Role Conflict and Role Ambiguity as Predictors of Burnout Among Staff Caring for Elderly Dementia Patients

Clifton E. Barber, PhD
Mieko Iwai, MS

ABSTRACT. Self-administered questionnaires were completed by 75 staff providing direct care to institutionalized elderly patients with Alzheimer's Disease or a related dementia. Hierarchical multiple regression was used to investigate the relative influence of four sets of predictor variables on burnout: (a) staff characteristics, (b) workload and caregiving involvement, (c) work environment characteristics, and (d) social support. The guiding hypothesis was that work environment characteristics (role conflict and role ambiguity) collectively would be the best predictors of burnout. Staff burnout was measured using the Maslach Burnout Inventory (MBI), and specifically the Emotional Exhaustion subscale of the MBI. Work environment characteristics accounted for more than 60% of the explained variance in burnout; the majority of this variance being explained by the factor of role conflict. Implications for re-structuring the work environment in long-term care settings are described. [Article copies available from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: getinfo@haworth.com]

Burnout is a term used in both common and professional parlance to refer to a host of symptoms associated with one’s work.

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These symptoms include both physical fatigue and Emotional Exhaustion. Burnout is generally viewed as a complex set of attitudinal and behavioral symptoms interpreted as the precursors of dysfunctional job performance. Typical of conceptual definitions of burnout is one proposed by Pines and Maslach (1978): "... a syndrome of physical and Emotional Exhaustion, involving the development of a negative self-concept, negative job attitudes, and a loss of concern and feeling for clients" (p. 233).

Given the stress frequently inherent in their work, human service personnel are at considerable risk for burnout. Staff providing direct care for the terminally ill in institutional settings are especially vulnerable to experiencing burnout (Maslach, 1976; Pines & Maslach, 1978; Ray, Nichols & Perritt, 1987).

Since the quality of care rendered by staff is often a function of work-related stress, improving the quality of patient care hinges on the effectiveness of interventions aimed at alleviating—or at least minimizing—staff burnout. Alternately, the effectiveness of these interventions depends on correctly identifying the specific factors affecting burnout.

**KEY QUESTION AND TARGET POPULATION**

The key question guiding this study was: "What factors affect the degree of burnout experienced by staff providing direct care to elderly dementia patients?" The target population included nurses, nurse’s aides, social workers and other "line" personnel having direct, daily contact with institutionalized elderly suffering from Alzheimer’s Disease or a related dementia. The demands associated with this type of care are unrelenting, and frequently result in feelings of burnout.

**CONCEPTUAL MODEL**

Burnout may be a product of several factors. Among them are age, gender, educational level, length of time on the job, workload and amount of involvement with patients, social support, and se-
lected characteristics of the work environment (Cooper & Mitchell, 1990; Mor & Laliberte, 1984; Rawnsley, 1989; Yancik, 1984a & 1984b). Largely missing from the literature, however, is an indication of the comparative importance of these factors. For example, unanswered are such questions as "Are personal characteristics (e.g., age, education) of staff more salient influences on burnout than are characteristics of the work environment (e.g., role ambiguity)?"

This study was designed to investigate the relative value of four domains of variables as determinants of staff burnout. These domains included personal characteristics of staff, workload and degree of involvement with patients, extent of perceived role conflict and role ambiguity in the work environment, and the amount of support available in the work setting.

Staff burnout, the primary dependent variable, was conceptually and operationally defined in multidimensional terms (e.g., Emotional Exhaustion, Depersonalization, and lack of Personal Accomplishment). The conceptual model guiding the study is schematically portrayed in Figure 1.

A KEY HYPOTHESIS

The purpose of the current study was to determine which set of independent variables (among the four domains of variables portrayed in Figure 1) represented the best predictor staff burnout. The key hypothesis tested was that the domain of work environment characteristics (i.e., the variables of role conflict and role ambiguity) would account for the greatest amount of variance in measures of burnout. This hypothesis was informed by previous research reporting role conflict and/or role ambiguity to be primary factors influencing work-related stress (Crane & Iwanicki, 1986; Kottkamp & Mansfield, 1985; Miles, 1976; Pierson-Hubeny & Archambault, 1987; Rizzo, House & Lirtzman, 1970; Stout & Posner, 1984).

METHODS

Data Collection

Using a self-administered survey, data were collected from 75 nurses, nurse’s aides, social workers, and other primary care per-
sonnel employed in long-term care facilities in Colorado. Three out of four staff were female; 55% were Caucasian, 24% Black, 4% Hispanic, and 2% Asian. Nearly 6 in 10 reported having pursued education past high school, and 52% held post-secondary degrees.
Operationalization of the Dependent Variable: 
Staff Burnout

Staff burnout was measured using the Maslach Burnout Inventory
(Maslach & Jackson, 1981a, 1981b, 1986). The MBI is a 22-item,
self-report inventory composed of subscales measuring three di-
mensions of burnout: Emotional Exhaustion, Depersonalization,
and Personal Accomplishment.

In the present study, only the measure of Emotional Exhaustion
was used to operationalize burnout. The exclusion of Depersonal-
ization and Personal Accomplishment was intentional, and based on
the work of Wallace and Brinkerhoff (1991) wherein Depersonal-
ization and Personal Accomplishment are described as being am-
biguously related to work stress. Depersonalization, for example,
may be viewed as a technique employed by long-term care staff to
cope with burnout. As Edelwich and Brodsky (1980) have com-
mented, “a healthy degree of detachment can save a person from
severe burnout” (p. 37). On the other hand, Depersonalization may
truly characterize burnout when it is framed by a loss of concern
and feelings for clients. This distinction is a delicate one, and argues
for carefully interpreting findings of studies using the MBI.

Similarly, Personal Accomplishment plays an ambiguous role in
that staff who experience low levels of Personal Accomplishment
may not be suffering from burnout. The explanation may simply be
that work fails to provide staff with the opportunity to derive a
sense of competence and Personal Accomplishment.

Emotional Exhaustion. The Emotional Exhaustion subscale con-
sists of nine items, and measures feelings of being emotionally
overextended and exhausted by one’s work. Examples of items
from this subscale include: “I feel used up at the end of the work-
day” and “Working with people all day is really a strain for me.”
Reported measures of internal consistency (Cronbach’s alpha) for
this scale are .90 and .87 for frequency and intensity, respectively.

Frequency and Intensity Measures. Each descriptive item state-
ment in the Emotional Exhaustion subscale of the MBI is rated
twice by the respondent: once for frequency and once for intensity.
The frequency rating ranges from A few times a year (1) to Every
day (6). The intensity rating ranges from Very mild, barely notice-
able (1) to Major, very strong (7). If the feeling or attitude described in an item statement is never experienced, a space is provided to check never. When never is checked, both frequency and intensity are recorded as 0. The item scores are summed and a mean score calculated to obtain the subscale score. Respondents with high scores on Emotional Exhaustion would perceive themselves as “burned out.” In the present study, the only change made in the MBI was substituting the term “patient” for “recipient.”

Operationalization of Predictor Variables

Caregiver Characteristics. The domain of caregiver characteristics includes the variables of age, sex, educational level, supervisory status, time in current position, number of months the respondent had worked with dementia patients, and self-esteem. Self-esteem was measured using a scale originally developed by Rosenberg (1965). The scale contains ten items, each of which is rated on a 4-point, Likert-type scale ranging from Strongly agree (1) to Strongly disagree (4). Ward (1977) has reported an alpha measure of internal consistency of .74 for this scale.

Workload and Caregiving Involvement. In measuring workload and extent of caregiving involvement, three self-report questions were asked. The first inquired about the number of different dementia patients with whom each respondent had worked during the month preceding the survey. The second requested information on the average number of hours per week each respondent spent providing direct care for dementia patients. The third question asked about the degree of emotional closeness with the dementia patients, as perceived from the staff point of view.

Work Environment Characteristics. The attributes of role conflict and role ambiguity were identified as primary measures of work environment characteristics affecting burnout (Kahn, 1978; Schwab & Iwanicki, 1982; Vachon, 1987; Wallace & Brinkerhoff, 1991). Role conflict was defined as the simultaneous occurrence of two or more role pressures so that compliance with one makes it difficult to comply with the other (Rizzo et al., 1970). Role ambiguity was defined as the degree to which clear information is absent with regard to role expectations, methods of fulfilling a role, and/or the consequences of role performance (Van Sell, Brief & Schuler, 1981).
Employed to operationalize these variables was an instrument developed by Rizzo, House and Lirtzman (1970). This instrument contains eight items relating to role conflict and six items relating to role ambiguity. Each item is rated by the respondent on a Likert-type scale ranging from Definitely not true of one’s job (1) to Extremely true of one’s job (7). The role ambiguity items are reverse scored, since the items are worded positively (Tracey & Johnson, 1983). Higher subscale scores indicate higher levels of perceived role ambiguity and role conflict. Reported internal reliabilities for role conflict range from .56 to .82, and from .68 to .87 for role ambiguity.

Social Support. In this study, social support was defined solely in terms of help received from sources located in the workplace, with particular focus on support from co-workers (“collegial support”). Respondents were asked whether the facility in which they worked had a source of support to which they could turn for help when feeling stressed. If the respondent answered Yes, they were asked how many times each month they used the source of support, and how helpful they found it to be in alleviating feelings of stress.

Three additional questions measuring collegial support were adapted from Yancik (1984b). Yancik defined collegial support as “the respondent's respect and regard for co-workers, and the support and recognition the respondent receives from them in relation to the emotional and physical demands of one's work” (p. 29).

Since Yancik’s questionnaire was developed to study stress among hospice workers, the word “hospice” was changed to “agencies/facilities,” and the word “dying patients” was changed to “dementia patients.” Each item was rated on a 4-point scale, ranging from Strongly agree (1) to Strongly disagree (4). Two examples of statements are: “I feel respect and regard for the people under whom I work” and “I feel my colleagues on the staff are supportive of me in the day-to-day care of dementia patients.”

FINDINGS

Predictors of Emotional Exhaustion as a Measure of Burnout

Hierarchical regression (Cohen & Cohen, 1975) was performed to test the hypothesis that of the four predictor domains, work
environment characteristics would account for the greatest variance in burnout. An inclusion criteria of .05 was utilized in entering variables into the regression equation.

Although analyses were conducted on all three measures of burnout, the reader will note that only the results of the regression analyses using Emotional Exhaustion as a measure of burnout are reported in this paper.

The stepwise regression for Emotional Exhaustion proceeded in the following manner. First, individual staff characteristics were added to regression equations with Emotional Exhaustion as the dependent variable; 19 percent of the variance was explained for the frequency measure, and 22 percent for the intensity measure. For the second step in the hierarchical regression, workload and caregiving involvement measures were added to the equation, and an additional 5 and 11 percent of the variance was explained in the frequency and intensity measures, respectively. As a third step, the factors measuring work environment characteristics were added to the regression equation, significantly contributing an additional 35 and 32 percent (for frequency and intensity, respectively) to the prediction of Emotional Exhaustion as a measure of burnout. In the fourth and final step, social support variables were added to the equation, adding only 3 percent to both the frequency and intensity measures. Combined, the four sets of predictor variables explained 62% of the variance in the frequency measure of Emotional Exhaustion, and 68% of the variance in the intensity measure of Emotional Exhaustion. The results of these analyses are summarized in Tables 1 and 2 with Table 1 reporting the results of the frequency measure of Emotional Exhaustion, and Table 2 reporting the results of the intensity measure.

**DISCUSSION**

*Work Environment Characteristics as Predictors of Burnout*

The key finding in the study was that staff burnout—measured in terms of Emotional Exhaustion—can be attributed more to work environment characteristics than to staff characteristics, workload and degree of involvement with patients, or amount of social sup-
TABLE 1. Hierarchical Regression Analysis for the FREQUENCY Measure of Emotional Exhaustion

<table>
<thead>
<tr>
<th>Step/PREDICTOR DOMAIN/variables</th>
<th>b&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Beta&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Cum. R&lt;sup&gt;2&lt;/sup&gt;</th>
<th>Change in R&lt;sup&gt;2&lt;/sup&gt;</th>
<th>% Explained Variance</th>
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<td><strong>(Step 1) CAREGIVER CHARACTERISTICS</strong></td>
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<td>Self-esteem</td>
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<tr>
<td>Years of formal education</td>
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<td>.15</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Gender&lt;sup&gt;c&lt;/sup&gt;</td>
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<td>-.29</td>
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<td></td>
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<tr>
<td>Length of time in current job</td>
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<tr>
<td>Supervisory status&lt;sup&gt;d&lt;/sup&gt;</td>
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<td>-.10</td>
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</tr>
<tr>
<td>Age</td>
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<td>-.26</td>
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<td></td>
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<tr>
<td># of mos. working w/patients</td>
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<td>.19</td>
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<tr>
<td>Emotional closeness w/patients</td>
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<tr>
<td># of patients cared for</td>
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<td></td>
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<tr>
<td># of hrs./wk. w/patients</td>
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<td>-.26</td>
<td>.24</td>
<td>.05</td>
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<td>Role ambiguity</td>
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<tr>
<td>Role conflict</td>
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<td>.55&lt;sup&gt;*&lt;/sup&gt;</td>
<td>.59</td>
<td>.35</td>
<td>56.5</td>
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<td><strong>(Step 4) SOCIAL SUPPORT</strong></td>
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<td>Avail. of social support</td>
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<td>-.09</td>
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<tr>
<td>Global social support measure</td>
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<td>-.23</td>
<td>.62</td>
<td>.03</td>
<td>4.8</td>
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<sup>a</sup> Unstandardized regression coefficients; <sup>b</sup> Standardized regression coefficients when all independent variables are entered in the prediction equation; <sup>c</sup> gender coded as a "dummy variable": female = 0 and male = 1; <sup>d</sup> Supervisor status coded as a "dummy variable": supervisor = 0 and non-supervisor = 1; <sup>*</sup> p < .05
**TABLE 2. Hierarchical Regression for the INTENSITY Measure of Emotional Exhaustion**

<table>
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<tr>
<th>Step/PREDICTOR DOMAIN/Variables</th>
<th>b(^a)</th>
<th>Beta(^b)</th>
<th>Cum. R(^2)</th>
<th>Change in R(^2)</th>
<th>% Explained Variance</th>
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<td>Self-esteem</td>
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<td>-.15</td>
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<td>Years of formal education</td>
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<td>.17</td>
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<td>-.39(^*)</td>
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<tr>
<td>Supervisory status(^d)</td>
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<td>.04</td>
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<tr>
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<td>-.46</td>
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<tr>
<td>Emotional closeness w/patients</td>
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<td># of patients cared for</td>
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<td>-.42(^*)</td>
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<td># of hrs/wk. w/patients</td>
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<td>.33</td>
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<td>Role ambiguity</td>
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<td>.65</td>
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<td>Avail. of social support</td>
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<td>.68</td>
<td>.03</td>
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<td>Global social support measure</td>
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</table>

\(^a\) Unstandardized regression coefficients; \(^b\) Standardized regression coefficients when all independent variables are entered in the prediction equation; \(^c\) gender coded as a "dummy variable": female = 0 and male = 1; \(^d\) Supervisor status coded as a "dummy variable": supervisor = 0 and non-supervisor = 1; \(^*\) p < .05
port. Combined, role conflict and role ambiguity accounted for 57% of the total explained variance in the frequency measure of Emotional Exhaustion, and 47% of the total explained variance in the intensity measure of Emotional Exhaustion.

Based on the early work of Kahn (1978) as well as more recent studies by Schwab and Iwanicki (1982), this finding was not unexpected. Both role conflict and role ambiguity have been implicated as salient factors in organizational stress. Chronic role conflict and role ambiguity are demoralizing and tension-provoking, and often result in lowered self-esteem and increased feelings of futility and powerlessness. This sense of futility or powerlessness—in which a staff perceives attempts at environmental mastery are in vain—is a key factor influencing burnout (Crane and Iwanicki, 1986; Maslach, 1982; Pierson-Hubeny & Archambault, 1987; Schwab, 1980).

**Role Conflict versus Role Ambiguity**

There is no adequate explanation for why role conflict was a better predictor of Emotional Exhaustion than was role ambiguity. Our expectation was that both would contribute significantly to burnout. Or, if a difference between these two factors was to be found, our expectation based on previous research was that role ambiguity would exert the most influence (Rizzo et al., 1970). Unexpected was the finding that role ambiguity contributed very little to burnout.

Perhaps one explanation why role conflict was more highly correlated with burnout more than role ambiguity lies in the educational level of the respondents, as well as the kinds of positions they occupied in the institutions in which they worked. In organizational stress studies wherein the majority of respondents have been staff with comparatively high levels of education (i.e., those with some post-secondary training), role conflict has been reported to be a salient predictor of burnout (e.g., Kottkamp & Mansfield, 1985). Many positions held by staff with post-secondary education/degrees are administrative and supervisory in nature, and as such are often characterized by multiple role expectations (Schwab & Iwanicki, 1982). By contrast, positions held by less-well educated staff usually involve work roles that are more clearly defined and, by comparison, are less likely to involve multiple and conflicting expectations.
Since slightly more than half of the staff in the current study had one or more years of post-secondary education (and almost 30% occupied administrative/supervisory positions), perhaps it is not surprising that role conflict would emerge as the primary determinant of burnout in terms of work environment characteristics. Partial support for this supposition is found in responses to open-ended questions, wherein many staff working in administrative positions reported feeling “caught” between trying to fulfill direct care tasks as well as supervisory responsibilities.

A one-way analysis of variance confirmed that staff with 12 or fewer years of education reported significantly less role conflict than did respondents reporting one or more years of post-secondary education ($F = 4.03; df = 71; p < .05$). There was no difference in role ambiguity by education level.

**Social Support**

One of the unexpected findings in our study was that the factor of social support was seemingly unrelated to Emotional Exhaustion. Based on previous research (Chappell & Novak, 1992; Mor & Lalibert, 1984; Yancik, 1984b), our expectation was that social support from co-workers would serve as a significant buffer in staff burnout. Why our analyses did not reveal a similar finding is unclear. In retrospect, restricting our measure of support to the workplace was probably in error. Had we included a broader measure of social support to include help from family and friends, perhaps the factor of support would have emerged as an important buffer.

**Patient Impairment**

One factor affecting burnout that was inadvertently omitted from the present study is the extent of patient impairment. Given the nature of the sample, all of the recipients of care were institutionalized. What is unknown, however, is whether differences in levels of burnout reflected differences in the extent of contact with patients representing varying degrees of cognitive functioning.

Previous studies of staff burnout in institutional settings have reported that occupational exposure to patients with varying degrees of impairment or different levels of prognosis does not affect staff
burnout (Chappell & Novak, 1992; Hare & Pratt, 1988). In light of these reported findings, our feeling is that, had we included measures of patient impairment in our study, the findings would still have pointed to work environment characteristics as the primary factors influencing staff burnout.

SUMMARY AND CONCLUSION

The major finding of this study is that work environment characteristics—particularly role conflict—are better predictors of burnout than are the personal characteristics of staff (e.g., educational level, self-esteem), the amount of direct contact with dementia patients, or the amount of social support from co-workers. The practical value of this finding is that staff burnout might be minimized by focusing on organizational strategies that alleviate role conflict and role ambiguity in the institutional work environment.

The data in this study support Maslach’s (1982) contention that stress and burnout reduction may be and should be approached by reducing organizational antecedents (e.g., role conflict and role ambiguity) rather than putting the onus on the individual. If they are concerned about minimizing staff burnout, employers are best advised to closely examine pressures inherent in the role structure of staff positions.

We offer four specific recommendations to reduce Emotional Exhaustion among staff and, indirectly, improve quality of resident care. All represent strategies aimed at changing organizational structure in order to reduce role conflict and role ambiguity:

1. Ensure that staff receive assignments with the necessary resources to complete them.
2. Avoid the practice of having a primary care provider work with two or more groups/departments with conflicting policies of operation.
3. Confirm that rules for the completion of job assignments are congruent with institutional policies.
4. Ensure that expectations and the criteria for the evaluation of job performance are congruent when a staff member works in two or more departments or arenas of care.
To implement these strategies, we suggest using Hackman and Oldham's (1980) principles of job redesign (Smyer, Brannon & Cohn, 1992). These principles include combining staff caregiving tasks into meaningful sequences of work, forming natural work units, vertically loading staff positions in terms of responsibility and authority, and opening feedback channels. Collectively, these principles represent a means of minimizing role conflict and role ambiguity.

The operationalization of these principles might be accomplished by first assessing staff perceptions of their jobs, with particular emphasis paid to role conflict and role ambiguity, and then using job redesign teams comprised of administrators and staff to develop job structure alternatives. Admittedly, institutional settings wherein care is rendered to dementia patients cannot be completely or easily reorganized to eliminate staff burnout, but sensitivity to issues that produce role conflict and ambiguity holds the promise of at least minimizing staff stress.

REFERENCES


