only consistent variable associated with job satisfaction.

Nursing home care requires several different workers, such as nurses, social workers, therapists (i.e. occupational therapists, physical therapists, speech therapists) and also other personal care workers (i.e. nurses aids). Job satisfaction is effected by the kind of work they perform. It has been reported that jobs without role clarity, seen in less professional workers, created more job dissatisfaction (Chenitz, 1983; Waxman, Carner, and Berkenstock, 1984).

Besides factors mentioned above, prior research indicated age (McNeely, 1988), income (Buhneyer, & Hunt, 1984; Vinokur-Kaplan, 1991), and also locus of control (King, 1983) as important factors for job satisfaction. Although, prior job satisfaction studies have not included measures of comfort level with the specific clients for whom human service workers provide their services, this factor can play an important role in job satisfaction study among geriatric workers. For, these particular clients tend to be disliked by professionals in the field (Meyers, 1990).

This study intends to examine whether there are any specific factors which predict job satisfaction among people who work for demented elderly people. Based on prior studies about job satisfaction in human service fields, surveyed above, it is hypothesized that having supervisory and co-worker social support, prior special training about the geriatric population, higher comfort level with the elderly, and a more professional job would be positively related with staff job satisfaction. Although the importance of social support and training have been emphasized in many places, their effects on job satisfaction have not been tested using the entire staff of a facility who work primarily with the demented elderly. Most studies dealt with only one kind of job such as nurses and nurses aides. In this study, the entire staff were included in the analysis and the effect of different jobs was also tested. Besides these factors, the effect of three personal characteristics, age, income, and locus of control, were included in the analysis as controlling variables.

## Methods

### *Study Sites*

One geriatric care facility in Western New York was chosen and survey questionnaires were administered to the employees in this facility.

### *Sample*

There were a total of 223 employees in this facility. Questionnaires were given to all of these employees by one social work intern student in January, 1991. 125 employees, about 56 percent of the entire population, returned the questionnaires.

### *Measures: Dependent Variable*

#### *Degree of Job Satisfaction*

Respondents were asked "taking everything together, how satisfied are you with your job?". They answered this question using a 7 item Likert scale ranging from 1=completely dissatisfied to 7=completely satisfied.

### *Measures: Independent Variables*

#### *1. Comfort level with elderly*

Respondents were asked to rate their level of comfort with the elderly in a 5 item range from 1=not very comfortable to 5=very comfortable. The question was "how comfortable are you in your contact with the geriatric population in this facility?"

#### *2. Existence of prior training*

Respondents were asked to answer to the question, "Do you have any specialized training/education which enables you to effectively work with a geriatric population?" by "yes" or "no". "Yes" is coded as 1 and "No" is coded as 0.

#### *3. Having co-worker(s) as supporter(s)*

#### *4. Having supervisor as a supporter*

Respondents were asked to answer the question, "When you have a work related problem to whom do you go to talk?". They could choose whatever number of people from five answers. They are: 1. co-worker, 2. supervisor, 3. union steward, 4. someone not included above, 5. no one. When the respondents chose co-worker, it was coded 1 and others were coded 0 for the variable, having co-worker as a supporter. The same procedure was used to code for the variable, having supervisor as a supporter.

#### *5. Job classification*

Respondents were asked to describe their job title stating "what is your job title?". Then the job titles

were classified into five kinds of work by a social work intern who worked in this facility. Following are the names of the five types of work.

1) Social workers: They usually work as program heads and conduct administrative work. They are responsible for day to day operation of independent programs. They plan activities and deal with personnel (i.e. hiring employees and budgeting). Their educational level and degree varies from junior college (i.e. Human service worker) to M.S.W. (master of social work).

2) Home care nurses: They are nurses with R.N. and B.S.N. degrees. Their main work is case management of the elderly patients in the community. They do more paper work in comparison with nurses in the nursing home and receive more health insurance reimbursement.

3) Nursing home nurses: They are mainly L.P.N.s and deal with elderly patients in nursing homes. In comparison with the home care nurses mentioned above, nursing home nurses conduct more medical work than paper work.

4) Therapists. They are physical therapists, occupational therapists, and speech therapists. They work both in nursing homes and in the community.

5) Personal maintenance: They are nurse's aides, housekeeping staff, and dietary staff.

For the analysis, four dummy variables (social worker or not, home care nurse or not, nursing home nurse or not, therapist or not) were created and included in the analysis. Personal maintenance people were used as a base line, therefore, a fifth dummy variable was not included.

### *Control Variables*

Three variables, respondent's age, income, locus of control, were included in the analysis as control variables.

#### *6. Age*

Respondents chose their own group from the 7 age groups. 1=18-25, 2=26-35, 3=36-45, 4=46-55, 5=56-65, 6=66-75, 7=76-85.

#### *7. Income*

Respondents were asked to chose their income level from 8 income groups. They were: 1=under \$5,000, 2=\$5,000-9,999, 3=\$10,000-14,999, 4=\$15,000-19,999, 5=\$20,000-24,999, 6=\$25,000-34,999, 7=\$35,000-39,999, 8=\$50,000 and over.

### 8. Locus of control

Duttwiler's (1984) Internal Control Index (ICI) was used. ICI has good internal consistency with alphas of .84 and .85 and fair concurrent validity with a low but significant correlation with Mirels' Factor I of the Rotter I-E Scale. Respondents were asked to choose the most suitable number from the following five about their feeling or behavior, for filling in the blank in 14 questions. 1=rarely, 2=occasionally, 3=sometimes, 4=frequently, 5=usually. For example, the first question states: "when faced with a problem I \_\_\_ try to forget it". In order to make the higher number mean more internal locus of control, the answers of 7 questions out of all 14 were reversed and the final internal locus of control score was created by summing up all the answers.

### Characteristics of Respondents

Mean age of our respondents falls between 35-45 and their mean education was about 15 years (a little above junior college degree). They make about \$20,000 on average. About 87 % of our respondents were female and 85 % were white. Percentages of each type of work are: 25% social workers, 17 % home care nurses, 30 % nursing home nurses, 14 % therapists, and 14 % personal maintenance people. About 37 % of our respondents said that they had special training in geriatric work. More than half of the respondents got their support from coworkers and about 42 % got their support from their supervisor.

### Results

#### Predicting Job Satisfaction Among People Working with the Disabled Elderly

Table 1 shows the result of multiple regression analysis predicting job satisfaction. As a whole this model could predict about 29 % of the variance ( $F=3.14$ ,  $p<.001$ )

Table 1. Multiple regression predicting job satisfaction among staff working for demented elderly people

| Variables                     | Beta | T    | P-value |
|-------------------------------|------|------|---------|
| Comfort level with elderly    | .29  | 2.78 | .0065** |
| Existence of special training | .25  | 2.73 | .0077** |

|                                  |      |      |         |
|----------------------------------|------|------|---------|
| Having supervisor as a supporter | .31  | 3.06 | .0029** |
| Having co-worker as a supporter  | -.04 | -.37 | n.s.    |
| Social worker or not             | .20  | 1.90 | .00607  |
| Community home nurse or not      | .05  | .47  | n.s.    |
| Nursing home nurse or not        | .09  | .86  | n.s.    |
| Therapist or not                 | -.08 | -.81 | n.s.    |
| Age                              | .01  | .10  | n.s.    |
| Income                           | -.05 | -.51 | n.s.    |
| Locus of control                 | .12  | 1.23 | n.s.    |

(Multiple  $R=.54$ ;  $R\text{ Square}=.29$ ;  $DF=12, 92$ ;  $F=3.14$ ;  $p=.0009$ )

Among six independent variables, three variables, having supervisor as a supporter, higher comfort level with elderly, and existence of special training, are significant predictors of job satisfaction ( $p<.01$ ). For job difference, being a social worker showed marginal result in predicting job satisfaction. None of three control variables was a significant predictor.

### Discussion

The findings confirmed part of the hypothesis indicating that having social support from a supervisor when one has job related problems, having prior special training about the geriatric population, and feeling comfortable with elderly people are associated with higher job satisfaction among workers who work with demented elderly people. Further, the results indicated some possible effects of being a social worker as a positive predictor of job satisfaction, although none of the other job classifications showed association with job satisfaction. One very interesting and also puzzling result seen in this analysis is that social support from

## R. Watanabe, Job Satisfaction, Social Support

co-workers was not associated with job satisfaction. Three control variables, which are personal characteristics of the respondents, were not associated with job satisfaction.

Then why was support from co-workers not associated with job satisfaction in this study? Although many other studies about job satisfaction found emotional support from both supervisors and co-workers was a predictor of job satisfaction, apparently it was not the case for the respondents of this study, workers who work with demented elderly people. This result may indicate a different condition among these workers. Dealing with the demented elderly requires workers to constantly encounter new problems. How to take care of aggressive behaviors, wandering behaviors, scheduling diaper changes, etc. Many unpredicted behavior problems can be the workers' concern. As noted earlier, people have, up to now, not spent much time to understand elderly clients, thus knowledge and skills necessary for taking care of elderly people are scarce, especially among those working with the demented elderly. Under such condition, co-worker support may not be as useful as supervisor support, because supervisors have or are supposed to have more knowledge and skill regarding how to deal with day-to-day problems. Leiter and Maslack (1986) noted the difference of support content between supervisor and co-worker. According to them, co-worker support mainly includes friendship, help, and comfort, while supervisor support includes praise, guidance, and promotions. Analyzing the kind of support useful to reduce work stress, Himle and others (Himle, Jayaratne, & Thyness, 1989) discovered "instrumental" and "information" support more crucial than "emotional" or "appraisal" support. This may explain why only supervisory support was a significant predictor of job satisfaction in this study. Supervisory support may be more instrumental or informational rather than emotional. Whether this interpretation has validity or not needs to be tested in the future with further improvement of measurement of support. To confirm the above interpretation requires information on kinds of support and also their usefulness (negative support or positive support). Although former studies discussed specific issues about non-professional staff in nursing homes such as nurses aides, this study did not indicate any significant association between different jobs and job satisfaction besides a marginal association between being a social worker and more job satisfaction. The interpretation of this result needs to be carefully treated because of the low response ratio among the non-professional workers in this study.

Although prior studies indicated that older age, higher income, and more internal locus of control would

be positively associated with job satisfaction, this study did not show the effects of these personal characteristics on job satisfaction at all. Replication of the same study is needed to confirm this result.

### **Implication of this study and future research problems**

One implication of the findings in this study is there is an urgent need to promote supervisory support systems and training among staff specifically on how to work with the demented elderly. There have been some successful projects trying to enhance training or supervisory support in different work settings. For example, Bayer and others (Bayer, Bresloff, & Curley, 1986) studied nursing staff and stated both supervision and training could be useful for increasing quality of care among the nursing staff. Roat (1988) reported that social workers who received continuing education reported increased job satisfaction. Kaye and Robinson (1992) used psychiatric nurse consultants to help psychiatric nurses get ongoing support.

Once we say that training and supervisory support are key, that leaves the complicated issue of just what sort of training and of whom. In this study, we focus on training needs for all employees in nursing homes. As we know very well, nursing homes consists of several different kinds of employees whose educational backgrounds differ greatly. Thus, now we need to mention two more issues related with training needs. They are the role of geriatric education programs in professional schools (i.e. nursing schools, social work schools) and training programs for non-professional employees such as nurse's aides. Regarding professional training, we have witnessed changes and development among professional schools. For example, in 1984 Schneider and others edited a manual for social work graduate schools having a gerontology concentration that included suggested readings, class activities, audio-visual materials and vignettes. Nursing schools have been also developing special training programs too. This type of effort is very desirable and encourages people in the field. Yet, the total number of students who concentrate in gerontology is very small (Greene, 1984). Therefore, along with development of professional training, it is crucial to think about how to attract well-trained people to work with the elderly.

Another issue is many employees in nursing homes come with no professional training background. One example is nurse's aides who actually constitute 45% of the employee population and provide 90% of all direct care (Burgio & Burgio, 1990) in nursing homes. For these employees, the main source of training becomes on-the-job training. Unlike other professional

employees, they tend to have low professional skill levels and lack a sense of autonomy, which easily causes burn-out (Leiter & Malach, 1988). Yet they have more frequent contact with elderly residents and may influence the resident's quality of life more than other types of employee. This reality needs to be carefully examined.

One suggestion made by Burgio and Burgio (1990) may provide us with a practical example of on-the-job training for nurse's aides. They suggested nursing homes to use behavioral-oriented on-the-job training programs: simple instructions, use of role-play, quick feed-back, and immediate appraisal by supervisory staff, and involvement of nurse's aides in these procedures. They believe such training will also change interaction between nurse's aides and nursing home residents, resulting in more encouragement of independent behavior of nursing home residents by staff.

A second implication is that we need to pay serious attention to worker comfort levels with the elderly when we recruit them. Although liking the population one works with is crucial for almost any work situation, it becomes more important in this field, since not so many people are willing to work with them. When working with the elderly people, it is helpful to actually feel their fears of aging, death, and also unresolved parental conflict (Genevay, & Katz, 1990). Under such circumstances, discovering prospective employees' "attitudes towards aging, illness and death prior to their employment" (Hepler, 1987) becomes a must for nursing home administrators.

There are a few shortcomings in this study which need to be taken into consideration for interpreting the results. First, there are quite a few dichotomized variables included in the multiple regression. This may have caused some effects on our results. For example, if ordinal scales had been used instead of a dichotomized scale for social support from co-workers, more associations between these two variables may have been observed. Second, the kind of support (instrumental, emotional, etc.) and effects of such support (positive or negative) need to be investigated but were not investigated in this study. Specifying such details of type of support by supervisors and co-workers may have clarified some puzzling results in this study. Third, the response rate of the questionnaire was not as high as we wanted. Those who did not answer the questionnaire may be a quite different type of person in one or more dimensions than our respondents. The response rate was especially low among maintenance workers such as nurses aides. This must have influenced our results. Fourthly, we used only one specific site and the staff working there. Our results may reflect some of site-

specific characteristics. In future studies, the above mentioned problems need to be considered and a more representative sample needs to be used.

### Conclusion

As the elderly population increases, the number of elderly who have Alzheimer's disease and related diseases increases under current medical conditions. Although some of AD patients are taken care of at home, some spend the rest of their lives in long-term care facilities like nursing homes. Thus a large part of the quality of AD patients' lives is currently left in the hands of nursing home administrators and employees. It has been reported that hard working conditions in nursing homes created low job satisfaction and a high burn-out rate among employees. Working for AD patients in nursing homes can force employees to experience difficult client problems having no easy solution (i.e. no clear medical and behavioral treatment) which is one of the four major causes of employee burn-out (Leiter & Maslach, 1986). Literature on work stress and burn-out reported that training and interpersonal relationships often mediate such burn-out. Thus, this study examined the effects of previous geriatric education or training, supervisory support, and co-worker support along with employee comfort levels with the elderly and other demographic characteristics on nursing home employee job satisfaction. One private nursing home's entire workforce received questionnaires. The results confirmed the importance of geriatric training, supervisory support, and comfort level with the elderly for employee job satisfaction. It is not easy, however, to practice these findings in a field where people are constantly overwhelmed by heavy work-loads. In the future, we have two tasks to perform. One is to develop effective and simple enough training programs in nursing homes. The other is to conduct evaluation studies of such implementations.

## R. Watanabe, Job Satisfaction, Social Support

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