SELF-EFFICACY AND SOCIAL SUPPORT AS PROTECTIVE FACTORS FOR BURNOUT

by

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Thesis directed by Professor Charles Benight

ABSTRACT

Domestic violence and sexual assault are pervasive problems in the United States. However, the advocates who serve those victims are rarely examined. Many programs are unable to serve all of the victims looking for services. As a result of high demand and working with a trauma population, advocates are at risk of developing burnout. This study examined how self-efficacy and social support affect an individual’s likelihood of developing burnout. It was hypothesized that (a) trauma history would result in higher levels of burnout and turnover intention and lower levels of job satisfaction, (b) that job demands (i.e., role ambiguity and conflict) would predict higher levels of burnout, lower levels of job satisfaction, and higher levels of turnover intention, (c) that job resources (i.e., perceived social support) would predict lower levels of burnout, higher levels of job satisfaction, and lower levels of turnover intention, and (d) that the indirect effect of burnout self-efficacy would be dependent on levels of perceived social support. The study was conducted through an email survey. The survey was forwarded to domestic violence/sexual assault programs through each state’s coalition against domestic violence and sexual assault. Additionally, the survey was sent directly to as many domestic violence and sexual assault programs as possible ($N_{emails} = 2896$). Participants were asked to take the same survey two months after the first survey. A moderated-mediation analysis was used to evaluate the data. The results partially supported the hypotheses. Past trauma history and job demands did not demonstrate the expected relationship. The
indirect effect of burnout self-efficacy was significant with low levels of perceived social support for burnout and was significant with high levels of social support for job satisfaction.

*Keywords:* advocates, domestic violence, sexual assault, burnout, self-efficacy, social support
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CHAPTER I
INTRODUCTION

Domestic violence and sexual assault are pervasive problems that have a devastating impact on individuals, families, and society as a whole. Using sources such as the Bureau of Justice Statistics, the U.S. General Accounting Office, the Center for Disease Control and Prevention, the National Center for Injury Prevention and Control, and the National Institute of Justice, the National Network to End Domestic Violence (NNEDV) has created a factsheet that demonstrates this problem (NNEDV, 2013). “More than one in three women has been beaten, raped, or stalked by her partner... One in five women has experienced a completed rape... Three women are killed by her partner or former partner every single day in America... Domestic violence has been estimated to cost employers in the U.S. up to $13 billion each year” (NNEDV). An online survey of all domestic violence programs in the nation found that, in 2013, programs served approximately 66,500 victims each day of the year (NNEDV). Moreover, 9,600 victims were not served resulting from a lack of resources. That same year, 1/3 of rape crisis centers had waitlists for services, with some wait times exceeding two months (NNEDV). These statistics demonstrate the pervasive problem for domestic violence victims and society. These statistics ignore those individuals (i.e., advocates) who attempt to provide help to those seeking services. If 9,600 victims are not being served and centers have long waitlists, domestic violence/sexual assault (DV/SA) advocates likely experience extreme pressure and stress trying to fill the need for services.
Many DV/SA programs are staffed, whether in person or via hotline, 24 hours a day. As displayed on websites of DV/SA programs, other services provided by these programs can include: emergency food and shelter, emergency medical assistance (directly or indirectly), emergency transportation, emergency financial aid, emotional advocacy, vocational advocacy, housing advocacy, educational advocacy, non-emergency financial aid, legal advocacy (distinct from legal assistance or advice), aid in filing for a domestic violence protection order, assistance in filing for a stalking protection order, financial aid for attorneys, empathy, compassion, and support.

Working with trauma victims is intense and draining and is compounded by an increasing volume and need for services that advocates cannot meet (Killian, 2008; Landrum, Knight, & Flynn, 2012; Maier, 2011; NNEDV, 2013; Rossi et al., 2012, Shoptaw, Stein, & Rawson, 2000). Although studies have demonstrated the negative potential outcomes (e.g., burnout) of working with traumatized populations (Killian; Landrum, et al.; Maier; Rossi et al., Shoptaw, et al.), no study has attempted to examine factors that predict burnout in DV/SA advocates. This paper will cover an overview of the job-demands resource model of burnout. This will be followed by a review of the research linking this model to mental health practitioners. Finally, a theoretical model is presented to guide the main hypotheses for this study.

The Job Demands-Resource Model

Job demands are characteristics of a person’s job that require physical or mental effort and are typically related to exhaustion (Demerouti, Nachreiner, Bakker, & Schaufeli, 2001). Job demands, therefore, have psychological costs and increase the likelihood of developing burnout. In contrast, job resources are characteristics of a
person’s job that assist him or her in achieving work goals, reducing job demands, and increasing personal growth and development. Job demands and resources can be physical (i.e., the physical aspects of one’s job), social (i.e., can come from colleagues, family, and peers), psychological (i.e., an individual’s internal resources), or organizational (i.e., job control, participation in decision making, and task variety; Demerouti, et al.). The job-demands resources model posits that increasing job-demands creates stress and sympathetic activation, which results in physiological and psychological cost for the individual (Demerouti et al., 2001). Essentially, significant job demands and/or a lack of resources can lead to burnout. There are three dimensions of burnout and two primary processes that can lead to burnout in the job-demands resource model.

**Burnout**

This section will first discuss the three dimensions of burnout and the two processes that lead to burnout under the job-demand resource model. This will be followed by a discussion on the relationship between job-demands and exhaustion and cynicism, and the relationship between personal factors and burnout. Lastly, evidence will be presented to demonstrate that job-demands and burnout have been exhibited in populations similar to DV/SA advocates.

**The three dimensions of burnout.** Maslach, Schaufeli, and Leiter (2001) defined burnout using three dimensions: exhaustion, cynicism, and inefficacy. Exhaustion is essentially stress overload and emotional and cognitive distancing from work. Cynicism, also referred to as depersonalization, is when someone distances him/herself from one’s work and begins to see others as impersonal objects (Maslach et al.).
Inefficacy is defined by an individual developing a negative self-view about his/her competence (Cordes & Dougherty, 1993; Maslach et al.).

Maslach et al. (2001) also described two processes that affect these three dimensions. Extreme job demands (i.e., physical workload, time pressure, client contact, and role conflict and ambiguity) lead to exhaustion (Demerouti et al., 2001), whereas the lack of job resources (i.e., feedback, rewards, job control, participation, job security, and supervisor support) results in cynicism (Demerouti et al.) and feelings of inefficacy (Maslach et al.). These processes have been evaluated by looking at specific factors that lead to each dimension of burnout.

Qualitative job demands such as the need to meet conflicting job goals (role conflict) and a lack of clear direction and a lack of resources needed to complete a task (role ambiguity) are associated with higher levels of burnout (Cordes & Dougherty, 1993; Maslach et al., 2001). These were specifically related to the exhaustion and inefficacy dimensions (Cordes & Dougherty; Maslach et al.). Significant evidence exists that has evaluated how different job demands and resources are related to the different dimensions of burnout.

**Job Demands and Resources Related to Burnout**

A meta-analysis conducted by Alarcon (2011) examined how job demands, resources, and attitudes are related to burnout. Alarcon included 231 empirical studies that focused on burnout in the work setting. Results showed that exhaustion was positively correlated with the job demands of role ambiguity ($\rho = .32$) and workload ($\rho = .49$). In contrast, control ($\rho = -.26$), autonomy ($\rho = -.24$), and job satisfaction ($\rho = -.51$) were negatively correlated with exhaustion.
Cynicism was positively correlated with role ambiguity ($\rho = .31$), workload ($\rho = .31$), and turnover intentions ($\rho = .32$; Alarcon, 2011). Similar to exhaustion, control ($\rho = -.29$) and autonomy ($\rho = -.31$) were negatively correlated with cynicism. This meta-analysis supported the job-demands resource model and concluded that job demands and lack of resources are related to and increase the risk of burnout. Thus, the job demands and resource model provides a useful framework for understanding the various factors associated with burnout specific to domestic violence advocates.

The job-demands resource model was utilized for the present study to help understand the contributing and mitigating factors related to burnout in domestic violence advocates. Although little research has been done on DV/SA advocates, several studies have evaluated contributing factors and consequences of burnout in mental health professionals, which will be reviewed next.

**Relationship between personal factors and burnout in mental health providers.** Lee, Lim, Yang, and Lee (2011) examined the contributing factors of burnout and the consequences of burnout for psychotherapists. Contributing factors refer to variables that increase the development of burnout (i.e., work related demands), and consequences refer to the negative costs from having developed burnout. The sample included 17 studies that examined burnout in counselors and psychotherapists who provided services to clients with mental health problems. Contributing factors included job demand variables such as job stress, over-involvement, control, job support, and professional identity. This study provided limited information on their procedure other than inclusion criteria, and therefore the results should be interpreted cautiously.
In terms of job demands, job stress was positively related to exhaustion \((r = .26, p < .001)\) and cynicism \((r = .16, p < .001; \text{Lee, et al., 2011})\). Over-involvement, a variable of particular interest in domestic violence advocates, was also positively related to exhaustion \((r = .37, p < .001)\) and cynicism \((r = .18, p < .001)\).

In terms of resource variables, control was negatively related to exhaustion \((r = - .28, p < .001)\) and cynicism \((r = - .22, p < .001)\), as was professional identity (exhaustion: \(r = - .26, p < .001\); and cynicism: \(r = - .22, p < .001\); Lee, et al., 2011). Finally, job support, in contrast, was not related to exhaustion \((r = -.12)\) or cynicism \((r = -.12)\).

Given the high need of services and the inability to meet that need, demands and resources are important considerations for health of the advocate and health of the organization. Overall, the meta-analysis conducted by Lee et al. (2011) demonstrated that, in psychotherapists, job demands (i.e., job stress and over-involvement) were positively related to exhaustion and cynicism, and job resources (i.e., control and professional identity) were negatively related to these same two dimensions of burnout. Specific to helping populations, personal factors beyond the job environment have also been investigated as possible contributing or mitigating factors related to burnout.

Personal factors have also been shown to affect burnout in mental health providers. These populations are similar to DV/SA advocates because they are exposed to stressful and potentially traumatic accounts of others. Burnout was significantly related to personal variables in mental health workers from northern Italy (Rossi et al., 2012). Personal experience with a traumatic event, being a female, and being separated, divorced, or widowed were associated with higher levels of burnout. Having a higher education was found to be a protective factor against burnout.
The specific job demand of role conflict and ambiguity was examined in the present study. The next section will review job demands and resources when examining an individual’s work environment.

**Relationship between work environment and burnout in mental health providers.** In HIV counselors, greater client load was found to be important in increasing levels of burnout (Landrum et al, 2012; Shoptaw et al., 2000). HIV counselors’ exhaustion, cynicism, and inefficacy were significantly correlated with low levels of social support (Shoptaw, et al.).

Social support can be defined as the perceived availability of help and support from social relationships or the actual help and support received. (Schwarzer & Knoll, 2007). Social support is a resource and can act as a buffer against negative coping and high levels of stress. It can improve an individual’s well-being and can come from within the organization or from the individual’s personal life (Schwarzer & Knoll, 2007; Schwarzer & Leppin, 1991). Viswesvaran, Sanchez, and Fisher (1999) conducted a meta-analysis with 68 studies that evaluated the relationship between social support and work stress in mental health providers. This study examined strains experienced at work, perceived stressors, and the strains-stressors relationship. Stressors were defined as negative environmental conditions (i.e., job dissatisfaction, self-reported health, life dissatisfaction, withdrawal intentions, neuroticism, and burnout) and strains were defined as the response to the stressors (i.e., role conflict and ambiguity, work overload, under-utilization of skills, and autonomy/job control; Viswesvaran et al.). Results suggested that social support reduced strains, perceived stressors, and moderated the relationship between strains and stressors (Viswesvaran et al.).
Babin, Palazzolo, and Rivera, (2012) examined social support and emotional exhaustion in domestic violence advocates. They found that higher scores for social support predicted lower scores for emotional exhaustion. The authors also found that higher scores for social support predicted lower levels of cynicism and inefficacy.

These findings are important for the present study because DV/SA advocates work closely with trauma victims and potentially work in an environment lacking resources, which could increase their stress. Higher levels of social support could be a resource and a protective factor for burnout for DV/SA advocates (Babin et al., 2012; Michalopoulos & Aparicio, 2012; Schwarzer & Knoll, 2007; Schwarzer & Leppin, 1991; Regehr et al., 2003; Viswesvaran et al., 1999). Therefore, in the job-demands resource model, social support is considered a primary resource and can act as a buffer and decrease the likelihood of developing burnout. Self-efficacy is also an important resource, and is therefore conceptualized for this study as a protective factor against burnout, rather than as a dimension of burnout.

Coping self-efficacy is the perceived ability to cope with and manage stressful situations (Benight & Bandura, 2004). Self-efficacy determines how a person thinks and behaves (e.g., in self-enhancing or self-debilitating ways). Self-efficacy is also a powerful motivator because it is a person’s belief that he/she can succeed in a difficult task or situation (Benight & Bandura). In fact, if an individual does not believe in his/her success, he/she will fail to produce the effort needed to succeed, creating a self-fulfilling prophecy (Bandura, 1978). In addition, after repeated failures the individual will lower his or her self-efficacy beliefs in a vicious cycle and subsequent performance suffers as a
result (Bandura, 1978). Thus, self-efficacy is a prime mediator between environmental stressors and critical outcomes (e.g., burnout).

When inefficacy is considered a dimension of burnout, job demands and resources are significantly related to a person’s feeling of inefficacy (Alarcon, 2011; Lee & Ashforth, 1996). Alarcon (2011) conducted a meta-analysis of the three dimensions of burnout and found that the job demands of role ambiguity ($\rho = .31$), role conflict ($\rho = .28$), and workload ($\rho = .11$) were positively related to perceptions of inefficacy. In contrast, control ($\rho = -.39$) and autonomy ($\rho = -.38$) were negatively correlated with inefficacy beliefs. Because the present study is looking at self-efficacy as a mediator (rather than a dimension of burnout), it is important to consider how the outcomes of burnout (e.g., turnover intention and job satisfaction) interact with efficacy perceptions. Alarcon (2011) found that job satisfaction ($\rho = -.39$) was negatively associated with inefficacy beliefs and that turnover intention ($\rho = .32$) was positively associated with inefficacy perceptions. Similar results were found in the meta-analysis conducted by Lee et al. (2011).

Lee et al. (2011) found that, in terms of job demands, over-involvement ($r = .13$, $p < .001$) was positively related to efficacy beliefs, but that job stress was not ($r = -.03$, $p > .05$). In terms of resource variables, control ($r = .38$, $p < .001$), job support ($r = .20$, $p < .001$), and professional identity ($r = .23$, $p < .001$) were positively related to feelings of efficacy. As for outcomes of burnout, turnover intention ($r = -.22$, $p < .001$) was negatively related to feelings of efficacy and job satisfaction was positively related to feelings of efficacy ($r = .38$, $p < .001$).
Work environment factors such as stress, number of clients, and social support can significantly contribute to the development of burnout. The demand factors (e.g., stress and number of clients) increase the likelihood of experiencing burnout, increase turnover intention, and decrease job satisfaction. Resources (e.g., social support and efficacy) provide a buffer against burnout and turnover intention while increasing job satisfaction. Similar results have been found when examining DV/SA advocates and similar populations.

**Burnout in DV/SA advocates and similar populations.** The present study assessed burnout in DV/SA advocates. Advocates experience unique circumstances that could impact their likelihood of experiencing burnout. These circumstances include job demands and lack of resources that consist of: large caseloads (Killian, 2008), lack of training, previous trauma history, lack of support, and treating victims of violent assaults (Killian; Maier, 2011). Although DV/SA advocates are not the same as mental health providers, they also listen to accounts of potentially traumatic experiences; therefore, it is likely they will experience similar symptoms as mental health providers.

Although not the same population as DV/SA advocates, the qualitative and quantitative study conducted by Killian (2008) examined burnout in clinicians who specialized in the treatment of child sexual abuse survivors. Specifically, the qualitative study examined 20 clinicians where semi-structured interviews were conducted and assessed how the clinicians recognized stress, how their personal and professional lives were affected by job-related stress, and their coping skills. The transcripts of the interviews were coded using four categories (i.e., recognizing symptoms of work stress, risk factors in developing burnout, definitions of self-care, and specific self-care
strategies) and evaluated using the grounded theory approach. The grounded theory approach uses data to develop a construct or theory.

The qualitative portion of this study found that all of the therapists reported experiencing somatic symptoms such as muscle tension, headaches, and lack of energy (Killian, 2008). The therapists reported recognizing that their somatic symptoms were a result of their stress. Participants also reported difficulty “disconnecting” from work and were unable to stop thinking about their day and their clients. Other therapists reported experiencing anxiety, panic and stress related to their job. The therapists reported that, “High caseload demands…personal history of trauma, regular access to supervision, lack of a supportive work environment, lack of supportive social network, social isolation, worldview, and ability to recognize and meet one’s own needs” (p. 36) as the job demands and lack of resources that contribute most to developing burnout.

The quantitative portion of the study examined 104 therapists who treat trauma survivors. Killian (2008) administered The Maslach Burnout Inventory to assess burnout. The results demonstrated that symptoms of the job demands work drain (e.g., difficulty separating work and home life), lack of work morale, and neuroticism accounted for 74% of the variance in burnout. In this study, burnout was evaluated as a single construct and exhaustion, cynicism, and inefficacy were not separated out. This study demonstrated that clinicians who work with trauma survivors have many risk factors and that their unique work conditions account for much of the burnout experienced. Similar results have been found in sexual assault nurse examiners (SANE) in the emergency room (ER) (Maier, 2011).
Maier (2011) interviewed 40 sexual assault nurse examiners (18 of whom were directors of their programs) from four states and 43 hospitals in the United States of America. The sexual assault nurse examiners (SANE’s) in this study were interviewed via phone and were asked about numerous aspects of their job, including questions regarding burnout (e.g., “Have you ever experienced burnout as a SANE?”). Forty percent of the SANE’s interviewed had personal experience with sexual assault: 32.5% had experienced a rape, 2.5% had experienced an attempted rape, and 5% had family members who had experienced a rape. None of the SANE’s who had a personal experience with sexual assault reported the assault to police or received medical care.

Of the sample, 46% of the SANE’s reported experiencing burnout, and 67% of those who reported burnout were the directors of the program (Maier, 2011). The directors interviewed stated that they felt responsible for covering shifts and for being on-call, even when they were not supposed to be working or were not supposed to be on-call. Fifty-six percent of the directors in this study reported that burnout was a problem among their staff. Individuals who worked for a SANE program that was based in a hospital reported more burnout than programs being maintained by the state or prosecutors office. The reported contributing factors of burnout in this study were the “number hours working as SANE’s, inability to take time away, lack of support, treating child victims, and treating victims of physically violent or brutal rapes” (p. 167). Although this study found compelling relationships between burnout and SANE’s, the study did not utilize a survey that was assessed for validity or reliability. Therefore, the results should be interpreted with caution.
Overall, these findings are important for the present study because DV/SA advocates work in a stressful environment lacking resources combined with high demands, which increases the likelihood of developing burnout. An advocate experiencing burnout will be mentally exhausted, distance themselves from their co-workers and clients, and will have lower perceived personal accomplishments (Cordes & Dougherty, 1993; Maslach et al., 2001). Furthermore, it is possible that advocates experience long hours, high workload, and low control, which are all demand characteristics that increase the likelihood of developing burnout (Alarcon, 2011; Demerouti et al., 2001; Killian, 2008; Lee, Lim, Yang, & Lee, 2011; Maier, 2011; Shoptaw et al., 2000). In addition to the professional job demands, many personal demands affect the likelihood of developing burnout, such as education, divorce, and previous trauma history (Landrum, Knight, Flynn, 2012; Moreno-Jimenez & Villodres, 2010; Rossi et al., 2012). All of these variables contribute to the outcomes of burnout.

**Outcomes of Burnout**

Two meta-analyses examined the outcome of burnout (Alarcon, 2011 & Lee, et al., 2011). Alarcon (2011) found that exhaustion was positively correlated with the outcome of turnover intentions ($\rho = .39$) and negatively correlated with the outcome job satisfaction ($\rho = -.51$). Similar to exhaustion, cynicism was also positively correlated with turnover intentions ($\rho = .32$) and negatively correlated with job satisfaction ($\rho = -.47$; Alarcon, 2011). Lee, Lim, Yang, & Lee (2011) found similar results. Turnover intention was positively related to exhaustion ($r = .39, p < .001$) and cynicism ($r = .26, p < .001$). Job satisfaction was negatively correlated with exhaustion and cynicism ($r = -.50, p < .001$; $r = -.36, p < .001$, respectively; Lee, et al., 2011).
These outcomes are important to evaluate because they not only affect the individual, they affect the organization and can impact client services and interactions. If job demands lead to increase turnover intention and decreased job satisfaction there are potential negative implications for the organization, the clients they serve, and individual him/herself. However, if resources can mediate or moderate this relationship it might help to create a more stable organization and increase the job satisfaction for the individual.

Job demands and resources have been consistently linked to burnout (Alarcon, 2011; Cordes & Dougherty, 1993; Maslach et al., 2001). Additionally, burnout is a significant problem in mental health providers and substance abuse and HIV/AIDS counselors who work with traumatized populations (Landrum et al., 2012; Lee, Lim, Yang, & Lee, 2011; Rossi et al., 2012; Shoptaw et al., 2000). Despite the link found between job demands and resources and burnout in other populations, no study has looked specifically at DV/SA advocates. Job demands and resources appear to contribute (or buffer) the experience of burnout in mental health professionals, which can be critical in such an overwhelmed field.

DV/SA advocates are consistently confronted with more clients seeking assistance than services being provided and therefore are at high risk for burnout. This can severely affect the effectiveness of not only the individual, but also the effectiveness of the entire organization (NNEDV, 2013). The professional and personal demands and resources that contribute to the development of burnout are important for better understanding the development of burnout. For the present study, it will be important to examine both professional and personal demands and resources described to ensure full understanding of burnout in DV/SA advocates.
Figures 1, 2, 3 depict the theoretical model proposed for understanding the job demands and resources related to burnout, turnover intention, and job satisfaction.

Figure 1. Job demands and resources related to burnout
Note: * $p < 0.05$.

Figure 2. Job demands and resources related to turnover intention

Figure 3. Job demands and resources related to job satisfaction
Note: ** $p < 0.01$. 
The Present Study

The present study sought to address the gap in research by examining a job demands resource model of burnout in DV/SA advocates (see Figures 1, 2, and 3). No study to date has looked at how job demands (e.g. role conflict and ambiguity) or resources (social support, self-efficacy) influence critical outcomes including exhaustion, cynicism, or job satisfaction for this population.

There are several hypotheses based on Figure 1, Figure 2, and Figure 3 that were tested in this study.

Hypothesis I: Trauma history would predict lower levels of burnout and turnover intention, and higher levels of job satisfaction.

Hypothesis II: Job demands (i.e., role ambiguity and conflict) would predict higher levels of burnout, lower levels of job satisfaction, and higher levels of turnover intention.

Hypothesis III: Job resources (i.e., perceived social support) would predict lower levels of burnout, higher levels of job satisfaction, and lower levels of turnover intention.

Hypothesis IV: The relationship between job demands and burnout and turnover intention, through self-efficacy, would be dependent on levels of perceived social support; specifically that high levels of self-efficacy would lead to low levels of burnout and turnover intention when social support is high. The relationship between job demands and job satisfaction, through self-efficacy, would be dependent on perceived social support; specifically that high levels of self-efficacy would lead to high levels of job satisfaction when social support is high.
CHAPTER II

METHOD

Participants

Participants were DV/SA advocates across the United States. All participants were above the age of 18.

Procedures

An email was sent out to each state’s coalition against domestic violence and/or sexual assault with a request to send the email to their staff and to all of their programs members. The email requested that the programs forward the email to their advocates. In addition the email was sent out to the program members directly with a request to forward the email to their staff and volunteers. The total advocate/volunteer population (20,240 individuals) was estimated by totaling the number of coalition program members of each state and multiplying by ten (assuming an average of five staff members and five consistent volunteers per coalition program member). The email contained a link to the study and included basic study information. Once the participant clicked the link in the email they were taken to the informed consent and the survey. If participants did not wish to participate after clicking the link they were exited from the study with a message thanking them for their time. The email was sent out three times at two-week intervals as an attempt to ensure maximum participation. Each participant was asked to complete the survey again after two months. The follow-up survey was sent out three times at two-week intervals as well to ensure maximum participation. As an incentive to participate in
the study, each individual who participated in both the initial and follow-up survey was entered into a raffle to win one of five $20 gift cards. At the end of the study five individuals were randomly selected to win one gift card each.

Measures

**Demographics.** Participants were asked to fill out a series of personal questions. These questions included: email address, mailing address, age, gender, ethnicity, years of education, socioeconomic status, and employment position/volunteer status. In order to ensure confidentiality of results, they also answered a series of questions (e.g., shoe size, last two numbers in their year of birth) that were combined into a participant code. The data was de-identified and the participant code is what linked the data across time. Email addresses associated with the participant codes were kept in a separate file.

**The Oldenburg Burnout Inventory.** The Oldenburg Burnout Inventory (OLBI) consists of 16 items and contains two subscales: exhaustion and disengagement (Halbesleben & Demerouti, 2005). Items are scored on a 5-point Likert-type scale (1 = *strongly disagree* and 5 = *strongly agree*). Internal consistency, test-retest reliability, factorial validity, and construct validity were assessed using a sample of 2431 working adults and 168 fire service personnel (Halbesleben, & Demerouti, 2005).

The items on the OLBI demonstrated acceptable internal consistency using Cronbach’s alpha, ranging from .74-.87. The items on the scale demonstrated acceptable test-retest reliability with four months between assessments. The scores between time 1 and time 2 were moderately correlated for both the exhaustion ($r = .51, p < .001$) and the disengagement ($r = .34, p < .01$) scales. Factorial validity was analyzed using fit statistics. Halbesleben and Demerouti (2005) found that a two-factor model, evaluating
exhaustion and disengagement, was an acceptable fit. Construct validity was assessed using Multi-Trait, Multi-Method (MTMM) analysis and fit statistics. The MTMM model offered the best fit and demonstrated independent contribution from both scales. Overall, the assessment of this scale found acceptable reliability and validity.

Reliability was also assessed for the present study. The scale demonstrated good overall internal reliability ($\alpha = .88$). A test-retest reliability assessment was also conducted by correlating time 1 and time 2 burnout. The relationship between the two time points were significantly correlated, $r = .77$, $p < .001$, indicating good test-retest reliability.

The Multidimensional Scale of Perceived Social Support. A sample of 275 undergraduates, psychology students from Duke University were given the Multidimensional Scale of Perceived Social Support (MSPSS) and the Hopkins Symptom Checklist (HSCL; Zimet, Dahlem, Zimet, & Farley, 1988). The initial MSPSS contained 24 items designed to assess perceived social support. The items were evaluated with several pilot studies and any items not found to address perceived social support were removed. The resulting Likert-type scale contained 12 items that could be divided into three subscales: Family, Friends, or Significant Others.

Cronbach’s alpha was used to evaluate internal reliability of the whole scale as well as the reliability of each subscale (Zimet et al., 1988). Reliability was good for the scale as a whole (.88) as well as for the Significant Others (.91), Family (.87), and Friends (.85) subscales. The test-retest reliability was also good for the whole scale (.85) and for the Significant Others (.72), Family (.85), and Friends (.75) subscales.
Construct validity was evaluated by determining if perceived social support was negatively related to reported anxiety and depression symptoms on the HCSL scale (Zimet et al., 1988). The scale as a whole had a significantly negative correlation to only depression ($r = -.25, p < .01$). The Significant Other subscale was also significantly related to depression ($r = -.13, p < .05$), but not to anxiety. The Friends subscale was also only significantly, negatively related to the depression ($r = -.24, p < .01$), but not to anxiety. The Family subscale was the only one to have a significantly negative correlation to both depression ($r = -.24, p < .01$) and anxiety ($r = -.18, p < .01$). The evaluation of this scale demonstrated both internal and test-retest reliability and moderate construct validity.

The MSPSS scale demonstrated excellent internal reliability for the current study, $\alpha = .91$. The relationship between time 1 MSPSS and time 2 MSPSS was significantly correlated, $r = .58, p < .001$, indicating acceptable test-retest reliability given the state nature of this variable.

**Primary Care-PTSD.** The Primary Care-PTSD (PC_PTSD) scale is a four-item ($0 = \text{No} \text{ and } 1 = \text{Yes}$) assessment that screens for PTSD (van Dam, Ehring, Vedel, & Emmelkamp, 2010). Items assess symptoms in the past month. The items include: “Were you constantly on guard, watchful, or easily startled,” “[Have you] tried hard not to think about it or went out of your way to avoid situations that reminded you of it.”

The PC-PTSD scale was assessed by van Dam et al. (2010) using 142 participants from a substance abuse treatment center. Participants were given the PC-PTSD and participated in a Structured Clinical Interview for DSM-IV. Interviewers were not informed of the participant’s PC-PTSD score to prevent bias. The authors used a receiver
operating characteristic (ROC) analysis. The ROC was .80, indicating the PC-PTSD was effective at detecting PTSD in participants.

For the current study, the PC-PTSC scale demonstrated adequate internal reliability, $\alpha = .77$. The relationship between time 1 and time 2 PC-PTSD was significantly correlated ($r = .51, p < .001$) indicating acceptable test-retest reliability.

**Work Stress and Burnout Management Self-Efficacy Scale.** The Work Stress and Burnout Management Self-Efficacy Scale (WSBMSE) Scale is a 60-item measure that assesses how capable a person feels to manage a variety of work related situations (Jing & Cieslak, 2008). The items on the scale are scored on a 7-point Likert-type scale ($1 = not$ $capable$ and $7 = very$ $capable$). Items include how capable a person is to: “deal with pressure at work,” “cope with the interpersonal conflicts at work,” and “have control over what I do at work.”

Reliability and validity were assessed for the WSBMSE scale (Jing & Cieslak, 2008). The scale demonstrated high internal reliability ($\alpha = .95$). Validity was assessed by comparing the WSBMSE scale to the Interpersonal Conflict at Work Scale (ICAWS) and the Organizational Constraints Scale (OCS). As expected, the WSBMSE scale was negatively correlated with the ICAWS ($r= -.20$ to -.32, $p < .001$) and the OCS ($r= -.28$ to -.34, $p < .001$), suggesting good validity.

The WSBMSE scale demonstrated excellent internal reliability, $\alpha = .97$, for the current study. The scale also demonstrated good test-retest reliability ($r = .78, p < .001$) when examining the relationship between time 1 and time 2 burnout self-efficacy.

**General Nordic Questionnaire for Psychological and Social Factors at Work.** The General Nordic Questionnaire for Psychological and Social Factors at Work
(QPS\textsubscript{Nordic}) was used to assess social support in the sample (Wannstrom, Peterson, Asberg, Nygren, & Gustavsson, 2009). The questionnaire consists of 118 items and assessed 24 domains using three modules. The task module evaluated nine domains related to an individual’s job duties and domains included items assessing: decision demands, control of decision, and control of work pacing. The organizational module evaluated nine domains related to the organizational structure and the domains included items assessing: support from supervisor, support from coworkers, and innovative climate. The individual module evaluated six domains related to personal factors and the domains included items assessing: commitment, intrinsic work motivation, and mastery of work. Each domain contained anywhere from two to four items.

Using an item analysis for the domains, the scores for the domains demonstrated acceptable reliability. Cronbach’s alpha ranged from .67 to .88 for all but two items. The item assessing learning demands had a coefficient of .52 and the item assessing predictability of tasks next month had a reliability coefficient of .53.

Concurrent validity was assessed comparing the domains of the QPS\textsubscript{Nordic} Scale to the SF-36 General Health Scale; the anxiety and depression scales of the Hospital, Anxiety, and Depressing Scale (HAD); and the exhaustion, cynicism, and efficacy scales of the Maslach Burnout Inventory- General Survey (MBI-GS). Wannstrom et al. (2009), found that the task module of the QPS\textsubscript{Nordic} Scale was significantly correlated with the SF-36 General Health Scale (average $r = .13$, $p < .01$), was significantly correlated to the anxiety (average $r = .17$, $p < .01$) and depression (average $r = .17$, $p < .01$) scales on the HAD, and the exhaustion (average $r = .24$, $p < .01$) and cynicism (average $r = .16$, $p < .01$) scales on the MBI-GS. The organizational module of the QPS\textsubscript{Nordic} Scale was
significantly correlated with the SF-36 General Health Scale (average $r = .18, p < .01$), was significantly correlated to the anxiety (average $r = .196, p < .01$) and depression (average $r = .240, p < .01$) scales on the HAD, and the exhaustion (average $r = .242, p < .01$) and cynicism (average $r = .248, p < .01$) scales on the MBI-GS. The individual module of the QPS_{Nordic} Scale was also significantly correlated with the SF-36 General Health Scale (average $r = .10, p < .01$), was significantly correlated to the anxiety (average $r = .132, p < .01$) and depression (average $r = .15, p < .01$) scales on the HAD, and the exhaustion (average $r = .15, p < .01$) and cynicism (average $r = .17, p < .01$) scales on the MBI-GS.

Despite the adequate reliability of the QPS_{Nordic} Scale, the internal reliability for the current sample was very low ($\alpha = .21$) when the two scales were combined. The relationship between time 1 and time 2, however, was significant ($r = .47, p < .001$), indicating some evidence test-retest reliability.

**Turnover Intention.** Turnover intention was assessed with a 5-item Likert-type scale ($1 = strongly agree$ and $5 = strongly disagree$; Keller, 1984; Mobley, Horner, & Hollingsworth, 1978). The 6-item measure combines Keller’s (1984) 3-item measure and Mobley’s et al. (1978) 3-item measure. An example of an item is: “I expect to leave for another company within the next year.” The three items from Keller (1984) demonstrated acceptable reliability (.67), and the three items from Mobley, Horner, and Hollingsworth (1978) demonstrated high reliability (.91).

For the current sample, the relationship between time 1 and time 2 turnover intention indicated good test-retest reliability, $r = .77, p < .001$. The scale also demonstrated high internal reliability ($\alpha = .94$) for the current sample.
**Job Satisfaction.** Job satisfaction was assessed using an 18-item Likert-type scale (1 = strongly agree and 5 = strongly disagree; Brayfield & Rothe, 1951). An example of an item on this scale is: “I find real enjoyment in my work.” Reliability was assessed using odd-even product moment reliability and was good using the Spearman-Brown formula (.87; Brayfield and Rothe, 1951).

The internal reliability for job satisfaction is high (α = .92) for the current sample. The current sample also had good test-retest reliability, $r = .75, p < .001$.

**Life Events Checklist.** Trauma History was evaluated using the Life Events Checklist (LEC). The LEC includes 16 potentially traumatic events, such as natural disaster, transportation accident, physical assault, and sexual assault. Respondents rate their type of exposure on a 5-point scale (1 = happened to me, 2 = witnessed it, 3 = learned about it, 4 = not sure, and 5 = does not apply).

This assessment was evaluated by Gray et al. (2004) using two samples. The first sample consisted of undergraduate students and the second sample consisted of combat veterans. In the first sample the LEC was compared with the Traumatic Life Events Questionnaire (TLEQ). The items demonstrated good test-retest reliability with one week between assessments. When using the direct assessment for only direct exposure (as this study did), the kappa coefficients ranged between .52 - .84 with the exception of the item assessing if the individual caused the serious injury/death of another (.37). The retest correlation was also significant, $r = .82, p < .001$. For the convergence of the TLEQ and the LEC, the kappa coefficients ranged from .36 - .79 with only two items unable to have a kappa of .40. The correlation between the TLEQ and the LEC was also significant, $r = -.55, p < .001$. 
The second study evaluated the correlations between the LEC and the Mississippi Scale for Combat-Related PTSD (MPSS), the PTSD Checklist-Military Version (PCL-M), and the Beck Anxiety Inventory (BAI). The relationship between the LEC and the MPSS, PCL-M, and the BAI were significant ($r = -.33, p < .001; r = -.43, p < .001; r = -.39, p < .001$, respectively).

The Life Events Checklist demonstrated good internal ($\alpha = .82$) reliability for the current sample.

**Research Design**

This study used a naturalistic longitudinal correlational design. Participants completed the survey once and then completed the same survey two months later. The initial survey email was sent out three times two weeks apart in order to give potential participants time to complete the survey. The follow-up survey was sent out three times two weeks apart in an attempt to ensure all participants fill out the follow-up survey.

**Procedure**

The present study was reviewed and approved by the Institutional Review Board. Participants received an email with a brief description of the study and with a link to the online survey. Participants read an informed consent and decided whether or not to participate. After the participant agreed to participate, he/she proceeded to the questionnaire containing the measures described above. The participants who took part in the study were sent a follow-up email two months later containing the same questionnaires as the first. The follow-up interval was sent three times at two-week intervals. The email address participants provided was only used to send the follow-up
email and notify the winners of the raffle. The participant code is what linked the data across time.

**Analysis**

Multiple regressions were used to analyze the data. A regression analysis was used to evaluate Hypotheses I, II, and III. A mediation and moderated-mediation analysis was used to evaluate Hypothesis IV. The assumptions that must be met for multiple regression are: (a) a linear relationship between the independent and dependent variables; (b) multivariate normality; (c) little to no multicolinearity; (d) homoscedasticity; and (e) no autocorrelation.

Scatterplots were used to evaluate the linearity of the relationships between the independent and dependent variables. Each independent variable was plotted against each dependent variable and a regression line and a Loess line were added to each graph. The regression line and the Loess line were very similar in all of the graphs, indicating linearity in all of the relationships. Multivariate normality was assessed using Mahalanobis distance. One case violated this assumption and had a distance of 1. Given that the analysis used in the present study utilizes bootstrapping the lack of multivariate normality should not impact the results. Collinearity was evaluated and all of the VIFs were below ten indicating that the assumption of collinearity is not violated for any of the variables. Homoscedasticity was assessed using scatterplots. There was no apparent pattern in the spread of any of the variables, indicating that the assumption of homoscedasticity was not violated for any of the distributions. Lastly, autocorrelation was assessed using the Durbin-Watson test. All of the values for this test were within the normal range, therefore, there is no autocorrelation. Since none of the assumptions were
violated, Hayes moderated mediation analysis was used to evaluate the hypotheses. Trauma history, PTSD symptoms, time 1 burnout, time 1 turnover intention, and time 1 job satisfaction were all controlled for in this analysis.
CHAPTER III

RESULTS

Participants

The initial survey was sent out to 2,896 individuals requesting that they forward the email to their staff and volunteers. It is not possible to know how many times the survey was forwarded to know the initial response rate. The initial survey consisted of 1,571 participants, of which 821 participants provided their email address. Approximately half of the initial survey participants ($N = 441$) completed the follow-up survey. Of those participants, 361 were able to have their time 1 and time 2 surveys linked. The final sample consisted of 352 females, 7 males, and 2 unknown. The majority of the participants were between 25 and 34 years of age (33%), followed by 35 to 44 years (22.7%). The sample was predominately Caucasian (74.8%). Almost half reported being highly educated with 47.9% of participants having a bachelors degree and 31% of participants had masters degree. The majority of participants (91%) participants had experienced a past trauma. The participants had moderate levels of burnout ($M = 3.21, SD = 0.43$), turnover intention ($M = 3.47, SD = 1.13$) and, job satisfaction ($M = 2.26, SD = 0.59$). Correlations of the relationships among the study variables can be found in Table 1.

Hypothesis I

The first hypothesis predicted that trauma history ($M = 8.47, SD = 3.57$) would predict higher levels of burnout ($M = 3.21, SD = 0.43$) and turnover intention ($M = 3.47,$
Table 1

Variable correlations

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. T1 Job Demands</td>
<td></td>
<td>0.09</td>
<td>-0.04</td>
<td>0.02</td>
<td>0.01</td>
<td>0.01</td>
</tr>
<tr>
<td>2. T1 Burnout Self-Efficacy</td>
<td>0.09</td>
<td></td>
<td>-0.29**</td>
<td>0.62**</td>
<td>0.35**</td>
<td>-0.56**</td>
</tr>
<tr>
<td>3. T1 Perceived Social Support</td>
<td>-0.04</td>
<td>-0.29**</td>
<td></td>
<td>-0.24**</td>
<td>-0.12*</td>
<td>0.21**</td>
</tr>
<tr>
<td>4. T2 Burnout</td>
<td>0.02</td>
<td>-0.62**</td>
<td>-0.24**</td>
<td></td>
<td>0.58**</td>
<td>-0.77**</td>
</tr>
<tr>
<td>5. T2 Turnover Intention</td>
<td>0.01</td>
<td>0.35**</td>
<td>-0.12*</td>
<td>0.58**</td>
<td></td>
<td>-0.55**</td>
</tr>
<tr>
<td>6. T2 Job Satisfaction</td>
<td>0.01</td>
<td>-0.56**</td>
<td>0.21**</td>
<td>-0.77**</td>
<td>-0.55**</td>
<td></td>
</tr>
</tbody>
</table>

* *p < 0.05
** *p < 0.001

SD = 1.13) and lower levels of job satisfaction (M = 2.26, SD = 0.59). Trauma history did not predict burnout, B = 0.001, t(316) = 0.311, p = 0.756. Trauma history did not predict turnover intent (B = 0.008, t(316) = 0.637, p = 0.525) or job satisfaction (B = -0.003, t(316) = -0.552, p = 0.582).

Hypothesis II

The second hypothesis was that job demands (i.e., role ambiguity and conflict) would predict higher levels of burnout, lower levels of job satisfaction, and higher levels of turnover intention. Role conflict and ambiguity (M = 3.28, SD = 0.42) did not predict burnout (B = 0.013, t(316) = 0.134, p = 0.894), turnover intention (B = 0.154, t(316) = 0.579, p = 0.563) or job satisfaction (B = 0.038, t(316) = 0.269, p = 0.788).

Hypothesis III

The third hypothesis was that job resources (i.e., perceived social support) would predict lower levels of burnout, higher levels of job satisfaction, and lower levels of turnover intention. Perceived social support (M = 1.78, SD = 0.65) did predict burnout, B
Perceived social support also predicted turnover intention ($B = -0.203, t(353) = -2.222, p = 0.027$), and job satisfaction ($B = 0.184, t(353) = 3.925, p < 0.001$).

**Hypothesis IV**

The fourth hypothesis was that the indirect effect of burnout self-efficacy ($M = 5.65, SD = 0.76$) would be dependent on levels of perceived social support. First the relationship between role conflict and ambiguity and burnout self-efficacy was evaluated, as was the relationship between perceived social support and burnout self-efficacy. Role conflict and ambiguity did not predict lower levels burnout self-efficacy, $B = 0.158, t(353) = 1.620, p = 0.106$. Perceived social support predicted lower levels of burnout self-efficacy, $B = -0.341, t(353) = -5.744, p < 0.001$.

A mediation analysis showed that there was a significant indirect effect of burnout self-efficacy between role conflict and ambiguity and burnout ($B = 0.016, \text{Bootstrap 95\% CI} = 0.003 – 0.038$), and between role conflict and ambiguity and job satisfaction ($B = -0.027, \text{Bootstrap 95\% CI} = -0.063 – [-0.006]$). There was not a significant indirect effect between role conflict and ambiguity and turnover intention ($B = 0.006, \text{Bootstrap 95\% CI} = -0.013 - 0.39$).

A moderated-mediation analysis found that the indirect effect of burnout self-efficacy in the relationship between role conflict and ambiguity and burnout was dependent on levels of perceived social support. The indirect effect of burnout self-efficacy was significant when participants had low levels of perceived social support ($B = 0.017, \text{Bootstrap 95\% CI} = 0.000 – 0.052$). However, there was no such indirect effect when participants had high levels of perceived social support ($B = 0.012, \text{Bootstrap 95\% CI} = -0.013 – 0.39$).
The indirect effect was not significant in the relationship between role conflict and ambiguity and turnover intention when perceived social support was low ($B = 0.008$, Bootstrap 95% CI = -0.008 – 0.075), or when perceived social support was high ($B = -0.008$, Bootstrap 95% CI = -0.081 – 0.025). When perceived social support was low, the indirect effect between role conflict and ambiguity and job satisfaction was not significant ($B = -0.023$, Bootstrap 95% CI = -0.089 – -0.001). However, the indirect relationship was significant when perceived social support was high ($B = -0.022$, Bootstrap 95% CI = -0.079 – [-0.001]).
Hypothesis I

The first hypothesis assesses how past trauma would influence a person’s level of burnout, turnover intention, and job satisfaction. It was expected that having previous trauma experience would predict higher levels of burnout and turnover intention and less job satisfaction. The majority of the current sample had experienced some form of trauma. Because the current sample includes advocates from across the nation, it can be inferred that the majority of DV/SA advocates in the country have experienced a past trauma. Although it should be noted that the sample was not drawn at random and may not be a representative sample of the population of advocates.

The lack of a significant relationship between trauma and burnout, turnover intention, and job satisfaction in the present study is not in line with previous research. Given the link found in the literature between trauma and the variables measured in this study (Killian, 2008; Maier, 2011), it is surprising that a link was not found in the results. It could be that the consequences of experiencing a trauma, such as PTSD symptoms, are more meaningful than simply assessing whether or not an individual has a history of trauma. People react to traumas differently and that reaction could be a more accurate predictor of burnout, turnover intention, and job satisfaction. Studies evaluating similar populations to DV/SA advocates have not used the same measures when assessing trauma history, indicating a possible measurement issue. This is the first study to assess a
national sample and to assess DV/SA advocates. It could be that the effect does not remain when a broader sample is evaluated. It could also be that DV/SA advocates are different in some way than the other populations evaluated. Additionally, DV/SA advocates experience indirect trauma exposure on a daily basis. Having both direct and indirect trauma exposure could affect the relationships evaluated in this study. Confounding variables could exist in the model. Lastly, it is possible that how individuals have learned to cope with their trauma affects this relationship. It could be that the expected relationship is only present in individuals who have not managed to find ways to cope with their past experience. The ability to cope and deal with a past trauma might even be a protective factor and should be further evaluated in future research. Despite the lack of relationship found in this study, it is still an important factor to keep in mind when researching this population, especially because of the prevalence (91%) of past trauma in the current sample.

**Hypothesis II**

The second hypothesis postulates that job demands (role conflict and ambiguity) would predict higher levels of burnout and turnover intention, and lower levels of job satisfaction. Previous research (Alarcon, 2011) demonstrated a link between job demands and burnout, turnover intention, and job satisfaction. Unfortunately, the results in this study did not find a significant relationship between these variables. Given the vast array of variables that could be considered job demands, it is possible that other job demands not assessed in this study (i.e. workload, time pressure, client contact) could have more of an impact on burnout, turnover intention, and job satisfaction than role conflict and ambiguity. A lack of variability in role conflict and ambiguity might explain
the lack of relationship. Certain combinations of job demands could also play a role in whether or not this relationship is significant. As with the previous hypothesis, the lack of relationship might also be caused by confounding variables. In this study, job demands were assessed using the QPS\textsubscript{Nordic} Scale. Although the scale demonstrates good reliability and validity, the individual subscales were not evaluated and might not have the same reliability and validity.

**Hypothesis III**

It was hypothesized that perceived social support would predict lower levels of burnout, higher levels of job satisfaction, and lower levels of turnover intention. All predicted relationships in this hypothesis were supported by the results. Several previous studies (Babin et al., 2012; Michalopoulos & Aparicio, 2012; Schwarzer & Knoll, 2007; Schwarzer & Leppin, 1991; Regehr et al., 2003; Viswesvaran et al., 1999) have found a relationship between social support and burnout, turnover intention, and job satisfaction. Perceived social support appears to be a valuable resource. It seems to be a protective factor against burnout, helps to reduce turnover intention, and increases job satisfaction. DV/SA advocates are exposed to numerous traumatic stories and provide crisis management, which can lead to burnout, turnover intention, and low job satisfaction. Knowing what resources that can protect against those outcomes allows individuals and agencies to bolster those resources. This not only benefits the individual, but it benefits the agency the individual works for and the clients the agency serves.

**Hypothesis IV**

The last hypothesis evaluated in the present study predicted that the indirect effect of burnout self-efficacy in the relationship between role conflict and ambiguity and
burnout was dependent on levels of perceived social support. The results found that the relationship between role conflict and ambiguity and burnout was significant when perceived social support was low, which is when burnout self-efficacy was an important mediator. This indicates that not only is perceived social support not protective, but that low perceived social support could be harmful. Low perceived social support could even potentially be considered a job demand. The relationship between role conflict and ambiguity and job satisfaction was significant when perceived social support was high. This indicates that burnout self-efficacy combined with higher levels of perceived social support lead to job satisfaction. The findings indicate that neither burnout self-efficacy nor perceived social support is protective against burnout or turnover intention.

Given the lack of significant findings in the hypotheses leading up to the overall model, it is not surprising that few of the relationships in the model were significant. The lack of significant relationships in this study could be attributed to the population difference between previous literature and this study. Different job demands or resources might have had more of an impact in this model as well. Confounding variables or suppression effects could also be occurring.

Other factors that had not been considered for the present study could also be affecting the results. It is possible that individuals with high levels of perceived social support have lower self-efficacy because their social support system is taking over rather than simply providing support suggesting these individuals cannot do thing themselves. Having other individuals taking over could, theoretically, reduce a person’s view of his/her own competence.
Conclusions

Overall, the results of this study did not support the job demands – resource model posited in this study. The job demands evaluated (role conflict and ambiguity) did not predict burnout, turnover intention, or job satisfaction. Self-efficacy was not a significant mediator between job demands and burnout, turnover intention and job satisfaction. Although perceived social support did have the expected relationship with burnout, turnover intention, and job satisfaction when evaluated by itself, in the model perceived social support could be considered a demand or resource depending on whether the individual has high or low levels of perceived social support.

Thinking back to the prevalence of trauma in this sample, and likely in the population of DV/SA advocates, it is critical that protective factors can be found and nurtured to reduce levels of burnout and turnover intention and to increase levels of job satisfaction. DV/SA advocates provide a direct service to traumatized individuals, to individuals who are potentially in extreme danger. It is paramount that those advocates are able to provide effective and supportive services to their clients. Part of being able to provide those effective services is having resources to protect them from the demands of their job.

Study Limitations. This study had several limitations. This study did not evaluate all of the possible job demands or resources. Many participants did not take the follow-up survey and some participants were unable to have their initial and follow-up surveys linked. It is also not possible to know how many surveys were forwarded on, potentially creating an unrepresentative sample. It is also possible that those with high levels of burnout and turnover intention and low levels of job satisfaction did not
complete the survey, indicating possible selection bias. A vast array of demands and resources could be studied and only a few of them were chosen for this study. It is possible that other variables would have had more of an impact on the outcomes evaluated. It is also possible that certain combinations of job demands or resources would impact the outcomes evaluated differently.

Despite the issues with the present study, it is the only study to evaluate a national sample of DV/SA advocates. Domestic violence and sexual assault is an issue that affects approximately one in three women. Thousands of victims in need of services are unable to access those services because of the lack of resources in our communities. Potentially 90% of the DV/SA advocate population has been affected by a past trauma. Although the present study did not find the relationships that were predicted, it did find some relationships that deserve further exploration to help these overburdened advocates. In specific circumstances burnout self-efficacy does seem to play an important role, as does perceived social support. These variables should be further evaluated, in addition to exploring other potential job demand and resource variables.
REFERENCES


APPENDIX

University of Colorado
Colorado Springs

Institutional Review Board (IRB) for the Protection of Human Subjects

Date: 9/22/2014

IRB Review

IRB PROTOCOL NO.: 15-010
Protocol Title: Self-Efficacy and Social Support as Protective Factors for Burnout
Principal Investigator: Gina Boesdorfer
Faculty Advisor if Applicable: Charles Benight
Application: New Application
Type of Review: Expedited 7
Risk Level: No more than Minimal Risk
Review Level Report of Change or Renewal Review Level (if Applicable): Expedited 7
This Protocol involves a Vulnerable Population: N/A (No Vulnerable Population)
Expires: 21 September 2015

Note, if exempt: If there are no major changes in the research, protocol does not require review on a continuing basis by the IRB. In addition, this protocol may match more than one review category not listed.

Externally funded: ☐ No ☐ Yes

OSP #: Sponsor:

Thank you for submitting your Request for IRB Review. The protocol identified above has been reviewed according to the policies of this institution and the provisions of applicable federal regulations. The review category is noted above, along with the expiration date, if applicable.

Once human participant research has been approved, it is the Principal Investigator’s (PI) responsibility to report any changes in research activity related to the project:
- The PI must provide the IRB with all protocol and consent form amendments and revisions.
- The IRB must approve these changes prior to implementation.
- All advertisements recruiting study subjects must also receive prior approval by the IRB.
- The PI must promptly inform the IRB of all unanticipated serious adverse (within 24 hours). All unanticipated adverse events must be reported to the IRB within 1 week (see 45CFR46.103(b)(3)). Failure to comply with these federally mandated responsibilities may result in suspension or termination of the project.
- Renew study with the IRB prior to expiration.
- Notify the IRB when the study is complete.

If you have any questions, please contact Michael Sanderson in the Office of Sponsored Programs at 719-255-3903 or irb@uccs.edu.

Thank you for your concern about human subject protection issues, and good luck with your research.

Sincerely yours,

Deborah J. Neary
UCCS IRB Chair