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Evaluation of Attendant Services in a University Milieu

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**Thesis submitted in partial fulfillment of the degree of Masters
of Arts in Psychology**

August 1992

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Evaluation of an Attendant Services Program in a University Milieu

Abstract

The present study was designed to qualitatively evaluate the newly developed Carleton Residence Attendant Services Program (CRASP) in order to gain a comprehensive and formative understanding of the program's contents, components and processes. To achieve such an understanding input from both consumers and attendants was analyzed using data derived from in-depth interviews and questionnaires. Findings suggest that consumers and attendants are satisfied with the attendant services program in Residence. Factors contributing to satisfaction include; the flexibility of the program, the program provides same sex gender choice, consumer and attendant input is encouraged, and the relationship between consumers and attendants is both professional and friendly. Despite the general satisfaction with CRASP, attendants and consumers were found to be dissatisfied with certain aspects of the program. Factors contributing to dissatisfaction include; No written guidelines or policies concerning CRASP are available, needs assessments are not done on consumers, and the administration needs improving.

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This thesis is dedicated to my parents who taught me the value of hard work and commitment. Their support, encouragement and belief in my successes has given me the confidence to pursue my aspirations.

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In order to function effectively and successfully in daily living, many people with disabilities rely on attendant services programs (ASP's). These programs enable a person with a disability to lead an independent and productive life, far removed from the confines of hospitals, rehabilitation centres and nursing homes. Despite the vital role such programs play, little research has been done in this area. In order to add to the small body of knowledge concerning ASP's, the present study sought to conduct a qualitative process evaluation of the newly developed Carleton Residence Attendant Services Program (CRASP), by examining input from both attendants and consumers. To comprehend how this study delineates from existing research, the literature in the following areas will be reviewed: evaluation research, the independent living movement, and the attendant care model. Further, a comprehensive discussion of the history and nature of CRASP, will also be sought. Finally, the methodology involved in the current study and research findings will be presented.

EVALUATION RESEARCH

Qualitative Evaluation Method

The Qualitative Evaluation Method, unlike other evaluation methods, is not tied or restricted to specifying main variables or generating an hypothesis before a study begins. Researchers using the qualitative method strive to understand phenomena and situations as a whole (Patton, 1980). This type of evaluation

involves holistic, inductive and naturalistic approaches. Essentially, the holistic approach assumes that the whole is greater than the sum of its parts. True understanding of a program can only come about through a description and understanding of its' context and/or components. Unlike other approaches to evaluation research which seek to manipulate and measure the relationships among a few carefully selected and narrowly defined variables, the holistic approach is open to gathering data on any number of aspects in order to put together a complete picture of a particular situation or program (Patton, 1980).

In the inductive approach, researchers attempt to make sense of a situation without imposing pre-existing expectations on a research setting. According to Patton; "The qualitative methodologist attempts to understand the multiple inter-relationships among dimensions which emerge from the data without making prior assumptions about the linear or correlative relationships among narrowly defined, operationalized variables" (p. 41). Hence, an inductive approach to evaluation research entails that from experience with a program, an understanding of program activities and outcome can emerge.

Qualitative designs are said to be naturalistic in that the researcher does not attempt to manipulate the research setting. The setting is a naturally occurring event, program, relationship or interaction that has no predetermined course established by and for the researcher (Patton, 1980). The point of qualitative

evaluation methods is to understand naturally occurring phenomena in their naturally occurring states. Naturalistic inquiry entails a "discovery oriented" approach which minimizes investigator manipulation of the study setting and places no prior constraints on what the outcome of the research will be.

Qualitative evaluation research involves qualitative measurement of data. The data collected from such an evaluation consists of "detailed descriptions of situations, events, people, interactions and observed behaviours; direct quotations from people about their experiences, attitudes, beliefs and thoughts; excerpts or entire passages from documents, correspondence, records and case histories" (Patton, 1980, p. 22). Qualitative measures allow researchers to record and understand people in their own terms, thus providing depth and detail.

According to sociologist, John Lofland (1971), there are four elements in collecting qualitative data. First, the evaluator must get close enough to the people and the situation being studied to be able to understand the depth and details of what goes on. The second element involves capturing the perceived facts-what actually takes place and what people actually say. Third, collecting qualitative data entails a great deal of pure description of people's activities and interactions. The last element consists of direct quotations from people, both what they speak and what they write down.

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The commitment to get close, to be factual, descriptive and captive, constitutes a significant commitment to represent the participants in their own terms. This does not mean that one becomes an apologist for them, but rather that one faithfully depicts what goes on in their lives and what life is like for them, in such a way that one's audience is at least partially able to project themselves into the point of view of the people depicted (Lofland, 1971, p. 4).

The majority of qualitative data derives from two sources; through observation and/or through interviewing. For the purposes of the present study, concentration will be placed on the process of qualitative interviewing.

The process of observation involves a thorough description of the program that was observed, the activities that took place, the people who participated. Direct observational approaches has many advantages. Unfortunately, it is not possible to observe everything. For example, feelings, thoughts and intentions are not readily observable. In many cases, interviewing is the best means to thoroughly assess and describe people and situations. Thus, the purpose of an interview is to find out from people those things that are not directly observable. It allows the evaluator to enter into the other person's perspective.

For program evaluation purposes, interview data permits the evaluator to capture the perspectives of program participants, staff and others associated with the program. What are the experiences of the participants in the program? How do participants perceive the program? What do people expect from the

program? The answers to these questions enable the interviewer to be brought into the world of the interviewee (Patton, 1980).

All qualitative approaches to interviewing ensure that the person being interviewed respond in their own words to express their own personal feelings and thoughts. The response format in most cases is open-ended. The interviewer is not permitted to supply and/or predetermine the phrases or categories that must be used by respondents to express themselves. According to Patton (1980), "The fundamental principle of qualitative interviewing is to provide a framework within which respondents can express their own understandings in their own terms" (p. 205).

There are a number of evaluation types or strategies that can be used to qualitatively evaluate a program. The application of any one strategy depends upon the type of information the researcher is interested in seeking. For example, if one is interested in knowing how and to which extent a program is actually implemented, then one would probably opt to undergo an implementation evaluation. Combinations of different types of evaluation may also be useful in discerning specific kinds of information. For the purposes of the present study an examination of process and formative evaluation will now be sought.

According to Patton (1980), "Process evaluations are aimed at elucidating and understanding the internal dynamics of program operations" (p. 60). This type of evaluation focuses on how a product or outcome is produced rather than looking at the product

itself. It most typically involves a detailed description of program operations.

Process evaluations have been particularly useful for revealing areas in which programs can be improved as well as highlighting the strengths of the program which should be preserved. The evaluator thus, searches for explanations of the successes, failures and changes in a program (Patton, 1980).

This method of evaluation is also useful for dissemination and replication of programs under conditions where a program is considered to be a model worthy of replication at other sites. Patton explains: "By understanding the dynamics of program processes and by studying descriptions of these program processes, it is possible to isolate critical elements that have contributed to program successes and failures" (p. 61). Hence, a qualitative process evaluation enables one to understand the unique internal dynamics of a program by ensuring that strengths and weaknesses emerge from program observations and/or interviews rather than from theories, predetermined hypotheses and evaluator expectations.

Similar to process evaluations, formative evaluations seek to collect detailed, descriptive information about programs where the purpose of the evaluation is to improve program operations and procedures. The focus of a formative evaluation is to collect information that can be used primarily for ongoing program development and improvement (Patton, 1980). Thus, such an evaluation provides feedback in terms of strengths and weaknesses

to individuals directly involved. In so doing, those involved are given useful information which enables them to make changes or adaption which will improve the program.

Satisfaction Research

Satisfaction has proven to be an important and useful area of study. Despite claims from some researchers who argue that the assessment of satisfaction is too subjective, many authors have used satisfaction indexes as tools in evaluating a number of programs. The literature is permeated with countless research undertakings which assess satisfaction across a number of different populations and programs. Locke (1976) reviewed the literature in this area and concluded that there have been over 3300 studies of job satisfaction. With the growing concern about public sector effectiveness, researchers have recently turned to measures of client or consumer satisfaction as a way of assessing the general effectiveness of a program or agency.

Knowledge of levels of satisfaction provides an evaluator with unique information in regards to program functioning. Information derived from detailed assessments of satisfaction of service providers and of clients/consumers may give researchers clues as to the strengths and weaknesses of a program. It may also lead to suggestions of ways to improve a program. Hence, indexes of satisfaction are useful in that they provide feedback to individuals involved in a specific agency or program. In order to

gain a better understanding of satisfaction research as it pertains to the present study, a brief review of job satisfaction and client/consumer satisfaction research will be sought.

Job Satisfaction

Issues concerning job satisfaction have intrigued organizational psychologists for decades. The quest to find the variables which contribute to job satisfaction has long been undertaken. Early hypotheses put forth the notion that satisfaction on the job was related directly to productivity-that the happy worker was the productive worker (Smith, Kendall and Hulin, 1969). It soon became apparent that such a simple formulation was inadequate to explain the complexities involved in job satisfaction. In order to understand and explain job satisfaction, investigators put forth a multiplicity of diverse studies. It is not within the scope of this paper to discuss this melange of research undertakings. Thus, the following examination of job satisfaction will focus on: organizational stress, organizational commitment and interrole conflict.

Organizational Stress

Recently, organizational researchers have begun to study stress in the workplace by attempting to understand how stress affects productivity and worker satisfaction. It is often assumed that there exists substantial differences in the amount of stress

that various kinds of jobs induce. In one study it was found that specific behavioral characteristics of jobs are highly correlated with measures of stress (Shaw & Riskind, 1983). Further research suggests that admission rates to community mental health centres differ by occupational category. In one study, it was found that the highest admission rates were for health technologists and technicians, waiters and waitresses and practical nurses (Colligan, Smith & Hurrell, 1977).

Many studies have demonstrated that individuals differ substantially in the effects of stress on their physical and mental health. Research has shown the potential role of person-environment fit in either exacerbating or minimizing stress (Katz & Kahn, 1978; Levi, 1981). Many writers have discussed how coping mechanisms are likely to serve as a moderator between the individual and a stressful environment (Billings & Moos, 1981; Osipow & Spokane, 1983; Roskies & Lazarus, 1980). It has also been noted that the type A personality interacts with the work situation and results in a highly stressed individual (McLean, 1974).

The sources of stress in the workplace are multi-diversified. They range from bureaucratic stress to fatigue, mental load, and arousal (Cohen, 1980; Sharit and Salvendy, 1982). Physical environment has also been found to be a major potential stressor (Poulton, 1979). In addition, role stressors can be significant sources of problems in the workplace (Fisher & Gitelson, 1983; Kahn, 1974; Osipow & Spokane, 1983). Research has shown that

contextual, task, and role-related variables interact with work stressors (e.g., efficiency problems, role frustration, staff shortages and technical problems) to produce negative outcomes (Parasuraman & Alutto, 1981).

Csipow & Spokane (1983) have developed a measure of occupational stress and strain--**The Occupational Environment Scales (OES)**. The OES measures a range of job stress from role overload to role ambiguity. Results of these measures enable organizations to institute intervention strategies to reduce stress in employees. Reducing stress helps not only the employee but the organization as well.

Organizational Commitment

The concept of organizational commitment has attracted considerable interest as an attempt to understand the intensity and stability of employee dedication to work organizations (Eisenberger, Fasolo, Davis-La Mastro, 1990). Two major views of employee dedication focus on **affective attachment** and **calculative involvement**. These views are usually considered to be conceptually and empirically distinct (Meyer, Paunonen, Gellatly, Goffin and Jackson, 1989; Morrow, 1983; Penley & Gould, 1988).

The affective attachment view of organizational commitment emphasizes the employee's sense of unity & shared values with the organization (e.g., Meyer & Allen, 1984; and O'Reilly & Chatman, 1986). Research has shown that affective attachment is influenced

by personal characteristics, job features, and work experience and, in turn, influences job performance, absenteeism and turnover (Mowday, Steers and Porter, 1979).

The calculative view of organizational commitment sees economic factors to be of primary importance in employee absenteeism, work effort, and turnover (Eisenberger et al., 1990). Employees' role perceptions are assumed to depend on the types of activities believed necessary for successful job performance (Porter & Lawler, 1968). Further, research has shown that the desire to remain with one's current employer (continuance commitment) results from the perceived economic advantages accrued in one's current job, relative to alternative employment opportunities (Meyer & Allen, 1984; Scholl, 1981).

Recent investigations have shown the merit of treating affective and calculative involvements within the context of a process-oriented social exchange approach (Eisenberger et al., 1990). Researchers have suggested that, to meet needs for approval, affiliation and esteem, and to determine the organization's readiness to compensate increased effort with greater rewards, employees form a general perception regarding the extent to which the organization values their contributions and cares about their well-being (Eisenberger, Huntington, Hutchisson and Sowa, 1986). Studies show that perceived organizational support is negatively related to absenteeism, and is positively related to the performance of conventional job responsibilities, employee

innovation, greater affective attachment and greater performance-reward expectancies (Buchanan, 1974; Hrebiniak, 1974; Eisenberger et al., 1986). Recent research in the area of perceived organizational support attempts to differentiate between perceived supervisory support and co-worker support (Kottke and Sharanfinski, 1988).

Interrole Conflict

Role conflict has been defined as the "simultaneous occurrence of two (or more) sets of pressures such that compliance with one would make more difficult compliance with the other" (Kahn, Wolfe, Quinn, Snock, and Rosenthal, 1964, p. 19). Pressures that accrue across different roles can be incompatible in at least two respects. First, role pressure incompatibility may arise from the strains associated with one or more roles. For example, employees who experience extensive stress and strain at work may find it difficult to be attentive spouses at home or focused students at school. Second, it is possible that the requirements of different roles may compete for a person's limited time resources (Kopelman, Greenhaus and Connolly, 1983).

Several studies have found a negative relationship between interrole conflict and job satisfaction (Jones & Butler, 1980; Staines & O'Connor, 1980). Research has identified seven types of work-family conflict, the three most prevalent being excessive work time, schedule conflicts, and fatigue or irritability (Pleck,

Staines and Lang, 1980). Kopelman et al. (1983) have developed a measure of interrole conflict which assesses the extent to which a person experiences pressures within one role that are incompatible with the pressures arising within another role.

Further research in this area suggests that effective coping with interrole conflict is an important source of role and life satisfaction (e.g., Beutell & Greenhaus, 1982). Some researchers postulate that the coping strategies chosen by an individual may have a more powerful effect on feelings of satisfaction than the magnitude of conflict itself (Kopelman et al., 1983). In addition, research has found that education level positively moderates the relationship between job satisfaction and life satisfaction, indicating that the more education one has the stronger the correlation between life satisfaction & job satisfaction (Bamundo and Kopelman, 1980; Kopelman et al., 1983). Strong correlations between family satisfaction and life satisfaction have been found in lower educated individuals.

Besides organizational stress, organizational commitment and interrole conflict, there are a number of factors which have been found to contribute to overall job satisfaction. Variables such as type of work, pay, opportunities for promotion, supervision, co-workers on the job and employee characteristics, have all been examined in the context of job satisfaction. The above discussion is a mere paint brush stroke on the multicolored canvas of job satisfaction. Its purpose is to provide a general understanding of

job satisfaction research rather than an extensive literature review.

Consumer/Client Satisfaction

Given the breadth and the scope of consumer/client satisfaction, the present discussion will focus on consumer satisfaction in mental health and health care settings. Studies of satisfaction in these two types of settings have similar origins. Three major sources have been cited in the development of satisfaction studies (Lebow, 1983). Most prominent is the concern of government and other third party payers with the adequacy of care for which they pay. Consumer groups, constitute a second source for the impetus toward satisfaction research. A third source of research initiative is the program evaluation community. The study of acceptability has often been undertaken as a first step in program evaluation because satisfaction research is considered to be the least expensive method of evaluation and a method likely to produce positive results (Hargreaves and Attkisson, 1978). Interestingly, it has been purported that consumers themselves rarely initiate satisfaction studies (Lebow, 1983). In fact it has been noted that consumers have seldom even been consulted in the development of the research (Windle and Paschall, 1981).

The majority of research involving satisfaction in mental health settings remains focused on scale construction. Good scales

for assessing patient satisfaction have only recently been developed (Pascoe and Attkisson, 1983; Deiker, Osborn, Distefano, and Pryer, 1981). Controlled studies in which satisfaction is related to other health behaviours such as utilization, quality of care, change in practitioner, attendance, and relationship with service provider have recently begun to emerge in mental health satisfaction research (e.g., Jones and Zupell, 1982; Kirchner, 1981). Of particular interest to the present study is research concerning the relationship between satisfaction with service provider and satisfaction with care. In outpatient samples, high correlations have been found between satisfaction and client rating of the therapeutic alliance (Jones & Zupell, 1982), and between satisfaction and the clients rating of therapist interest (Kirchner, 1981). It has been noted that the relationship between overall satisfaction with service provider remains strong even in aftercare (Bene-Kociemba, Cotton and Fortgang, 1982).

In the area of health care satisfaction numerous studies have been conducted to answer a multiplicity of questions. Among the questions addressed have been the relationship between satisfaction and change in provider (Marquis, Davies and Ware, 1982), the relationship between patient satisfaction and the fulfilling of patient social needs (Kurella, 1979), the relationship of satisfaction to utilization (Roghmman, Hengst and Zastowsky, 1979), the relationship of satisfaction to the structure of the health care organizations (Fleming, 1981) and the relationship between

satisfaction and accessibility to service (Penchansky and Thomas, 1981). In addition, studies have found satisfaction to be multidimensional. Factors frequently found include, satisfaction with provider conduct, availability of service, convenience and access (Lebow, 1983). It has also been noted that in health care, the level of satisfaction with the interpersonal behavior of the provider is less positive than the technical aspects of care (Lebow, 1983).

Of particular interest to researchers in health care settings is the notion of social-psychological artifact in assessing consumer satisfaction. A number of social-psychological factors are seen to influence the relationship between the quality of a program's services and satisfaction ratings. Levois, Nguyen and Attkisson (1981) list 6 factors affecting ratings of satisfaction:

1. Social Desirability Response Bias: This entails clients reporting greater satisfaction than they actually feel because they believe that positive remarks about a program are more acceptable to social service program administrators than are negative comments.
2. Ingratiating Responses: This involves clients perceiving satisfaction assessment as an opportunity to ingratiate themselves with program sponsors or

staff. This is noted as especially likely if the client does not believe that his/her responses are anonymous or even confidential.

3. The Hawthorne Effect (Roethlisberger & Dickson, 1939):

It is hypothesized that reactivity to the additional attention implicit in the data collection process and to the apparent concern of the program sponsors about one's level of satisfaction is likely to lead to a positive perception of the program, and, consequently, to positive ratings.

4. Experimenter Effects: It is postulated that the evaluator's expectation of favourable ratings could influence his/her perception, choice of instruments and data recording and analysis strategies (Rosenthal, 1966). It is also believed that the evaluator may provide clients with unintentional cues which influence them to report high satisfaction (Friedman, 1967). Researchers have found that evaluators who are affiliated with the program being evaluated are much more likely to report program success than are non-affiliated evaluators (Gordon & Morse, 1975).

5. Economic Self-Interest: It is hypothesized that clients are likely to perceive that their expressions of satisfaction will contribute to the continuation of the personally rewarding program serving them.
6. Cognitive Consistency: This is the view that when clients are free to drop out of a service program but continue to participate instead, they are likely to report that they are satisfied as a way of justifying their own investment of time and effort. Supporting research evidence suggests that length of stay in a program was positively correlated with expressed satisfaction (Larsen, 1979).

When combining research from mental health and health care settings, a number of general findings have been noted. Studies have found that most consumers in both mental health and health care studies report satisfaction with care provided. A relatively small percentage (10%) of dissatisfied consumers is evident in the research (Lebow, 1983). In addition, in both mental health and health care research, consumer expectations have been found to have an important relationship to satisfaction (Lebow, 1983). Research also exists in terms of methodology and measurement of satisfaction in both mental health and health care settings. Measurement instruments available include, the Client Satisfaction

Questionnaire (Larsen, Attkisson, Hargreaves and Nguyen, 1979), the **Evaluation Ranking Scale** (Pascoe and Attkisson, 1983), and the **Patient Satisfaction Scale** (Ware and Snyder, 1975). Most instruments are general in focus and thus applicable across both mental health and health care settings. It is important to note that unlike the above-mentioned widely-used instruments, most instruments are developed by independent researchers with a specific satisfaction measurement focus (e.g., Slater, Linn and Harris, 1982-satisfaction scale assessing outpatient treatment; Strupp et al., 1964-satisfaction scale assessing psychotherapy in both mental health and health care, especially in determining participation in treatment).

Consumer satisfaction has importance in both mental health and health care, especially in determining participation in treatment. It has been noted however that, consumers are better suited to judge most mental health services than they are health care services. It has been postulated that in the health care field, consumers are presented with a vast array of technical interventions that they do not have the expertise to evaluate. They can make reasoned assessments about some aspects of care, but unlike in mental health settings not all of them (Lebow, 1983). Regardless of settings, satisfaction indexes are important tools in evaluating program effectiveness and treatment services.

Of particular interest to the present study, is the assessment of satisfaction in an attendant services setting. Little research

in this area has been reported. Most of what is mentioned focuses primarily on job satisfaction rather than client/consumer satisfaction. In one study forty personal care attendants were interviewed in order to identify factors which may influence job satisfaction (Stelmach, Postma, Goldstein and Shephard, 1981). Findings suggest that overall the majority of attendants were satisfied. A significant positive relationship was noted between job satisfaction and the attendant's having had five or more previous attendant care jobs. Job satisfaction was also positively related to working with disabled adults requiring less than 25 hours per week of attendant services.

A similar investigation surveyed 56 personal care attendants to assess attitudes and factors associated with job satisfaction (Atkins, Meyer and Smith, 1982). Data was collected from a variety of sources, including; interview, Attitudes Toward Disabled Person Scale, Gordon Personal Profile and the Current Attendant Profile. It was found that attendants represented varied backgrounds, were on the average satisfied with their job and felt they needed specific training to be more effective. Results of the study further suggest that there was no single reason why PCA's quit their job or found them unfulfilling. Probably the most important information obtained in the investigation can be derived from the attendants' responses to questions relating to ways of improving their jobs. Eighty-six percent of the subjects said that they would join an attendant support group if such a group was offered.

Seventy-five percent felt that it would be helpful if attendants were given more training in personal care work. In the same vein, seventy-percent of the attendants felt that it would be helpful if disabled people were given more training in how to be employers of PCA's. Fringe benefits such as days off, paid vacation and paid sick days were also recommended by seventy-percent of the sample.

A related study investigated attendants' needs and perspectives regarding attendant services work in a sample of twenty-one PCA's (Hutchins, Thornock, Lindgre and Parks, 1978). A number of factors influencing job satisfaction were reported, including: a sense of personal reward in being of help and importance to another person; helping to meet the PCA's needs for companionship, security, food and shelter; and personal liking for the client. Factors contributing to dissatisfaction were also noted. These included: the fact that attendant care work was tedious and boring; inadequate pay, lack of relief and time off. In support of the findings of Atkins et al. (1982), it has also been found that PCA's often suggested that improvement in job satisfaction could be attained by giving clients more guidance and training on how to deal with attendants (Hutchins et al., 1978).

Research in the area of consumer satisfaction of attendant services workers and/or programs tends to be focused on assessing the needs of consumers rather than on investigating consumer/client satisfaction. A study was conducted on the need for personal care attendants in a sample of institutionalized disabled consumers and

a group of former institutionalized consumers (DeJong, 1977). Findings suggest that of the 37 consumers living in institutions, two-thirds would be able to live independently outside the institution if they had a PCA.

A peripherally related study investigated rehabilitation agencies' perception of the attendant services issue with respect to their consumers (Thornock, Hutchins, Meyer, Kenyan and Williams, 1978). The sample included 131 public and private rehabilitation agencies, institutions and programs throughout the United States. Over 85 percent of all respondents indicated that attendant services was extremely important to their consumers with disabilities in the following areas: promoting independence, maintaining higher morale and restored physical condition, decreased hospitalization and improved overall health. Additional benefits were mentioned including, reducing the necessity of institutionalization and lessening the emotional and physical burden to families. Over 90 percent reported that among their consumer population were individuals who in order to live independently, require attendant services. Further, seventy-one percent of the respondents said that they had consumers who were not living independently, but who could if attendant services were available.

An extensive research study on attendant services in Ontario has recently become available (Centre for Research & Education in Human Services, 1988). One-hundred and seventy-six disabled

consumers and one-hundred and seventy four attendants across Ontario participated in the study. The research design used involved surveys, in-depth interviews, community meetings, site observations, literature review and policy analysis. The study provides findings on a variety of attendant services issues. Most important for the present investigation are the findings on consumer perception of attendant services. Despite the relatively high levels of satisfaction found in the survey results, important "staffing" issues emerged in interviews with the consumers. Some of the issues involved were: improved attendant training, the frustration of attendant turn-over, consumer control in the hiring and firing of attendants, and the disparity between service providers who are trying to schedule to meet everyone's needs and consumers who want more individualized flexible scheduling.

Further, findings suggest that the relationship which develops between individuals and their attendants often varies depending upon individuals' other needs. For example, for some consumers it was found that the need for friendship was important, whereas other individuals clearly distinguished between the role of an attendant and the role of a friend. A minority of the consumers wished to have their relationship with their attendant kept on a professional basis.

A lack of respect for privacy was found in some of the attendant programs. Some consumers were noted to be dissatisfied with programs because of a breach of confidentiality.

Confidentiality breaches take on numerous forms (e.g., an attendant discussing a consumer in the staff lounge and attendants coming in and out of consumers' units-usually apartment units-at will). Confidentiality issues are seen to be closely aligned to issues of respect and control.

Findings in terms of consumer control show that the majority of consumers want more input into the process of hiring, training, and firing their attendants. In addition, most consumers surveyed expressed a desire for more control over the process of scheduling people who provide their support. Among the individuals interviewed there existed a general acknowledgement that consumers tend to structure their life around the available hours of service rather than the service accommodating their lifestyle. At the same time, service providers find it is a struggle to find a flexible schedule that meets everybody's needs.

Recent research in the area of satisfaction of attendant services, has shifted to the investigation of consumer-attendant relationships. A hallmark study by Opie and Miller (1989), incorporated input from both personal care attendants and severely disabled adults (SDA's) to assess successful relationship outcomes. The research focused on two main issues: a) how SDA's and PCA's define a successful relationship and b) to what SDA's and PCA's attribute the outcome (either success or failure) of their relationships. Data was collected on a convenience sample of 22 pairs of SDA's and their PCA's through semi-structured interviews

and Delphi instruments.

Results indicated that the majority of subjects reported mutually successful, satisfying, productive and friendly relationships. The most frequently cited explanation for successful outcome were mutual effort, skill, commitment and personal characteristics. These findings suggest that the effectiveness of attendant services and the success of the PCA-SDA relationship is dependent, according to the authors, "on the compatibility of the pair and their mutual effort on behalf of the relationship" (Opie and Miller, 1989, p. 208).

It is evident that evaluation research of attendant services programs vis-a-vis service provider satisfaction and/or consumer satisfaction is minimal. A handful of studies have found factors contributing to service provider satisfaction (Atkins, Meyer and Smith, 1982; Hutchins, Thornock, Lindgre and Parks, 1978; Stelmach, Postma, Goldstein and Shephard, 1981). Even fewer have assessed consumer perceptions of attendant services (Centre for Research in Human Services, 1988). Only one study (Opie and Miller, 1989) has investigated satisfaction and success by using input from both service provider and consumers. Perhaps the lack of information and research in this area can be partly attributed to the fact that the attendant care model is a newly emerging paradigm. Only in the past decade has the model become truly recognized as a viable perspective. An investigation of the components which precipitated the advent of the attendant care model will now be sought.

INDEPENDENT LIVING MOVEMENT

The "attendant care" model delineated from the independent living (IL) movement. To gain a comprehensive understanding of the attendant care model, a discussion of the history and philosophy of the independent living paradigm must first be undertaken.

The independent living movement began in the United States in the early 1960's as a grass-roots effort on the part of four severely disabled students to acquire new rights and entitlements. It was not until the early 1970's that the movement gained greater visibility and momentum with the creation of the Centre for Independent Living (CIL) in Berkeley, California (DeJong, 1979). The 1973 Rehabilitation Act enabled further breakthroughs for the independent living movement. Among other stipulations, the Act prohibits discrimination against "otherwise qualified handicapped" individuals "under any program or activity receiving Federal financial assistance" (DeJong, 1979).

In addition to these precipitating factors, the flourishing of other social movements (i.e., civil rights, consumerism, self-help, demedicalization/self-care, deinstitutionalization and mainstreaming) influenced the progression of the IL movement. The origins and ideology of the independent living movement cannot be fully appreciated without also noting the contribution of these other social movements.

The civil rights movement of the 1960's which sought to ameliorate conditions for racial minorities had a great impact on

other disadvantaged groups as well. The movement sparked awareness of individual rights and how such rights have often been denied to all minorities. As a direct result of the movement, persons with disabilities began insisting on their rights to be treated as equal citizens in the community.

The rise of consumerism has further contributed to the development of the IL movement. The consumer movement instilled in many groups a distrust of seller or service provider. This movement advocated that the consumer should become informed about product reliability or service adequacy. This doctrine of consumer involvement has been incorporated into the independent living movement. According to DeJong (1979), consumerism in the context of the IL movement asserts that "because disabled persons are the best judges of their own interests, they should have the larger voice in determining what services are provided in the disability service market" (p. 439).

The self-help movement embraces many of the doctrines of consumerism. Distrusting of professionally dominated services, self-help organizations are intended to give people the opportunity to exercise control over their own lives and the services they use. Such organizations serve as adjuncts or as valid alternatives to established human service agencies (DeJong, 1979). Among the community of disabled individuals, IL centres have become the primary self-help unit, seeking to serve as an alternative to the present human service system.

Advocates of demedicalization and self-care argue that individuals can and should take greater responsibility for their own health and medical care. Similarly, proponents of the IL movement believe that the management of medically stabilized disabilities is primarily a personal matter and only secondarily a medical matter. As DeJong (1979) explains, "A constant medical presence in the lives of disabled persons is said to entail behaviour on the part of both medical practitioners and patients that induce dependence and thus are in conflict with rehabilitation and goals" (p. 440).

Deinstitutionalization, mainstreaming and normalization have had lasting effects on the IL movement. The main impetus for deinstitutionalization involves the argument that prolonged institutionalization has harmful effects on individuals.

Patients are encouraged to follow instructions, rules and regulations. Compliance is highly valued and individualistic behaviour is discouraged. The "good" patient is the individual who respectfully follows instructions and does not disagree with staff. On the other hand, the patient who constantly asks for a dime for the pay phone, a postage stamp or a pass to leave the institution on personal business, tends to be treated as a nuisance or labelled "manipulative". Patients do not make their own appointments, keep their own medical charts or take their own medications. Responsibility for these things is legally vested in the institution. Yet on the day of discharge, the patient is expected suddenly to assume control of his own health care and life decision making (Corocoran, 1978, p. 60).

The IL movement has adopted many of the same arguments for deinstitutionalization used by other groups. It recognizes the

fact that, unfortunately deinstitutionalization of the severely physically disabled requires substantial environmental or architectural modifications not required by others. Such barriers often restricts the independence of a disabled individual.

Closely related to the deinstitutionalization movement are the concepts of normalization and mainstreaming. At one time, it was thought that the interests of children with disabilities were best served by confining them to institutions or segregating them into special education classes. Recent thinking is that a child or young adult with a disability becomes more "normal" when "mainstreamed" with their able-bodied counterparts (DeJong, 1979). However, normalization goes beyond mere deinstitutionalization to include the possibility of failure. According to DeJong (1979); "The dignity of risk is what the IL movement is all about. Without the possibility of failure, the disabled person is said to lack true independence and the mark of one's humanity - the right to choose for good or evil" (p. 442).

In Kuhnian ideology, the IL movement has produced new ways of thinking and consequently has engendered a paradigm shift. This new IL paradigm discards the rehabilitation model in which the disabled individual is expected to assume the role of "patient" or "client". Rather, the IL paradigm offers advocacy, peer counselling, self-help, consumer control and barrier removal. Further, this paradigm asserts that environmental barriers are as critical as, if not more so than, personal characteristics in

determining disability outcomes.

In Canada, the development of the independent living movement closely followed the American IL movement. Many of the precipitating factors which fuelled the IL movement in the States, are congruent to the factors contributing to the emergence of the movement in Canada. The Canadian perspective on independent living, has generally incorporated the ideas, concepts and attitudes of IL paradigm advocates in the States.

The independent living concept provides consumers with an analytical framework for identifying and solving problems. From the paradigm, consumers frame questions of lifestyle and devise new solutions to lifestyle problems. (Coalition of Provincial Organizations of the Handicapped, 1986, p. 27).

In summary, the independent living philosophy advocates the right to assume responsibility for directing one's own life, and for actively participating in the daily life of the community. It entails living where one chooses and can afford and includes managing one's own affairs, fulfilling many social roles and making decisions that lead to less dependence on others. It allows one the freedom to take risks and to make mistakes.

"ATTENDANT CARE" MODEL

Of all the services and programs associated with IL movement, attendant service has acquired the most symbolic significance, because the model incorporates many of the values and concepts cherished by IL advocates. Attendant service is viewed as a

survival right, as an invaluable benefit necessary to the physical existence of a person with a disability and as an alternative to institutionalization (Smith and Meyer, 1981). The model rejects the submissive, compliant patient role and fosters independence by holding the individual with a disability responsible for managing his/her own care. Hence, the individual with a disability is seen as a consumer of a service. Under this model, persons with disabilities are assumed to be sufficiently experienced to monitor their own physical condition and to seek additional care when needed (DeJong and Wenker, 1979). Further, the "sick role" and "impaired role" are dispensed in favour of an active role which allows disabled individuals to become contributing participants of society. Without attendant services, many individuals with disabilities are forced to remain in the confines of hospitals, nursing homes or in the care of family members. Consequently, they are exempted from society and civic responsibilities and are deprived of their personhood.

Attendant services offer needed assistance to disabled people to carry out daily activities (National Council of the Handicapped, 1986). It enables some individuals to return to work or school and it allows others the freedom to pursue friendships and interests. Assistance is typically provided by a paid attendant and may include tasks such as personal hygiene, dressing, mobility, shopping, and communication assistance. Attendants come from a variety of backgrounds. In most cases no special training or

education are required of attendants.

In Canada, most attendant services are based in agency-directed home care programs which were originally designed to allow persons with minimal assistance needs, primarily the elderly, to remain in their own homes instead of being confined to hospitals or nursing homes (Cruikshank, 1991). Most provinces allocate funds to health care agencies who in turn hire, train, supervise and employ attendants. The attendants are subject to the rules and regulations of the agencies which employ them, as well as the bureaucracies which provide the funding. Furthermore, there is no cohesiveness across attendant care programs. What is offered in terms of attendant services in one province may or may not be the case in another province. Not only is there no coordination between provincial programs but there exists little, if any coordination between different areas in the same province. This dilemma creates real difficulties for disabled individuals who wish to move and must meet new eligibility criteria in new locations even within the same province. Although the Canada Health Act passed in 1984 created national standards in the area of health care, it excluded standards specifically for attendant services. As a result, there is no guarantee that disabled individuals will be served by an attendant service system that is "comprehensive, accessible, universal, portable and not based on profit" (Cruikshank, 1990, p. 56).

Service programs derived from the "attendant care" model exist in many forms in Canada including; **Support Service Living Unit Programs** (group home and integrated apartments), **Outreach Programs**, **Personal Care Attendant Services**, and **University Residence Programs**. An examination of each of these will prove useful in understanding the concept of attendant services as they exist in Canadian society today. Given the fragmentation of attendant services across provinces, the following discussion will focus on attendant services programs existing in Ontario. Before examining the subforms of the attendant care model, a brief presentation of the history of support services in Ontario will be sought.

History of Support Services in Canada

In Ontario, prior to 1967 disabled individuals lived in chronic care institutions or nursing homes, with their families or friends, or alone with restricted services from visiting nurses or homemakers. In 1967, a large residence for 61 people was built in Toronto and by 1973, a number of smaller community housing projects known as "Participation Houses" were beginning to be created. Gradually, an awareness began to develop of the need to separate "housing" from "support services" leading the way to the apartment or individual housing/support model. This growing awareness added to the "deinstitutionalization" trend of the 1970's, finally led the Ministry of Community and Social Services (MCSS) to fund four different group projects. These projects were all group residences

and were set up in Windsor (Alpha), Thunder Bay (Hagi), Toronto (Clarendon), and Ottawa (Rehabilitation Institute). These residences were the beginning of what came to be known as Support Service Living Units (SSLU).

By the early 1980's with full funding from MCSS, a broader range of consumers and services began to evolve, including more integrated projects and the use of support services within selected housing cooperatives (Centre for Research and Education in Human Services, 1988). Today, there exists a variety of alternative housing and support services arrangements under the auspices of the attendant care model. An examination of these diverse housing/service programs will now be presented.

Support Service Living Units (SSLU'S)

According to a recent report by the Ontario Ministry of Community and Social Services (1991), SSLU's are defined as residential based personal care service programs that provide 24-hour on site support to people with physical disabilities in either group home settings or integrated apartments. In either case, service providers (attendants) are shared among the residents. Any consumer in the course of a week may have any number of different attendants providing service.

In a group home setting, a number of individuals with physical disabilities live together in a house with 24-hour services. The group homes foster a "family atmosphere" and the role of the

attendants is to primarily support residents with their physical needs. Services offered include help with personal care as well as with household tasks and maintenance. The group home also serves as a "transitional" setting, offering security and support in a group living environment before entering a more independent living arrangement (Centre for Research and Education in Human Services, 1988). Disabled residents have little or no control in directing their own care or participating in the decision-making of the agency which runs the home. It is often the case that physically disabled consumers cohabitate with mentally disabled consumers within the same complex.

In an integrated apartment setting, an individual with a disability lives typically in a one or two-bedroom apartment amongst other able-bodied individuals. For example, in a 60-unit apartment complex, 20 units may be geared towards individuals with disabilities while the remaining 40 units are allocated to families and individuals with no physical impairment. Further, persons with physical disabilities are not "ghettoized" on one floor, but are dispersed throughout the complex. Twenty-four hour support services are available for those who require it. Attendant services are generally provided up to 4-5 hours a day on a pre-scheduled and "on-call" basis (Centre for Research and Education in Human Services, 1988). Individuals living in integrated apartments represent a range of disabilities. Most programs base their services on the assumption that one-third of the residents will

require minimal support, one-third will require medium support and one-third will require a high amount of support.

Funding for SSLU programs is provided by the Ministry of Health and the Ministry of Community and Social Services. Support Service Living Units have proven to be a viable option for adults with physical disabilities. Currently, in Ontario, 1 000 persons with disabilities live independently with support services through the efforts of 90 SSLU programs (Ministry of Community and Social Services, 1991).

Most SSLU programs maintain a full-time staff attendant manager who is responsible for the hiring, firing, scheduling and supervision of attendants. Often times, the staff attendant manager is under the direction of an agency-employed registered nurse. A board of directors is often established wherein members are given the duty among other roles, of selecting and interviewing consumers who have applied for admission into the program.

It is evident that SSLU programs do not "fit" the standard attendant care model. Although consumers, in most cases, are given the responsibility of directing their own care, they are not involved in the hiring, firing or managing of the attendants who provide their care. In many cases, consumer input and participation within the program is discouraged. Further, not all individuals who seek SSLU program are permitted entrance. The Ministry of Community and Social Services which is the responsible government department for SSLU's has two primary stipulations for

prospective residents. First, they must be able to direct their own services, and secondly, the services must be non-medical in nature (Cruikshank, 1991). These stipulations exclude a whole sector of disabled individuals (e.g., ventilator users). There is also a stringent screening process a consumer must pass before permitted entry into an SSLU. The screening process takes into account, among other factors, level of care required and attitude of applicant. Most often, even if the applicant is deemed suitable, he/she is not admitted readily into the program because of a two to three year waiting list.

There exist a number of other limitations to SSLU programs. These include, but are not restricted to: 1) consumers are limited in the choices of where they are able to live, 2) sharing services entails that you may not get the service when you need it, 3) inflexible schedules, and 4) services are usually only rendered on site (Cruikshank, 1991).

Outreach Programs

The Outreach program, begun in 1984, provides attendant services to a low to moderately disabled individual in their home or apartment typically 2-3 hours a day. In this case, the attendant provides support services to a variety of consumers living in different parts of the community. The consumer usually with a program manager, schedules times for the attendant to come in and perform certain duties. Often, the head office for the

outreach program is based within a support service living unit. Similar to SSLU programs, in most outreach programs, consumer involvement is kept at a minimum.

Outreach programs offer individuals with disabilities the option to remain in their homes and receive needed support services instead of having to move to an apartment or group home setting. This type of program is especially advantageous for families wherein a spouse is disabled. Currently in Ontario over 1100 people with disabilities are receiving services from Outreach programs (Cruikshank, 1991). Unfortunately, as with SSLU, Outreach programs are plagued with long waiting lists and stringent screening processes. In addition, outreach programs are plagued with unique problems, including; 1) services are not available after 12:00 p.m. or before 6:00 a.m., 2) visits are limited to three per day and must be scheduled, and 3) it is stipulated that a person must arrange for their own back-up support before eligibility for outreach is considered (Cruikshank, 1991).

Personal Care Attendant Services

Personal care attendant (PCA) services tend to be more in harmony with the basic form of the attendant care model. In these one-to-one PCA systems, persons with disabilities are given the responsibility for recruiting, hiring, training, supervising, reimbursing and terminating their own attendants. It is important to realize that consumers reimburse their attendants with their own

private funds. No government agency funding is available for PCA's. Much like outreach workers, PCA's provide consumers with an average of 4 hours of attendant services per day. Unlike in SSLU's, they are not on 24-hour call.

Services involving PCA's give the consumer freedom and the right to make all decisions regarding his/her own care and thus enables true independence. This type of service unfortunately, has its own unique set of problems. PCA work is frequently low paying, high demanding, and characterized by high turnover rates (McGwinn, 1977; Thornock, Hutchins, Meyer, Kenyon and Williams, 1978). Further, many times consumers are not adequately prepared, or do not have the time or energy to take on the responsibility for recruiting, hiring, supervising, and training their attendant (Stelmach et al., 1981).

Instead of recruiting, hiring and training their own PCA's, some disabled individuals enlist the services offered by a referral pool. These pools are usually organized by a human service agency (e.g., Independent Living Centre), which maintains a directory of attendants who are available for work. When consumers require an attendant, they contact the agency, which provides them with a list of prospective attendants. Referral pools are seen as advantageous in that they typically screen attendants, thus eliminating many of the hassles of hiring and training attendants (Ulicny and Jones, 1988).

University Residence Attendant Services Programs

A newly emerging program deriving from the attendant care model is University Residence Attendant Service. Here, 24-hour attendant services are offered to students with disabilities residing on a university campus. These students are integrated in residence with able-bodied students. This program is unique in that the attendants are comprised of fellow university students. An attendant services manager usually acts as supervisor of the program and is responsible for scheduling and managing the attendants. The attendants are usually hired and fired by members of a committee. These members include consumers of the program, the program manager and existing attendants.

The recent emergence of University Residence Attendant Services Programs in Canada, has enabled many students with disabilities to receive a higher education while being part of a university community. Unfortunately, as with other attendant services programs, only a few spaces are available for students with disabilities. This is mainly due to a lack of government funding. Furthermore, according to the National Education Association for Disabled Students (NEADS, 1991), there are only three universities in Canada which offer Residence Attendant Services; York University, University of Waterloo and Carleton University.

Of particular interest to the present study is the attendant services (AS) program offered at Carleton University. In order to

facilitate a better understanding of AS programs in residences and in order to provide background information for the present study, a comprehensive description of Carleton's Residence Attendant Services Program (CRASP) will now be sought.

The Carleton Residence Attendant Services Program as it exists now, began in 1988 as the first program of its kind in Canada. A number of factors precipitated its development. Before the inception of attendant services, students with physical disabilities living in residence enlisted the services of a Home Health Care company, in particular ,Paramed. ParaMed is a profit-making company which offers a variety of services to individuals with physical disabilities, from R.N.A.'s to attendant services. Funding for the attendants was provided by the Ottawa area Ministry of Community and Social Services. Attendants were scheduled to come into the residence a few hours in the morning and a few hours in the evenings. In between these times students with physical disabilities were forced to rely on the generosity of their friends to meet their needs.

Carleton's Health Services "After Hours" program was used by many students with disabilities living in residence. This program was located in residence and offered emergency services for all students in the evenings. Nurses working in this program were often filling in the gap and providing services to disabled students during late evening hours when company attendants were not scheduled.

Given the above-mentioned factors and given the fact Carleton has been and is recognized as the most accessible university in Canada, an alternate attendant services program was developed. In 1987, a 24-hour attendant services program was established using attendants provided from ParaMed and CareOption Health Care Companies. Fifteen attendants and nine consumers participated in the program. Attendants were hired and supervised by the Companies. A program coordinator was hired by the University to oversee the smooth running of the program. The coordinator's part-time position required her to manage the financial affairs of the program.

There were many problems attributable to the original 24-hour attendant services program. Consumers, as well as the program coordinator, had little control over the program. The Health Care Companies held all the power. Further, the companies were charging \$11.00 per hour for attendant services, but were only paying attendants, \$5.50 per hour. This resulted in a high turnover rate of attendants. A rudimentary satisfaction survey was conducted and it was found that many consumers as well as attendants were not satisfied with the program.

In 1988, with a grant from the Ministry of Community and Social Services and with a financial contribution from Vocational Rehabilitation Services, a unique and innovative 24-hour attendant services program was established in Residence. This program which is in existence today, offers attendant services to nine residence

students with disabilities. The full-time program coordinator, along with the consumers, hire, manage and direct their own attendants.

Finances in the program are managed in a hierarchical fashion. Essentially, monies from the Ministry of Community and Social Services (COMSOC) are given to the Carleton University accounting section, then are filtered down to the director of the Paul Menton Centre (PMC provides various services to students with disabilities at Carleton) and eventually are received by the Attendant Services Program coordinator who manages and allocates funds. Although a hierarchy of power exists in terms of finances, the rest of the program is under the direction of the program coordinator with input from consumers.

Currently, CRASP has fifteen attendants, five male and ten female. All but one of the attendants are Carleton University students. One is a former Carleton student. The attendants range in age from eighteen to twenty-seven. There are five full-time attendants and ten part-time. Turnover rate for attendants is very low due mainly to the reasonable wages (\$11.13 to \$12.00 per hour). Three of the attendants live in residence and the remaining twelve live off-campus.

There are nine consumers currently using CRASP, three males and six females. Consumers have a variety of physical impairments. This is reflected in the fact they require varying degrees of care, ranging from fifteen minutes to eight hours per day. To become a

consumer in the program, a student must have a physical disability and must first be accepted by the academic department at Carleton before being allowed into Residence. There is no time limit on the number of years a consumer can stay in the program. Further, there is no waiting list associated with CRASP.

At present, CRASP is in the process of developing procedures, policies and guidelines. An Attendant Services Advisory Committee comprised of consumers and attendants has been established for such purposes. There are however stipulations as to which types of services are to be provided within the context of the program. Services offered include: dressing and undressing, bathing, showering, shampooing, skin care, grooming, toileting, bowel and bladder care, nail care, make-up, shaving, transfers, range of motion exercises, assistance with meals, laundry, ironing, light housekeeping, setting up books and computer, moving and arranging furniture and personal belongings.

Unlike other attendant services programs, CRASP is unique in that both its users and service providers are university students. Further, consumers and service providers are involved in many aspects of the program, e.g., hiring of attendants, development of program policies and procedures. In addition, Carleton has the unique distinction of being the first university in Canada to offer an attendant services program.

Without attendant services programs in University Residences, many students with disabilities would have difficulties pursuing a

higher education. Attendant services enable students to concentrate on studies and other university affairs rather than the how, who, what, when and where of their support services.

In spite of the agreement that attendant services is probably the most crucial and most frustrating facet of independent living for persons with disabilities, little has been published on the subject. Much of what has been written on attendant services has consisted of either needs surveys or "how to" handbooks for attendants (DeJong, 1977; Laurie, 1979; Smith and Meyer, 1981). A few studies have investigated the factors contributing to job satisfaction of Personal Care Attendants (Atkins, Meyer and Smith, 1982; Hutchins, Thornock, Lindgre and Parks, 1978; Stelmach, Postma, Goldstein and Shephard, 1981). To date, only one study (Opie and Miller, 1989), has assessed the relationships between consumers and personal care attendants by taking into account input from both groups. Further, there is a lack of evaluation research in the area of attendant services programs. A few individual SSLU and Outreach programs (in particular Cheshire Home foundation) have been evaluated but results for these are not readily available nor are they documented in research articles/papers. However, there is in existence a newly published study globally assessing attendant services in Ontario (Centre for Research and Education in Human Services, 1988), but it does not delve into the specifics of any particular program. No study to date has evaluated Attendant Services Programs in a University milieu.

The purpose of the present study was to qualitatively evaluate the Carleton Residence Attendant Services Program in order to gain a comprehensive and formative understanding of the program's contents, components and processes. To achieve such an understanding, input from both consumers and service providers (attendants) was analyzed using data derived from in-depth interviews and questionnaires. It was hoped that such an evaluation would (a) isolate critical elements that contribute to the satisfaction or dissatisfaction of the program, (b) reveal areas in which the program can be improved as well as highlighting the strengths which should be preserved, thereby giving feedback to those directly involved, and (c) provide a comprehensive understanding of the nature of the consumer-attendant relationship.

Method

Study Participants

Twelve attendants and seven consumers in CRASP served as study participants. All consumers are students of Carleton University and live in residence. All attendants were or are Carleton students and all but one reside off-campus. The attendants range in age from twenty to twenty-seven. The consumers' ages span from twenty to thirty-two.

Apparatus

The primary apparatus for taping the interviews was a Realistic 2-speed micro-12, auto-stop, microcassette tape recorder (model 14-1041). The taping was recorded on Realistic MC-60 microcassette tapes.

Materials

A variety of instruments were used to collect data. All study participants were privy to a standardized open-ended interview schedule. Six job satisfaction questionnaires were given to each of the attendants. In addition attendants responded to three questionnaires developed by the researcher--the Perception of Consumer Scale (PCS), the Perception of Attendant Services Scale (PASS-A), and the Importance Scale (IS-A). Consumers were given three consumer-oriented scales of the above-mentioned researcher developed questionnaires--the Perception of Attendant Scale (PAS), the Perception of Attendant Services Scale (PASS-C), and the Importance Scale (IS-C). Further, a consent form was given to each attendant and each consumer describing the purpose of the study, ensuring confidentiality and asking for their participation in the evaluation (see Appendix A). In addition, each study participant was given a background information sheet to fill out.

Procedure

The evaluation of CRASP involved both quantitative and qualitative measurement procedures. In the initial stage of the evaluation-exploratory phase-all study participants were subjected to a standardized open-ended interview. An interviewer, not related to the study, was hired to conduct all interviews in order to eliminate investigator bias. All interviews were scheduled within a one-week span. Two weeks following the completion of the interviews, after interview data had been compiled and qualitatively analyzed, study participants were given a questionnaire package. The consumers were given a package consisting of the Perception of Attendants Scale (PAS), the Perception of Attendant Services Scale (PASS-C) and the Importance Scale (IS-C). Attendants were asked to respond to an attendant-oriented questionnaire package including, the Perception of Consumers Scale (PCS), the Perception of Attendant Services Scale (PASS-A), and the Importance Scale (IS-A). Attendants were also given a variety of Job Satisfaction measures - the Occupational Environment Scale (OES), the Job Descriptive Index (JDI), the Interrole Conflict Scale (ICS), the Survey of Perceived Organizational Support (SPOS), the Affective Commitment Scale (AFS), and the Sense of Community Index (SCI). The study participants had two weeks to complete and return the questionnaire package.

The following is a description of the measures used in this study:

Standardized, Open-ended Interview Schedule

The interview consisted of fifteen questions partitioned into three sets. The first set of five questions (Part I), dealt with expectations of consumers and attendants in terms of an "ideal" attendant services program. The second set of five questions (Part II), asked consumers and attendants about the attendant services program as it actually exists at Carleton. The last set of five questions was composed of detailed questions dealing with specific issues involved in CRASP. The content of the last section differed for consumers and attendants. Consumers were asked consumer-oriented questions and attendants were asked attendant-oriented questions. The interview questions are found in Appendix B. Further, each attendant and each consumer were interviewed separately and were asked not to discuss information derived from the interview with one another. Before each interview study participants were asked to fill out a background information sheet (see Appendix C). All interviews lasted approximately 40 minutes and were conducted in a designated room in the Carleton Residence Complex. Interviews were recorded on a microcassette tape recorder.

The standardized open-ended approach to qualitative interviewing was chosen to serve three main purposes. First, this approach minimizes interviewer effects by asking the same questions

Evaluation of Attendant Services in University

of each respondent. Secondly, the interview is systematic and the necessity for interviewer judgement during the interview is reduced. Finally, this type of interview makes data analysis easier because it is possible to locate each respondent's answer to the same question rather quickly and to organize questions and answers that are similar (Patton, 1980). The investigator acknowledges the fact that although direct observation is probably the best means to evaluate a program, the personal nature of attendant care services negates observational approaches. Thus, in order to understand how attendants and consumers view the program and to capture the complexities of their individual perceptions and experiences, qualitative interviewing was used.

Perception of Attendant Scale (PAS)

Consumers' perception of attendants in CRASP was evaluated using a scale developed by the researcher. The PAS consists of a 6-point rating scale ranging from 6 (Always) to 1 (Rarely or Never). Twenty adjectives used to describe attendants are listed and the respondent has to assign a number (1-6) indicating how that adjective applies to most of the attendants (see Appendix D). Six of the twenty adjectives are negative attributes (e.g., takes mood out on consumer) and 14 adjectives are positive attributes (e.g., dependable). The items in the PAS were derived from interview information and relevant literature.

Perception of Consumer Scale (PCS)

Similar to the PAS, the PCS was developed by the researcher to assess attendants' perceptions of consumers in CRASP. The PCS consists of a 6-point rating scale ranging from 1-6 (6=always... to 1=rarely or never). Eighteen statements/adjectives used to describe consumers are listed and the respondent has to assign a number 1-6 indicating how that statement/adjective applies to most of the consumers (see Appendix E). Nine of the eighteen items are negative attributes (e.g., manipulative) and the remaining items are positive (e.g., friendly). The items in the PCS were derived from interview information and relevant literature findings.

Perception of Attendant Services Scale (PASS)

Consumers' perception of the attendant services program as it actually exists in Residence was measured by the Perception of Attendant Services Scale (PASS-C) developed by the researcher. There are forty-one items within the scale which extract a variety of information from satisfaction with supervisor to consumer input and control (see Appendix F). The items are presented in statement form and respondents are asked to give a rating from 1 to 4 (1=strongly disagree... 4=strongly agree) for each of the statements. Items for the scale were derived from interview responses and relevant literature. Attendants were given a slightly modified PASS in order to ascertain attendants' perception of the attendant services program. Again the scale consists of

forty-one items and a 4 point rating scale (see Appendix G).

Importance Scale (IS)

In order to assess how important certain characteristics or aspects of attendant services are to consumers and attendants, the IS was developed by the researcher. The consumer version of the IS consists of forty-five items with a 7-point rating scale (1=low importance... 7=high importance). The items are presented in statement form, for example, "the attendants respect for me." (see Appendix H). The attendant version of the IS consists of sixty-two items with a 7-point rating scale (see Appendix I). The items for both versions were derived from interview information and relevant literature. It is important to note that each version of the IS contains two parts. The first twenty-five items are **matched items**. These are items found in the two versions which are exact matches. For example, "My patience", is found in both versions of the IS questionnaire. The second part of the questionnaires, the next 20 items, are **mirrored items**. Mirrored items are items that are not exactly the same but are reflections of each other. For example, the items, "The consumer's respect for me" and "The attendant's respect for me", are considered mirrored items. In addition to matched and mirrored items, the attendant version of the IS contains seventeen items not related to the consumer version. The item, "My reliability and dependability", is an example of a non-related item.

Occupational Environment Scales (OES)

The Occupational Environment Scales developed by Osipow and Spokane (1983) assess six aspects of work environment (Role Overload, Role Insufficiency, Role Ambiguity, Role Boundary, Responsibility, and Physical Environment) associated with role-related stress that employees often encounter. The OES is a 60-item, 5-position Likert-scaled inventory with six subscales of 10 items each. Items are presented in a generic fashion rather than occupationally specific, thus allowing for more generalizability across occupations.

Test-retest reliability, computed by the authors, for the OES was found to be $+ .90$. For each of the six subscales the correlations ranged from a low of $+ .74$ on role ambiguity to a high of $+ .91$ on role insufficiency (Osipow and Spokane, 1985). Internal consistency ascertained by computing the Cronbach alpha, was found to be $+ .89$. The individual subscale scores were somewhat low, but even the lowest among them, according to the authors, are in the acceptable range for use with individual respondents, being above $+ .70$ (Osipow and Spokane, 1985).

For purposes of the present study the Physical Environment subscale was not used. Given the fact that attendant services work requires an attendant to work in a variety of physical settings (each consumer's residence room), the physical environment subscale would not be applicable.

Job Descriptive Index (JDI)

The JDI developed by Smith, Kendall and Hulin (1969) measures five separate, theoretically distinct facets of job satisfaction: the type of work, the pay, the opportunities for promotion, the supervision, and the co-workers on the job. For each area there is a list of adjectives or short phrases, and the respondent is instructed to indicate whether each word/phrase applies with respect to the particular facet of his/her job in question. If a word applies, the respondent is asked to write "Y" (for Yes) beside the word, if it does not apply he/she writes "N" (for No) and if he/she cannot decide, he/she enters a question mark (?). According to the authors this format is used to minimize response set bias (Smith et al., 1969).

The JDI is viewed by many investigators (Campbell, 1970; Vroom, 1964; and Roznowski, 1989) as one of the most thoroughly researched and developed measures of its kind offering; a) reliable and valid assessments, b) general applicability, c) comparability of results across studies, manipulations and organizational contexts, and d) longitudinal comparisons. In addition, several studies have investigated the factorial properties of the JDI and have confirmed the five-factor structure of the instrument consistently (Parsons and Hulin, 1982; and Smith, Smith and Rollo, 1974). Furthermore, in terms of both predictive power and construct validity, the scales of the JDI were found to have impressive relations with measures of organizationally and

theoretically relevant criteria (Roznowski, 1989).

For purposes of the present study the Opportunities for Promotion subscale was not used. CRASP, like most attendant service programs, provides no opportunity for promotion. Unlike in other occupational environments, attendant services programs characteristically do not possess an employee hierarchy.

Interrole Conflict Scale (ICS)

The Interrole Conflict Scale (ICS), developed by Kopelman, Greenhaus and Connolly (1983), assesses the extent to which a person experiences pressures within one role that are incompatible with the pressures that arise within another role. The scale is comprised of eight statements with a 5-point Likert response format (1=strongly disagree... 5=strongly agree).

For purposes of the present study, the Interrole Conflict Scale was modified to accommodate a student population. Instead of assessing conflict between family and job, the modified version measures conflict between school and job (see Appendix J)

Survey of Perceived Organizational Support (SPOS)

The Survey of Perceived Organizational Support (SPOS), developed by Eisenberger, Huntington, Hutchinson and Sowa (1986), measures the extent to which employees perceive that their organization values their contribution and cares about their well-being. A short form of the SPOS consisting of sixteen items was

used in the present study. The SPOS is composed of a 7-point Likert scale (1=strongly disagree... 7=strongly agree) in which respondents indicate the extent of their agreement with each item. In order to control for an agreement response bias, half the statements are positively stated and half are negatively stated.

Affective Commitment Scale (ASC)

The ASC developed by Meyer and Allen (1984) measures affective commitment. The ACS is an eight-item scale which assesses commitment characterized by positive feelings of identification with, attachment to, and involvement in, the work organization. The scale uses a 7-point Likert-type response format (1=strongly disagree, 7=strongly agree). The ACS has been shown to have acceptable reliability (coefficient alpha=.87) and to correlate highly with the Organizational Commitment Questionnaire (Meyer and Allen, 1984).

Sense of Community Index (SCI)

The Sense of Community Index, developed by Chavis, Hogge, McMillan and Wandersman (1986), is a 12-item scale measuring employees' sense of belonging to their organization. The SCI takes into account four different elements; 1) membership, 2) influence, 3) sharing of values with an integration and fulfillment of needs, and 4) share emotional connection (Chavis et al., 1986). The SCI requires respondents to select "T" (for True) or "F" (for False) to

describe if the presenting statement is mostly true or mostly false.

Analyses

Both qualitative and quantitative analyses were used to interpret the data. The quality and richness of the information derived from this study directly results from the methodological melange of analyses.

QUALITATIVE ANALYSES

Rather than beginning with a theory or hypothesis to test, qualitative data (experiences, perceptions and processes) were analyzed to identify patterns, themes and nuances of understanding. This inductive analysis produced patterns and themes in two ways. Some emerged directly from the study participants, while others were noted by the researchers (Patton, 1980). Qualitative analyses were applied to the interview data. The following were the steps taken for the analyses:

1. **Organising notes from the interviews.** Immediately after each interview, the interviewer and the principal investigator reviewed the notes taken, organizing and clarifying interview information.

2. **Reviewing the audiocassette tapes and making additional notes.**
After each interview, the principal investigator listened to each taped interview, adding notes to the already existing interview notes.
3. **Reading and re-reading the interview material in search of patterns and themes.** For each interview question, the principle investigator went through all the provided information and constructed a list of themes/patterns for each question. This was done for every study participant.
4. **Reviewing list of themes for each study participant to find common themes across participants.** The principal investigator erected another list of themes which presented frequency counts for common themes found across participants. For each question three to four common themes/patterns were listed.
5. **An independent researcher not involved in the study reviewed interview material and following the same original process as the principal investigator ultimately constructed a final list of themes.**
6. **The two final lists erected (one from principal investigator and one from independent researcher) were then compared for similarities and discrepancies. Interrater reliability**

measures were used for this purpose.

7. A revised final list was drawn amalgamating the two final lists. Items on this revised final list were then used to develop the Perception of Attendants Scale, the Perception of Consumers Scale, the Perception of Attendant Services Scale (attendant and consumer versions) and the Importance Scale (attendant and consumer versions).
8. Re-assessing the major themes of the evaluation and the sub-findings. Based on the complete analysis of all the data (quantitative and qualitative), a framework was developed to highlight key findings and to present the data in a holistic and concise manner.

QUANTITATIVE ANALYSES

A variety of quantitative analyses were applied to the data. These included descriptive measures (e.g., mean, percentages) and frequency measures (e.g., frequency counts, bar charts, line graphs). Both descriptive and frequency measures were used to interpret interview data and questionnaire responses.

Results

The findings from the interview data and questionnaire data (PAS, PCS, PASS-C, PASS-A, and Job Satisfaction Questionnaires) will be presented separately.

Interview Findings

The inter-rater reliability between the qualitative findings of the principal investigator and the independent researcher indicated that 82% of the time the two researchers agreed as to the themes emerging from the interview data. The findings presented are derived from an amalgamation of the two thematic lists put forth by the principal investigator and the independent researcher (see analysis section for description of list development).

When attendants were asked about the qualities which constitute an "ideal" consumer, eight main themes/items emerged. Figure 1 provides the frequency of attendants who responded to these eight items. The items most commonly cited were "an ideal consumer tells his/her attendant when they are doing something wrong in terms of services rendered", "an ideal consumer communicates his/her needs effectively", "an ideal consumer is easygoing", an ideal consumer is "friendly", "patient", "polite", "flexible" and "does not monopolize all the attendant's time".

When attendants and consumers were asked about the qualities comprising an "ideal" attendant-consumer relationship, 92% of attendants and 100% of consumers expressed a desire for a professional but friendly relationship. It is interesting to note that the actual attendant-consumer relationship found in CRASP compares favourably to perceptions of an ideal relationship. Attendants and consumers confirmed that a professional-friendly relationship exists between attendants and consumers in CRASP. Some of the important comments verbalized by attendants and consumers in regards to the professional-friendly relationship are listed in Appendix K.

Attendants and consumers were also asked to generate lists of strengths and weaknesses in regards to CRASP. Table 1 depicts the most commonly mentioned items and percentages of attendant and consumer agreement. It is interesting to note that forty-two percent of attendants and forty-three percent of consumers mentioned flexibility of the program as one the strengths of CRASP. Further, twenty-five percent of attendants and twenty-nine percent of consumers agree that one of the weaknesses of CRASP involves the administration. Another intriguing finding concerns the discrepancy between attendants and consumers in terms of gender choice. Although 25% of attendants mentioned gender choice as a strength of the program, none of the consumers cited this item.

Similar to attendants, consumers were asked about what constitutes an ideal consumer. Figure 2 displays the four most common qualities generated. These items were chosen as most common because more than one consumer discussed them in their interview. The ability to be understanding was mentioned by 3 of the consumers during the interview. Other qualities discussed include; ability to compromise (N=2), ability to be assertive (N=2), and the ability to communicate one's needs effectively (N=2).

Figure 2

IDEAL CONSUMER
(Consumer Perspective)

Adjective/Attribute

Results from both attendants and consumers in regards to ideal consumer items were compared to visualize how closely the two perspectives are related. Figure 3 compares the percentages of the most common items found in each group. It is interesting to note that while seventeen percent of the attendants found that an ideal consumer should be flexible, none of the consumers conveyed this theme. Further, while forty-three percent of the consumers mentioned that an ideal consumer should be understanding, only eight percent (N=1) of attendants verbalized this quality.

Figure 3

IDEAL CONSUMER
(Attendant and Consumer Perspectives)

Adjective/Attribute

Both consumers and attendants were asked about the attributes/characteristics of a "non-ideal" consumer. Figure 4 provides the percentage of most frequent responses. The bar graph demonstrates that consumers and attendants tend to agree on the characteristics which constitute a non-ideal consumer. The characteristics mentioned include; Too demanding, rude and monopolizing. This last trait refers to a consumer who monopolizes all the attendant's time.

Figure 4

NON-IDEAL CONSUMER
(Attendant and Consumer Perspectives)

Adjective/Attribute

When attendants were asked about the qualities which constitute an "ideal" attendant, eight items/themes emerged (see Figure 5). The most common quality cited was "enthusiastic" (N=5). Attendants referred to the item, "thinks for self" as the ability of an attendant to perform certain tasks (e.g., picking something up off the floor in a consumer's room) without being asked to do so. The item "well-balanced emotionally" was referred to as the ability of an attendant not to take moods out on consumers nor bring personal problems into their work with consumers.

Figure 5

IDEAL ATTENDANT (Attendant Perspective)

Adjective/Attribute

Consumers were also asked about the characteristics which constitute an ideal attendant. Figure 6 provides the six most common items cited. The item cited most often by consumers was the ability of attendants to "think for themselves" (N=3). Other qualities mentioned include, easygoing, friendly and understanding.

Figure 6

**IDEAL ATTENDANT
(Consumer Perspective)**

Adjective/Attribute

Consumers' and attendants' descriptions of the characteristics which constitute an "ideal" attendant were compared. Figure 7 displays comparisons between items cited most often by consumers and those most often cited by attendants. It is interesting to note that the characteristics, "trustworthy", "dependable", "enthusiastic" and "open to suggestions" were repeatedly mentioned by attendants and not cited at all by consumers. Further, twenty-nine percent of consumers commented that an ideal attendant is one that listens to consumers. None of the attendants presented this item.

Figure 7

IDEAL ATTENDANT
(Attendant and Consumer Perspectives)

Adjective/Attribute

Attendants and consumers were asked to comment on the characteristics which comprise an "ideal" attendant services program. Figure 8 depicts the most common items cited by the attendants and Figure 9 demonstrates the most frequent characteristics verbalized by consumers. The characteristic, "Gender choice" shown in Figure 8, refers to the consumer's right to choose an attendant of the same sex for personal care (i.e., male consumer-male attendant, female consumer-female attendant). The item, "Flexible" in Figure 9, refers to the ability of the program to be flexible and accommodating to the needs of its consumers.

Figure 8

**IDEAL ATTENDANT SERVICES PROGRAM
(Attendant Perspective)**

Adjective/Attribute

Figure 9

**IDEAL ATTENDANT SERVICES PROGRAM
(Consumer Perspective)**

Adjective/Attribute

Figure 10 compares the most common items cited by attendants and those most commonly mentioned by consumers in terms of an "ideal" attendant services program. Note that consumers (43%) place a greater emphasis on "consumer input" than do attendants (8%). Further, 58% of attendants mentioned the presence of written policies as contributing to an ideal attendant services program. Only 14% of consumers (N=1) cited this ideal trait.

Figure 10

IDEAL ATTENDANT SERVICES PROGRAM (Attendant and Consumers Perspectives)

Adjective/Attribute

When attendants and consumers were asked about the qualities comprising an "ideal" attendant-consumer relationship, 92% of attendants and 100% of consumers expressed a desire for a professional but friendly relationship. It is interesting to note that the actual attendant-consumer relationship found in CRASP compares favourably to perceptions of an ideal relationship. Attendants and consumers confirmed that a professional-friendly relationship exists between attendants and consumers in CRASP. Some of the important comments verbalized by attendants and consumers in regards to the professional-friendly relationship are listed in Appendix K.

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Table 1
Strengths and Weaknesses in CRASP

STRENGTHS	% OF ATTENDANTS	% OF CONSUMERS
Flexible	42%	43%
Consumer Input	25%	29%
Atmosphere is Open and Understanding.	25%	24%
Comraderie ("Family" atmosphere)	25%	29%
Attendants and Consumers are Students.	17%	29%
Provides Gender Choice	25%	0%
WEAKNESSES	ATTENDANTS	CONSUMERS
Administration Needs Improving.	25%	29%
No Policies Set Down.	42%	0%
Spend too much time with one consumer.	17%	0%
No Limits as to what a Consumer can Demand.	17%	0%
Sexual and Verbal Abuse of Attendants.	17%	0%
Gossip	0%	29%
Coordinator Shows Favouritism.	0%	29%

When attendants and consumers were asked to rate overall satisfaction/dissatisfaction with the program, eighty-four percent of attendants and ninety percent of consumers rated CRASP as very good or superior to other programs. Forty-three percent of the consumers expressed the feeling that compared to living with their parents, CRASP offered them more independence and freedom.

Questionnaire Findings

A variety of findings emerged from the questionnaire data. In order to eliminate confusion, findings will be organized in the same order as followed in the Method section: PAS, PCS, PASS-C, PASS-A, IS-C, IS-A, and Job Satisfaction Questionnaires (OES, JDI, ICS, SPOS, AC, and SCI).

PAS (Perception of Attendant Scale)

Bar charts depicting the frequency of responses, were constructed for all twenty items of the PAS. Figures 12a and 12b provide the bar charts used on PAS data. It is important to note that not all consumers responded to every item. In most cases only 5 consumers gave responses.

The consumers responded to each item by choosing one of six categories: Rarely/Never, Occasionally, Often, Usually, Most of the Time, or Always. An examination of the data suggested that given the small "n" involved, some form of collapsing would allow for a more meaningful set of data. Accordingly, the six scales of

Table 2
Likes and Dislikes of CRASP

LIKES	ATTENDANTS	CONSUMERS
NOT Segregated from Non-disabled Students.	0%	29%
Friendships with Attendants-Comraderie.	100%	29%
Convenient	0%	43%
24 Hr. Care	0%	29%
Pay is Good	58%	0%
Dispells myths about disabled.	17%	0%
Informal	17%	0%
DISLIKES	ATTENDANTS	CONSUMERS
Cliquish	0%	29%
Confidentiality/Privacy is a Problem.	17%	29%
Consumer Manipulation of Attendants.	25%	0%
Burnout/Tiring	25%	0%

Confidentiality was another area explored in the interview. Seventy-five percent of attendants and seventy-one percent of consumers agreed that confidentiality is upheld in the program and issues surrounding confidentiality are dealt with appropriately. Twenty five-percent of attendants felt that often times confidentiality was used as a protection to cover up activities such as sexual harassment. According to some attendants, sexual harassment has occurred within the program. The harassment is said to have been displayed by some male consumers toward a number of female attendants.

When attendants were asked to comment on what they thought was expected of them, thirty-three percent (N=4) indicated clearly that they knew what the Team Leader of the program expected from them. Eighty-three percent (N=10) verbalized that they knew what the consumers expected from them, and fifty-eight percent (N=7) commented that they were not clear as to what the coordinator of the program expected from them.

Attendants were also asked to compare their employment in CRASP with other jobs they have had. Forty-one percent commented that it was more consuming (See Figure 11). Attendants used the term consuming to refer to being emotionally draining. Some of the attendants' comments in terms of advantages and disadvantages to working in CRASP are presented in Appendix M.

Figure 11

CRASP VS. OTHER JOBS
(Attendant Perspective)

ATTRIBUTES/ADJECTIVES

■ Number of Attendants

When attendants and consumers were asked to rate overall satisfaction/dissatisfaction with the program, eighty-four percent of attendants and ninety percent of consumers rated CRASP as very good or superior to other programs. Forty-three percent of the consumers expressed the feeling that compared to living with their parents, CRASP offered them more independence and freedom.

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A variety of findings emerged from the questionnaire data. In order to eliminate confusion, findings will be organized in the same order as followed in the Method section: PAS, PCS, PASS-C, PASS-A, IS-C, IS-A, and Job Satisfaction Questionnaires (OES, JDI, ICS, SPOS, AC, and SCI).

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The consumers responded to each item by choosing one of six categories: Rarely/Never, Occasionally, Often, Usually, Most of the Time, or Always. An examination of the data suggested that given the small "n" involved, some form of collapsing would allow for a more meaningful set of data. Accordingly, the six scales of

PAS were collapsed to form two scales. Figure 12a depicts the items that were given a rating of Rarely/Never, Occasionally or Often.

Figure 12a

PERCEPTION OF ATTENDANT SCALE(PAS)
(Consumer Perspective)
 Items rated Rarely/Never, Occasionally, or Often

Adjective/Attribute

•6 C. responded, ••4 C. responded

Figure 12b is comprised of the items that were rated Usually, Most of the time or Always. The bar charts in Figure 12b show that five consumers indicated that usually, most of the time, or always attendants are "trustworthy", "honest", "easygoing", and "efficient".

Figure 12b

**PERCEPTION OF ATTENDANT SCALE (PAS)
(Consumer Perspective)**

Items rated Usually, Most of the time, or Always

Adjective/Attribute

•5 consumers responded to these items

Results from interview data and PAS were compared to yield a comparison between ideal attendant and actual attendant. Figure 13 depicts this comparison. In order to derive a single score for each adjective listed under actual attendants, the rating scales usually, most of the time, and always, were combined to yield a single score. It is interesting to note that in every case actual attendants compare favourably to consumers perceptions of an ideal attendant.

Figure 13

IDEAL VS. ACTUAL ATTENDANT
(Consumer Perspective)

Adjective/Attribute

PCS (Perception of Consumer Scale)

Data derived from the PCS is depicted in Figures 14a and 14b in the form of bar charts. It is important to note that not all attendants responded to the items. As with the PAS, ratings of the PCS were collapsed to yield two collective ratings. Figure 14a represents items given the ratings, Rarely/Never, Occasionally, or Often.

Figure 14a

PERCEPTION OF CONSUMER SCALE (PCS)

(Attendant Perspective)

Items rated Rarely/Never, Occasionally, Often

Adjective/Attribute

•10 A. responded, ••11 A. responded

Figure 14b represents items rated Usually, Most of the Time, or Always. Eleven attendants indicated that usually, most of the time, or always consumers are "understanding", "polite", "flexible", "friendly" and "easygoing".

Figure 14b

PERCEPTION OF CONSUMER SCALE (PCS)
(Attendant Perspective)
 Items rated Usually, Most of the Time, or Always

Adjectives/Attributes

•11 A. responded, ••10 A. responded

Results from PCS and interview data were combined to yield a comparison measure between an ideal consumer and an actual consumer. Figure 15 demonstrates this comparison in the form of a bar chart. The percentage of actual consumer was derived from a combination of "usually", "most of the time" and "always" rating scores, yielding a single score (percentage). Note that in every case, the characteristics attributed to the actual consumers compare favourably to the qualities characterizing the ideal consumer.

Figure 15

IDEAL VS. ACTUAL CONSUMER
(Attendant Perspective)

Adjective/Attribute

Similar to the above-mentioned comparison, a bar graph of the non-ideal consumer versus the actual consumer was constructed (see Figure 16). As with other comparative displays, rating scales from PCS were combined to yield a single measure. It is interesting to note that number of attendants describing actual consumers as "monopolizing" is larger than the number of attendants denoting a non-ideal consumer as "monopolizing". Conversely, the attribute "rude" was shown to exist less in actual consumers than in non-ideal consumers. The item "too demanding" was given an equal rating.

Figure 16

NON-IDEAL VS. ACTUAL CONSUMER
(Attendant Perspective)

Adjective/Attribute

PASS-C (Perception of Attendant Services Scale-C)

The bar charts for the PASS-C data display the eleven highest scoring items responded to by consumers. The items selected were based on their combined scale score across consumers. For example, for item 1, one consumer may gave it a rating of 2, five consumers may gave ratings of 4, and one consumer may have given a rating of 5. Each rating is multiplied by the number of consumers responding to it, then ratings multiplied by the number of consumers' scores are added to yield one composite score. In the above-mentioned example, calculations would be: 1×2 , 5×4 , $1 \times 5 = 2 + 20 + 5 = 27$. Composite scores for the eleven items which emerged from this analysis, ranged from eighteen to thirty.

Using the same rationale as that used for PCS and PAS, ratings for the PASS-C were collapsed to yield three ratings. Ratings Strongly Agree and Agree were combined, ratings Strongly Disagree and Disagree were combined and the rating Neither was left on its own.

Figure 17 shows that six out of seven consumers agree that individuals in CRASP are open and understanding, that the program is flexible and that the program allows for consumer input. Further, six out of seven consumers feel that the administration needs improving. Five of the seven consumers indicated that there is too much gossip going on in the program and four consumers describe individuals within the program as cliquish.

Figure 17

**PERCEPTION OF ATTENDANT SERVICES SCALE
(Consumer Perspective)**

Adjective/Attribute

Eight separate line graphs were developed taking into account every item on PASS-C. Each consumer is represented by a line graph with scores ranging from 1 (strongly disagree) to 5 (strongly agree) for the 41 items. Given the magnitude of the study findings, visual representations of each consumer as well as a graph consisting of all consumers are not included in the thesis. The author will provide them upon request.

A visual inspection of these graphs depicts substantial agreement among the seven consumers. The closer the agreement among consumers, the more similar the visual representations. Most consumers tend to be in moderate agreement, in regards to their ratings on the PASS-C (i.e., all lines tend to form peaks and valleys around the same area/point).

Consumers' perception of an ideal attendant services program were compared with ratings of items on the PASS-C. In order to make such a comparison, ratings for PASS-C were collapsed to yield a single score (percentage). The percentage shown in the bar chart for CRASP combines ratings agree and strongly agree.

Results from the comparison demonstrate that CRASP compares favourably to the ideal program. The two most notable characteristics mentioned by consumers in terms of an ideal program, "flexible" and "consumer input", were found to be present in CRASP (see Figure 18).

Figure 18

IDEAL PROGRAM VS. CRASP
(Consumer Perspective)

Adjective/Attribute

C's Perspective of:

■ Ideal Program ▨ CRASP

21 of/de 2

PM-1 3½" x 4" PHOTOGRAPHIC MICROCOPY TARGET
NBS 1010a ANSI/ISO #2 EQUIVALENT

PRECISIONSM RESOLUTION TARGETS

PERMANENT IN METHYLENE BLUE TESTING SINCE 1974

MICROD

10000 CRAFT PLANT, BURLINGAME, CA 94002, USA
TEL: 415/337-7800 FAX: 415/337-7801 TELEX: 510600000

PASS-A (Perception of Attendant Services Scale-A)

Scores derived from PASS-A were summarized to yield a single score for each item. The calculatory procedure used to yield these scores is the same as the one used to calculate composite scores in PASS-C (described above). As with PASS-C, ratings for PASS-A were combined to simplify presentation of results and to account for the small n.

Figure 19 graphically depicts the eleven highest scoring items of PASS-A. All attendants agree or strongly agree that CRASP offers gender choice, is flexible and encourages consumer and attendant input. Further, all respondents indicated that within the program, attendant-consumer understanding exists. All attendants agree or strongly agree that some consumers do not respect attendants and that the administration needs improving. Eleven out of the twelve respondents indicated agreement to the fact that attendant abuse exists within the program and that some consumers treat attendants like slaves. Further, attendants (N=11) agreed that their complaints are sometimes ignored.

Figure 19

PERCEPTION OF ATTENDANT SERVICES SCALE
(Attendant Perspective)

Adjective/Attribute

Twelve separate line graphs were created to represent each attendants' ratings of the 41 items in PASS-A (graphs available upon request). A brief overview of the graphs suggests moderate disparity between attendants. Few of the visual representations tend to be similar.

Attendants' perception of qualities characterizing an ideal attendant services program was compared to data derived from PASS-A (Figure 20). Results show that in four of the six cases CRASP compares favourably to attendants' conceptions of an ideal attendant program. However, in terms of written policies and guidelines, and needs assessments of consumers, CRASP falls short of the ideal program.

Figure 20

IDEAL PROGRAM VS. CRASP
(Attendant Perspective)

Adjective/Attribute

IS-C (Importance Scale-C)

Separate sets of line graphs were constructed for each part of IS-C. Seven line graphs depicting each consumer in terms of ratings of the matched items of the IS-C, were drawn. An eighth line graph was developed to give a single visual representation of all consumers. Again, given the scope of findings, the line graphs are only available upon request and are not included within the text. The representations depicted in these graphs suggests variability among consumers across items. For example, item 1 ranges from a rating of 2, (low importance) to a rating of 7 (highest importance). Line graphs were also drawn depicting consumers' ratings of mirrored items. Ratings of these items tended to be more consistent across consumers.

IS-A

A set of line graphs was drawn representing each attendant in terms of ratings to the matched items of the IS-A and a set was drawn giving visual representations of each attendant in terms of ratings to the mirrored items of the IS-A (graphs available upon request). Each of the graphs in both sets tend to portray different pictures. In essence, attendants seem to vary in terms of importance ratings of items, whether they are mirrored or matched.

IS-C and IS-A were compared to discern how similar consumers and attendants are in terms of importance ratings. Table 3

compares the eight highest scoring items (most important) derived from the consumers with the nine highest scoring item derived from the attendants. Highest scoring items were calculated using the procedure previously described. Items listed in Table 3 are all items whose composite score are above a certain number. For example, all items with a composite score of seventy-eight or above were included in the attendant's list of most important items and any item with a composite score of forty-five and above, were included in the consumer's list of most important items. The cut off scores are arbitrary in that their sole purpose are to eliminate too many items from entering a top 10 list. Table 4 compares the ten least important items of the IS-C with the least important (lowest composite score) of the IS-A.

The list in Table 3 shows that four of the items were seen as important by both attendants and consumers. In terms of least important items, six of the ten items were viewed as least important by both attendants and consumers. It is interesting to note that the item "A program which does not limit consumers to certain times", was found under the attendants' least important list and also found under the consumers' most important list. Further, the item "My ability to see things from an attendant's perspective" was found under the consumers' least important list and its mirrored image, "My ability to see things from a consumers' perspective" was found under the attendants' most important list.

Table 3

**IMPORTANCE SCALE (IS)
NINE MOST IMPORTANT ITEMS**

CONSUMER

ATTENDANT

1. My attendant does not assume a position of superiority.	1. The ability of the program to allow consumer input at all levels.
2. My attendant does not manipulate me.	2. A program coordinator with vision who encourages new ideas.
3. A program that is flexible.	3. The consumer does not manipulate me.
4. The ability of the program to allow consumer input at all levels.	4. My patience.
5. A program coordinator with vision who encourages new ideas.	5. A program that is flexible.
6. A program which does not limit consumers to certain times.	6. A program that has guidelines and procedures.
7. A program which expands to meet the needs of its consumers.	7. My ability to be flexible.
8. A program that has an efficient scheduling system.	8. My ability to see things from a consumer's perspective.
	9. My reliability and dependability.

Table 4
IMPORTANCE SCALE
Least Important Items

CONSUMER

ATTENDANT

1. A program which provides emotional support for consumers.	1. My having a similar lifestyle and values to those of the consumers.
2. A program which assumes an advocacy role.	2. A program where all attendants are university students.
3. My having a similar lifestyle and values to those of the attendants.	3. The consumer does not make waves.
4. A program which offers counselling to its consumers	4. Providing services that do not go against my personal beliefs.
5. A program which keeps files on all attendant and consumers.	5. A program which offers counselling to its consumers.
6. A program which initiates meetings for consumers where they can discuss problems amongst themselves.	6. A program which keeps files on all attendants and consumers.
7. A program without hierarchical ranking of attendants-all attendants on same level.	7. A program which offers attitude training.
8. My ability to see things from an attendant's perspective.	8. A program which assumes an advocacy role.
9. My attendant's ability to be outgoing.	9. My ability to be outgoing.
10. A program which provides on-campus help-not just in Residence.	10. A program which provides emotional support for consumers.
	11. A program which does not limit consumers to certain times.

Job Satisfaction Questionnaires

Means for each job satisfaction questionnaires were calculated and are depicted in Table 5. Means derived from the Occupational Environment Scales suggest that attendants experience a moderate amount of role overload, role ambiguity, role responsibility and role conflict. Further, they generally tend to score relatively high on the Role Insufficiency subscale.

Means derived from the subscales of the Job Descriptive Index (JDI) suggest that attendants are moderately satisfied with their job, present pay and supervision, and highly satisfied with the people they work with, namely other attendants.

Results from the Interrole Conflict Scale suggest that attendants' work tends to moderately conflict with their role as student or family member. Means derived from the Survey of Perceived Organizational Support suggest that attendants tend, on average, to perceive that CRASP values their contribution and cares about their well being. Results from the Affective Commitment scale suggest that attendants tend to be committed to their job, and possess positive feelings of identification with, attachment to, and involvement in CRASP. Related to these findings, results in terms of the Sense of Community Scale, suggest that most attendants feel a strong sense of belonging to CRASP.

Figure 21 (a,b,c,d,e and f) graphically presents the range of scores for each job satisfaction questionnaire. As the graphs show, attendants' scores tend to vary within each questionnaire.

Table 3
Job Satisfaction Questionnaires
MEANS

Occupational Environment Scales (10-50pts):	
Role Overload	21.3
Role Insufficiency	28.3
Role Ambiguity	21.4
Role Conflict	23.0
Role Responsibility	20.5
Job Descriptive Index:	
Work on Present Job (0-36pts)	18.0
Present Pay (0-16pts)	8.5
Supervision (0-36pts)	20.0
People on Present Job (0-36)	27.7
Interrole Conflict Scale (6-30pts)	16.5
Survey of Perceived Organisational Support (16-112pts)	70.2
Affective Commitment Scale (8-56pts)	34.3
Sense of Community Scale (0-12pts)	9.3

Figure 21a
OES
Range of Scores

ROLE OVERLOAD (10-50)

ROLE AMBIGUITY (10-50)

ROLE RESPONSIBILITY (10-50)

ROLE CONFLICT (10-50)

ROLE INSUFFICIENCY (10-50)

Figure 21b

JDI
Range of Scores

JOB DESCRIPTIVE INDEX (JDI)
WORK ON PRESENT JOB SUBSCALE

JOB DESCRIPTIVE INDEX (JDI)
PEOPLE ON PRESENT JOB SUBSCALE

JOB DESCRIPTIVE INDEX (JDI)
SUPERVISION ON JOB SUBSCALE

JOB DESCRIPTIVE INDEX (JDI)
PRESENT PAY SUBSCALE

Figure 21c
ICS
Range of Scores

Figure 21d
SPOS
Range of Scores

Figure 21e
ACS
Range of Scores

Figure 21f
SCI
Range of Scores

such a provision has never been guaranteed. For the 1991-1992 academic year, same sex gender choice was guaranteed but no one is sure if such a provision will be made in the Fall of 1992. It should also be mentioned that the consumer who began this debate although no longer in the program, did participate in the study. Further, despite the fact that the debate caused some disharmony between consumers and attendants, most individuals within the program drew closer together and in essence united against the plight of the plaintiff.

Same sex gender choice enables a female consumer to choose a female attendant for her personal care and a male consumer to choose a male attendant for his personal care. Most attendant services programs, in particular SSLU programs, do not guarantee same sex gender choice (Centre for Research & Education in Human Services, 1988).

Another key element which may be considered to contribute to satisfaction with CRASP, concerns the nature of the attendant-consumer relationship existing in the program. Results indicate that most attendants and consumers agree that the ideal attendant-consumer relationship is one that balances professionalism with friendship. Indeed, such a relationship was found to exist within CRASP, as attested to by all study participants. The notion of a "family" was used by many to describe the relationship of attendants and consumers within the program. For attendants this family provides them with a sense of belonging and enables them to

9. Eighty-three percent of attendants know what the consumers expect from them. Fifty-eight percent are not clear as to what the coordinator of the program expects from them.
10. Attendants describe their job compared to other jobs, as more flexible, more rewarding, more satisfying and more consuming (time and energy consuming, emotionally-draining).
11. The qualities characterizing the ideal consumer and the ideal attendant are evident in most consumers and attendants in CRASP. The qualities characterizing the non-ideal consumer are also evident in some consumers in CRASP.
12. The most frequent characteristics noted by consumers and attendants in terms of an ideal attendant services program were found to be evident in CRASP.
13. Attendants (N=12) agree that some consumers within the program do not respect attendants. Further attendants (N=11) feel that abuse of attendants exists and that some consumers within CRASP are slavedrivers.
14. Attendants and consumers were found to moderately agree on how important certain items are in the context of an attendant services program.
15. In terms of job satisfaction results suggest that attendants are moderately satisfied with their job, present pay, and highly satisfied with the people they work with. Attendants tend to be committed to their job and feel a strong sense of belonging to CRASP.
16. Findings show that attendants tend to be a heterogenous group in terms of interview and questionnaire results. Consumers tend to be a more cohesive group exhibiting less variability in terms of interview answers and questionnaire scores.

A number of factors can be extracted from these findings which contribute to the satisfaction or dissatisfaction of consumers and attendants. The following discussion will attempt to isolate these variables in an effort to gain a better understanding of CRASP. It

will further examine the discrepancies existing in the findings. Changes within the program which have occurred during the evaluation process will also be presented. In addition, a brief critical overview of the methodology used in the evaluation and the limitations of the study, will be sought.

It is difficult to conclude with any certainty exactly which variables contribute to the satisfaction or dissatisfaction with CRASP. Given the findings, the following factors may be extrapolated as potential contributors to satisfaction.

The results suggest that many of the characteristics which qualify an ideal consumer, an ideal attendant and an ideal attendant services program are found within the Carleton Residence Attendant Services Program. Satisfaction then, may be attributable to the ability of the program and its participants to match or come close to an ideal. This ideal has been carved out by the participants themselves. It is important to note however, that although the program may be close to ideal, it has been found that the characteristics qualifying this ideal, are not agreed upon by all participants. Despite the findings suggesting that the majority of consumers and attendants agree as to what characteristics comprise the ideal consumer, there exists only moderate agreement between consumers and attendants in terms of characteristics comprising the ideal attendant. Some consumers and some attendants have differing views as to what characterizes an ideal attendant and an ideal attendant services program. The issue

of discrepancy between perceptions of consumers and attendants as well as discrepancies between attendants themselves, is a constant theme colouring much of the findings. The nature and influence of these discrepancies will be discussed later. It is important to realize that regardless of these discrepancies, the characteristics mentioned by consumers and those mentioned by attendants in terms of an ideal consumer, an ideal attendant and an ideal program are found within CRASP.

Of the qualities attributable to the ideal consumer and attributable to most consumers in CRASP the ability of the consumer to communicate his/her needs and the consumer's willingness to compromise may be most important. The former ability entails that the consumer direct his/her attendant in terms of personal care. In so doing, the attendant has a clear idea of what is expected from him/her. This finding is supported by results which suggest that eighty-three percent of attendants communicated that they knew what the consumers expected from them. In addition these findings are supported by research assessing job satisfaction in attendants. Most research has found that the sources of dissatisfaction in attendants stem from the inability of consumers to guide and direct attendants in regards to personal care (Atkins et al., 1982; Hutchins et al., 1978; Centre for Research and Education in Human Services, 1988). Thus, one may speculate that a variable contributing to satisfaction with CRASP, involves the ability of consumers to communicate their needs effectively in directing their

attendants.

A number of ideal characteristics have been found in attendants working in CRASP. These characteristics are much more difficult to isolate given the discrepancies between consumers' perceptions and attendants' perceptions of an ideal attendant. One may venture to guess that a consumers' perception of the ideal vs. actual attendant may be more of a contributing force to satisfaction than an attendant's perception of the ideal vs. actual attendant. For purposes of the following discussion, consumers' perception of the ideal attendant vs. the actual attendant, will be emphasized.

Of the characteristics mentioned by consumers found in both ideal attendants and actual attendants, one of them will be focused on- Thinks for self. This quality refers to the ability of the attendant to perform certain tasks (e.g., picking something up off the floor in a consumers room) without being asked to do so by consumers. This is an intriguing finding given that most of the research in the area of consumer satisfaction, suggests that consumer control is important to many consumers of attendant services programs (Centre for Research and Education in Human Services, 1988; Cruikshank, 1991). In the above-mentioned scenario, the attendant is acting without explicit direction from the consumer. Perhaps the ability of the attendant to think for her/himself should not be assumed to counteract consumer control and independence. Further probing suggests that consumers are

often tired of repeatedly directing certain everyday aspects of their care. When an attendant becomes accustomed to a consumer's routine and his/her personal idiosyncrasies, he/she may then proceed without constant direction from the consumer. As consumers expressed in the interview, this type of behaviour is only ideal after the attendant has become familiar with the consumer.

Another critical element which may contribute to satisfaction, involves the consumer's willingness to compromise. Given that consumers are part of a program, a consumer's ability to compromise is beneficial to the smooth running of the program. Compromising entails the realization that other consumers are in the program and that attendants must be shared among all consumers. Unlike in individual, one-to-one PCA systems, attendant services programs, like the one at Carleton, are subject to failure without this realization. It is important to note that the ability to compromise does not negate consumer control and independence. Similar to living in a family, living within the boundaries of a program requires cooperation and compromising abilities.

A number of ideal program characteristics have been found to exist in CRASP. Both attendants and consumers agree that CRASP is flexible. Flexibility entails among other things an accommodating scheduling system and a program which attempts to meet the needs of its consumers and its attendants. Unlike in most other attendant services programs (i.e., Outreach programs and SSLU programs), CRASP provides flexibility for consumers and attendants (Centre for

Research and Education in Human Services, 1988). For consumers, this flexibility may entail not having to schedule bed times, meal times and laundry times. In fact the only activity which must be scheduled within the program is wake-up time. This is a result of the fact that all consumers are university students, who most often, have classes scheduled in the morning. Thus, scheduling must occur in order to ensure that attendants (usually two) have enough time to provide services to everyone who requires them. Even in terms of morning schedules, consumers are not bound nor restricted to certain times. In particular circumstances, schedules may be changed.

In terms of attendants, flexibility entails among other things being able to switch shifts with other attendants. Research has shown that much of the job dissatisfaction reported by attendants concerns lack of relief and time off (Atkins et al., 1982; Hutchins et al., 1978). Having a pool of attendants to draw on, an attendant may be much more inclined to take time off when the need arises instead of feeling obligated to work. Such flexibility is particularly important to attendants in CRASP given that most of them are university students who take classes and write exams.

In addition to flexibility, consumers expressed that the ability of CRASP to encourage consumer input and control, is ideal. Unlike in many attendant services settings, CRASP enables and even encourages consumers to play an active role in the hiring, firing, training and supervising of their attendants (Centre for Research

and Education in Human Services 1988; Cruikshank, 1991). A hiring board consisting of consumers and attendants exists within the program. Further, consumers evaluate, by means of a questionnaire, each attendant in the program on a yearly basis. In addition, consumers are encouraged to train new attendants on their own, although orientation and training sessions are provided for all new attendants. There also exists an Attendant Services Advisory Committee, comprised of consumers and attendants in CRASP. The committee's main focus concerns the policies and procedures of the program. It is interesting to note that consumers, demonstrated by the IS-C, listed consumer input and program flexibility as being among the most important items in regards to an attendant services program.

As well as mentioning flexibility as one of the ideal characteristics found in CRASP, **attendants** also expressed that the program provides same sex gender choice and 24-hour care. This latter provision is essential for many consumers, who without 24-hour service availability would not be able to attend University. Much debate surrounds the issue of providing same sex gender choice. It is important to realize that when this evaluation first began, same sex gender choice was not provided. Through the course of the evaluation, a debate flared up concerning such a provision. The debate involved all attendants and all consumers. The debate focused on the availability of funds to guarantee same sex gender choice. Same sex gender choice has been provided for consumers but

such a provision has never been guaranteed. For the 1991-1992 academic year, same sex gender choice was guaranteed but no one is sure if such a provision will be made in the Fall of 1992. It should also be mentioned that the consumer who began this debate although no longer in the program, did participate in the study. Further, despite the fact that the debate caused some disharmony between consumers and attendants, most individuals within the program drew closer together and in essence united against the plight of the plaintiff.

Same sex gender choice enables a female consumer to choose a female attendant for her personal care and a male consumer to choose a male attendant for his personal care. Most attendant services programs, in particular SSLU programs, do not guarantee same sex gender choice (Centre for Research & Education in Human Services, 1988).

Another key element which may be considered to contribute to satisfaction with CRASP, concerns the nature of the attendant-consumer relationship existing in the program. Results indicate that most attendants and consumers agree that the ideal attendant-consumer relationship is one that balances professionalism with friendship. Indeed, such a relationship was found to exist within CRASP, as attested to by all study participants. The notion of a "family" was used by many to describe the relationship of attendants and consumers within the program. For attendants this family provides them with a sense of belonging and enables them to

affectively commit themselves to the program. For some, it fulfils their needs for companionship and friendship. For consumers, this professional-friendly relationship enables them to feel more comfortable with the aspects of their personal care. It also gets away from the "institutionalized" medical model of attendant services, thereby moving closer to the attendant care model. Although most claimed that a professional-friendly relationship is ideal, some expressed concern as to the difficulties with this type of relationship. Most of the concerns stem from issues of confidentiality and gossip/rumours. Such issues will be addressed later in the discussion. For now it is important to realize that a few participants were not completely satisfied with all aspects of the professional-friendly relationship existing in CRASP.

A further source of attendant satisfaction may be attributable to the fact that they like the people they work with. Findings from the Job Descriptive Index (JDI) suggest that attendants on average are highly satisfied with respect to the individuals they work with. Unfortunately, it is difficult to discern whether attendants in determining their satisfaction with the people they work with, included consumers and attendants or solely fellow attendants. The interview data suggests that attendants are satisfied with both the attendants they work with and the consumers they work with.

An examination of the results derived from the comparisons between CRASP and other jobs, provides a number of factors which

may be attributable to satisfaction with CRASP. The majority of attendants found their work in CRASP to be more rewarding, more flexible and generally more satisfying than other jobs they have had. This finding is in agreement with other research concerning satisfaction with attendant services work (Hutchins et al., 1978; Centre for Research and Education in Human Services, 1988).

Another factor which may contribute to overall satisfaction with CRASP concerns the low turn-over rate of attendants evident in the program. Given that the majority of attendants are university students, it is surprising that the turn-over rate is so low. The core of attendants presently employed in CRASP have been working in the program since its beginning in 1988. Many studies have found high turnover rates to be a major source of dissatisfaction with attendant services programs (Hutchins et al., 1978; Centre for Research and Education in Human Services, 1988; Cruikshank, 1990). It is difficult to pin-point the sources which contribute to low turnover rates other than the general satisfaction of attendants. Some researchers have found a relationship between high turnover rates and inadequate pay (Atkins et al., 1982; Hutchins et al., 1978). The attendants in CRASP have been found to be on average moderately satisfied with their pay as indicated by the JDI. When examining interview data, many attendants mention their salary as a strength or one of the things they like about the program.

Variables which may contribute to consumers' and attendants' dissatisfaction with CRASP may also be extracted from study

findings. Factors contributing to dissatisfaction may derive from discrepancies between ideal attendant services program and the actual program. Further, results have found that characteristics defining the nonideal consumer have been shown to exist in some consumers of CRASP. In addition, difficulties mentioned with the professional-friendly relationship between consumers and attendants may also contribute to dissatisfaction. In terms of job satisfaction, specific contributing variables may be isolated from data comparing CRASP with other jobs, and from job satisfaction questionnaire results.

Results from the comparison of CRASP with the ideal attendant services program, show that CRASP falls short of the ideal in terms of written policies and guidelines, and needs assessments of consumers. This finding is supported by both interview material and data derived from PASS. The lack of written policies and guidelines has been found to coincide with the lack of administration. Consumers' and attendants' displeasure with the administration of the program tends to be attributable to their lack of direction and guidance in terms of program functioning. The relatively high incidences of attendant abuse reported and reports of consumers' monopolizing and overly demanding behavior, may be due to the lack of guidelines and policies. At present a policy manual does not exist for CRASP. There are no boundaries nor restrictions in place which would eliminate or curb abuse, harassment and monopolizing behaviour. The most common weaknesses

of CRASP listed by attendants and consumers involve issues stemming from the lack of administration. According to some attendants, there are no limits as to what a consumer can request nor are there restrictions placed on how many hours of service a consumer can demand. This may result in an attendant being confined to one consumers room for an eight hour period while all the other consumers are required to share the services offered by the other attendant. Given that there are usually only two attendants on at any one time, this incident causes much frustration and undue stress for both consumers and attendants.

The installation of needs assessments would aid in eliminating consumer abuse of the program. Such an assessment would evaluate the particular needs of each consumer, including services needed and time required. At present, consumers in CRASP are not assessed in terms of their particular need requirements. It is important to realize that the abuse and monopolization behaviour mentioned by both attendants and consumers tend to be exhibited by one or two consumers and are not indicative of all the consumers in CRASP.

A further contributing factor of dissatisfaction may involve the finding that characteristics describing the non-ideal consumer have been shown to exist in some consumers in CRASP. These characteristics include monopolization of attendants and being overly demanding. The presence of these characteristics, as previously mentioned, may be tied to the lack of administration, and more specifically the lack of policies, guidelines and

restrictions, and the lack of needs assessments.

Difficulties mentioned with the existing professional-friendly relationship in CRASP, may be seen to contribute to some levels of dissatisfaction. Some consumers and attendants commented in the interview that the close relationship existing between consumers and attendants can lead to problems with confidentiality, rumours and gossiping. In addition, results from the PASS-C show that five out of the seven consumers indicated that there was too much gossiping in the program and that attendants and consumers tended to be cliquish. Study participants, most notably consumers, expressed the hazards of disequilibrating the friendly-professional relationship and focusing on friendship. An over-emphasis on friendship often leads to rumours and gossiping. Most attendants and some consumers admit that gossiping and rumour transmission are prevalent in the program but they qualify that such gossiping deals with friendship issues and never consists of discussing personal care routines or services. Despite this admission, some consumers relay dissatisfaction with the amount of gossiping which occurs. In addition, twenty-five percent of consumers claim that confidentiality issues are not dealt with appropriately within the program. This source of dissatisfaction has also been found to exist in other attendant services program (Centre for Research and Education in Human Services, 1988).

Findings derived from interview material show that forty-one percent of attendants find their job in CRASP more consuming than

other jobs they have had. According to attendants, their work is emotionally draining at times and requires some degree of patience. This consuming factor may be seen to contribute to dissatisfaction.

In summary, the following presents the key factors which have been isolated as potential contributors to satisfaction and dissatisfaction:

FACTORS CONTRIBUTING TO SATISFACTION

1. The consumers' ability to communicate their needs and their willingness to compromise.
2. The attendants' ability to perform certain tasks without being asked to do so by consumers.
3. Flexibility of the program.
4. Consumer and Attendant input into the program is encouraged.
5. The program provides same sex gender choice and services are available on a 24-hour basis.
6. The professional-friendly relationship existing between attendants and consumers in CRASP.
7. Attendants like the people they work with.
8. Attendants find their work in CRASP to be more rewarding, more flexible and more satisfying than other jobs.

FACTORS CONTRIBUTING TO DISSATISFACTION:

1. There are no written guidelines or policies of CRASP.
2. Needs assessments on consumers are not done in CRASP.
3. The administrative body in CRASP needs improving.
4. Some consumers within CRASP are monopolizing and overly demanding.
5. Too much gossiping exists in CRASP.

6. Some attendants find their work in CRASP more consuming (emotionally draining) than other jobs.

The discrepancies which have been found to exist in this study may be classified under three major categories: **Disparities between consumers and attendants; Variability among attendants; and Discrepancies between results from job satisfaction questionnaires and interview data.**

Disparities between consumers and attendants

It has been shown that consumers and attendants tend to differ in terms of what characteristics constitute an ideal attendant and an ideal attendant services program. A number of hypotheses may be put forth to account for such discrepancies. Perhaps consumers and attendants were basing their comments on actual attendants in CRASP. Attendants are a varied subgroup composed of a multiplicity of personalities and characteristics. Some attendants possess ideal characteristics, some do not and some possess a combination of both. Thus, it may be difficult for attendants and consumers to agree on specific ideal traits. It is much easier to select ideal traits which constitute the ideal consumer because this subgroup is more homogeneous and smaller in number.

The discrepancies which exist in terms of an ideal attendant services program may be attributable to the fact that given the lack of policies and procedures within CRASP, consumers nor attendants are quite sure as to what types of characteristics an

ideal program should have. Further, most of the consumers in CRASP have never lived in any other attendant services program. Thus they have nothing to compare CRASP to, other than the services they were provided in their family home. Most were glad that CRASP even existed and commented that without the program they would not have been able to attend University. Many of the attendants have worked in attendant-type programs before CRASP. Thus, they have a reference point to judge CRASP with and consequently to derived ideal characteristics from. It is important to note however, that although consumers may be novices in regards to attendant services programs, as a group they are cohesive and agree on what they want in terms of an attendant and an attendant services program. Attendants on the other hand compose a heterogeneous group and are most often not in agreement with each other.

Much of the discrepancies between attendants and consumers, evidenced in many findings, may be attributable to the heterogeneous makeup of the sample of attendants. Attendants come from varied socioeconomic backgrounds. Some of the attendants work full-time, some work part-time and some are on casual. Some of them have worked in other attendant services programs. Others have never worked with individuals who are disabled. Consumers conversely are much more uniform in makeup. They have all lived with their families prior to entering CRASP. They are all university students making them elite among disabled individuals (given that only 5% of disabled individuals go to University).

Further, the consumers as a group are composed of only seven individuals whereas the "attendant" group is comprised of twelve individuals. It is much easier to find agreement amidst a small group than it is within a larger group. Given these variables one may assume that the differential composition of each subgroup reflects the differences between subgroups.

Variability among attendants

The variability found within the sample of attendants may also be attributable to the above-mentioned variety of factors. Further, it is important to realize that full-time attendants have much more contact with the consumers, other attendants and the overall running of the program. In contrast part-time and casual attendants have little contact with program participants and program functionings. This discrepancy in contact may play a role in the heterogenetic makeup of attendants. It may also be that full-time attendants show greater agreement with consumers than part-time or casual employees. Given that there are only five full-time and seven part-time and casual attendants, findings may reflect the majority of the attendant sample rather than the opinions of the attendants who are better equipped to communicate knowledge regarding CRASP (i.e., full-time staff). Perhaps, if data were re-analyzed using only the five full-time attendants and the seven consumers as study participants, results would convey more agreement between consumers and attendants and more uniformity

among attendants.

Discrepancies between job satisfaction questionnaires and interview data

Disparity has also been found to exist between results from the job satisfaction questionnaires and interview data. The most striking differences between these two models of assessment revolve around the issues of supervision, role ambiguity and pay. According to data derived from the interviews, most attendants expressed extreme dissatisfaction with the coordinator of the program and upper administration (i.e., the Paul Menton Centre). In contrast, JDI subscale results suggest that attendants on average are moderately satisfied with program supervision. One plausible explanation for this discrepancy may be the fact that the mean calculated for the supervision subscale of the JDI reflects extreme scores. The high scores may represent the part-time and casual attendants who have minimal contact with the "goings on" of the program and are not aware of the inadequacies attributable to the administration of the program. In fact upon closer examination of individual scores, the highest scores were given by part-time or casual employees. The full-time attendants and some part-time attendants who have been involved in the program since its beginnings, gave characteristically low scores, indicating dissatisfaction with supervision.

When examining scores on individual items of the supervision subscale, a number of interesting findings emerge. Nine of the twelve attendants indicated that the supervisor does not supervise enough. Eight of the twelve attendants felt that the supervisor does not know his/her job well. Further, seven of the attendants expressed that the supervisor was not around when he/she was needed. Despite the fact that attendants exhibited moderate satisfaction with supervision, such satisfaction should only be considered in light of the above mentioned dissatisfaction findings.

The discrepancies found in terms of role ambiguity concern the fact that although the majority of attendants communicated in their interview that they were not clear of what the coordinator of the program expected of them in terms of their role as attendants, moderate to low amounts of role ambiguity were found in the OES subscale. A closer examination of individual scores does not reveal any full-time versus part-time trend. It may be that coordinator expectations do not define an attendant's role as much as consumer expectations do. Most attendants mentioned that they knew what the consumers expected of them. If consumer expectations define an attendant's role, then the results from the role ambiguity subscale would be considered consistent with interview data.

The disparity found between interview data and JDI subscale results concerning pay, deals with the fact that although many

attendants listed pay as one of the strengths or likes of the program, attendants on average indicated moderate satisfaction with pay. Scores ranged from extremely dissatisfied with present pay to extremely satisfied. This range of scores may be attributable to the variability in attendants. More specifically, satisfaction or dissatisfaction with pay may depend upon variables such as, other sources of income, full-time versus part-time student, age, marital status, and financial support from family. For example, a full-time student who is working as an attendant part-time to gain some extra spending money, may find an attendant's salary very good. On the other hand, a full-time attendant who relies on his/her salary as an attendant to support his/her family, may find the pay less than adequate.

A further consideration should be given to the present pay subscale itself. Most of the items on the subscale are geared toward employees who are working in a reliable, established career. Most attendants in CRASP are university students who are working part-time to defray the cost of tuition. For them, their job as an attendant is only temporary. In this sense, the Present Pay Subscale lacks validity. Scores derived from the subscale may not reflect true opinions of the attendants. Thus, the interview data may give a better indication as to satisfaction with pay.

A number of changes have occurred within the program since the evaluation process began. It is difficult to decipher if the changes occurred as a catalyst reaction to the evaluation itself or

if they ensued as a natural progression in the evolution of the program. The following lists the changes which have taken place within CRASP over the past few months.

1. A draft copy of Policies and Procedures for CRASP has been developed by members of the Attendant Services Advisory Committee.
2. Provisions have been made to guarantee same sex gender choice.
3. An ad hoc committee dealing with the issue of sexual harassment, has been created. The committee is in the process of developing a sexual harassment awareness workshop for consumers and attendants to take place in the Fall (1992).
4. Administration has become more involved in CRASP. A Paul Menton Centre Satellite office has been designated. The satellite office is to be situated in Residence in order to develop a closer relationship with consumers and attendants of CRASP. This closer proximity will also enable PMC to supervise the coordinator of the program more closely.

These changes inevitably will lead to an increase in overall satisfaction with CRASP. Given the above mentioned changes, it is difficult to suggest recommendations for the improvement of CRASP. The attendants and consumers, as a collective body, are best suited to suggest improvement strategies. They are the driving force behind the changes which have begun and no doubt will continue to play an active role in the evolution of the program.

A final comment will be made on the methodology used in this study and the limitations with it. The qualitative and quantitative melange used in this evaluation provided unique opportunities for the insight and understanding of the

"individuals" in CRASP. Such a method is particularly suited for dealing with a small sample. Study participants are not considered as a bunch of data but are viewed as discrete entities. This type of methodology may be useful for further research in the area of program evaluation.

Some Limitations of this Study

All research designs have limitations (Campbell and Stanley, 1967). Readers should be aware of the various limitations and complexities of the methodology employed in this study:

1. CRASP is a unique entity. The findings of the evaluation therefore are unique and should not necessarily be generalized to all such programs.
2. This study was based primarily on what people said. Often times this differs from what people actually do. Nevertheless, it is important to realize that what people say represents their view of reality. In essence, that is the very thing qualitative evaluations seek to attain-the multiple perceptions of reality as experienced by those involved in the particular program under study (Patton, 1980).
3. The process of conducting this evaluation was complex and dynamic. CRASP was evolving and changing even as the study unfolded. In some ways, this research represents a "snapshot" of the Carleton Residence Attendant Services Program at a certain point in time. However, the researcher made every attempt to understand the process of change which was and is part of CRASP.
4. It is plausible that CRASP has changed as a result of the study itself. Examining and talking about the program helped consumers and attendants to clarify issues and directions. In essence, the study provided many participants with a cathartic experience and a catalyst for change.

This thesis provides a mere portrait of the people and the program. It is hoped that the description presented has enlightened and given the reader a comprehensive and formative understanding of the context, components, processes and the people of the Carleton Residence Attendant Services Program.

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APPENDIX A

Evaluation of Carleton Residence Attendant Services Program

Informed Consent Form

Guideline

The purpose of an informed consent is to insure that you understand the purpose of the study and the nature of your involvement. The informed consent must provide sufficient information such that you have the opportunity to determine whether you wish to participate in the study.

Present Study: Evaluation of CRASP

Research Personnel. The following people are involved in this research project and may be contacted at any time. Tamra Ricci (Principle Investigator, 523-7588), Dr. T. Ryan (Faculty Sponsor, 788-2600, ext. 4025). Should you have any ethical concerns about this study then please contact Dr. C. Herdman (Chair, Department of Psychology Ethics Committee) or Dr. W. Jones (Chair, Department of Psychology, 788-2600, ext. 2648).

Purpose. The purpose of the present study is to qualitatively evaluate the newly developed Carleton Residence Attendant Services Program (CRASP) in order to gain a comprehensive and formative understanding of the program's contents, components and processes. To achieve such an understanding input from both consumers and service providers (attendants) will be analyzed.

Task Requirements. You will be participating in an interview, both of which will be taped on a tape recorder. You will further be required to respond to a Questionnaire package.

Duration and Locale. Each interview will last approximately 40 minutes. The questionnaire package should take approximately 20 minutes to complete. The interviews will take place in Stormont House, Room 176, Carleton University. You will be asked to take the questionnaire home and to fill it out and return it in the envelop provided within two weeks.

Potential Risk/Discomfort. There are no potential physical nor psychological risks in the study.

Anonymity/Confidentiality. The data collected during the evaluation process is confidential. All data is coded such that your name is not associated with the data. The coded data is made available only to the researchers associated with this study.

Right to withdraw. You have the right to withdraw from the study at any time.

Signatures

I have read the above description of the study and understand the conditions of my participation. My signature indicates that I agree to participate in the evaluation.

Participant's Name: _____

Participant's Signature: _____

Researcher's Name: _____

Researcher's Signature: _____

Date _____

APPENDIX B

INTERVIEW QUESTIONS

For this series of questions I want you to think about your conception of an ideal attendant services program. Now I don't want you to necessarily base your thoughts on the program here at Carleton, but the best program you could imagine.

Part 1: Expectancy of "Ideal" University Attendant Services Program

1. What do you think the nature of the relationship should be between consumer and attendant in an attendant services program in a University setting?
2. What kinds of services do you feel an attendant should provide?
3. When you think of the ideal consumer, what would be some of the characteristics in him/her you would see as important?

-if consumer says "I am one"--(P)--what makes you ideal?
--(P)--is there an ideal consumer here, in this program?
Describe why?

(a) What characteristics in a consumer make him/her not an ideal consumer?

4. When you think of the ideal attendant, what would be some of the characteristics in him/her you would see as important?

-if attendant says "I am one"--(P)--what makes you ideal?
--(P)--is there an ideal attendant here, in this program?
-Describe why?
5. What types of services do you think an ideal attendant services program should provide?

--(P)--think about the structure of the program-the admission of consumers, the hiring and probationary period of attendants, the training of attendants, the flexibility of the program to accommodate the needs of the consumers, and so on.

APPENDIX B

INTERVIEW QUESTIONS

Now I'd like you to concentrate on this program. These next questions require you to give details about the program as it exists now.

Part 2: The Attendant Services Program as it Actually Exists in Residence

1. Based on your experiences as an (attendant/consumer), what would you say are the strengths of this program?
2. What about weaknesses?
3. Let me ask you now about some of your feelings about the program. What are some of the things you really like about the program?

--(P)--when you're talking with your friends about the program what are some of the good things you would tell them about the program?

4. What are some of the things you don't like about the program?

--(P)--when you're talking with your friends about the program what are some of the bad things you would tell them about the program?

5. Weighting the strengths and weaknesses of the program and your likes and dislikes of it, how would you rate the program?

(a) Think about the way the program is structured, the way it's organized, think about the consumers and the attendants involved with the program and the types of services the program offers, do you feel that anything should be improved?

APPENDIX B

INTERVIEW QUESTIONS

This final set of questions is geared towards you and your role as an attendant. They are more specific than the other questions. At this point I would like to remind you that the information you give me is confidential. All the information will be coded in such a way that your name will not be associated with it.

Part 3: Attendant-Directed Questions

1. Do you feel you are given enough training to meet the needs of all the consumers in the program, effectively?
 - (a) Do you feel that when you were first hired, during your probationary period, you were given enough training to provide the services requested by the consumers?
 - (b) Have there been any situations in which you felt you did not have adequate training or skills to deal with particular consumer demands?
2. Do you feel you have a clear idea of what is expected of you in terms of your role as an attendant in this program?
 - (a) Do you know what the team leader expects of you?
(only for team leader--Do you know what the attendants expect of you?)
 - (b) Do you know what the program coordinator, Mary Harris, expects of you?
 - (c) Do you know what the consumers expect of you?
3. How would you characterize your relationship with the consumers in the program?

--(P)--Do you have special relationship with one or more of the consumers--a relationship that is different than the one you have with the other consumers?

--(P)--Do you spend more time with any consumer(s)? Does this change your relationship with him/her/them?
4. In terms of other jobs you have had, how does your current employment in this program compare?
 - (a) with other attendant services jobs?
 - (b) with other jobs?
 - (c) what makes it better/worse?

APPENDIX B

INTERVIEW QUESTIONS

5. Do you feel that the issue of confidentiality is handled appropriately in the program?

(a) Do you feel that personal information like someone's mood or things like gossip and rumours, take place in this program? If so, how is it handled? Is it right/appropriate?

Now that we have gone through the more specific questions, is there anything you would like to add to your answers to the other questions?

Do you have any other comments you would like to share? Are there any questions that should have been asked, that weren't? Are there any questions that were asked that need improvement?

APPENDIX B

INTERVIEW QUESTIONS

This final set of questions is geared towards you and your role as a consumer. They are more specific than the other questions. At this point I would like to remind you that the information you give me is confidential. All the information will be coded in such a way that your name will not be associated with it.

Part 3: Consumer-Directed Questions

1. Do you feel that the attendants are well-trained to meet your specific needs?
 - (a) Do you feel that when attendants are first hired they are given enough direction on how to provide specific services for you?
2. How would you characterize your relationship with the attendants?
 - (a) Do you have a special relationship with one or more of the attendants-a relationship that is different than the one you have with other attendants?
 - (b) Do you spend more time with any attendant(s)? Does this change your relationship with him/her/them?
3. Do you feel that the attendants spend the time required to ensure that all your needs are met?
 - if no--What needs aren't being met? Why do you think your needs aren't being met?
 - (P)-Ever felt rushed by an attendant?
4. Do you feel that the issue of confidentiality is handled appropriately in the program?
 - (a) Do you feel that personal information like someone's mood or things like gossip and rumours, take place in this program? If so, is it right, appropriate? How is it handled?
5. In terms of flexibility, do you feel that the program offers enough flexibility to accommodate things like schedule changes?

Now that we have gone through the more specific questions, is there anything you would like to add to your answers to the other questions?

Do you have any other comments you would like to share? Are there any questions that should have been asked that weren't? Are there any questions that were asked that need improvement?

APPENDIX C

Consumer Background Info. Sheet

Age _____

How long have you been a consumers in the program? _____

Approximately how many hours/minutes per day do you require attendant services? _____

Where did you live before you entered the attendant services program at Carleton? _____

APPENDIX C

Attendant Background Info. Sheet

Age _____

Do you work in the program part-time or full-time? _____

How long have you been working in the program? _____

Have you worked in other attendant services programs? _____

APPENDIX D

PERCEPTION OF CONSUMER SCALE (PCS) (Attendant Perspective)

INSTRUCTIONS

For the following items please place a number (1-6) on the right-hand side of the items to describe most of the consumers.

1	2	3	4	5	6
"Rarely or Never"	"Occasionally"	"Often"	"Usually"	"Most of the Time"	"Always"

patient	_____
polite/courteous	_____
friendly	_____
honest	_____
effectively communicate their needs i.e. tells you if you're doing something wrong	_____
understanding	_____
flexible	_____
easy going	_____
manipulative	_____
rude	_____
demanding	_____
inconsiderate	_____
able to compromise	_____
monopolizing	_____
abusive/harassing	_____
aggressive	_____
passive	_____
expect favouritism	_____

INSTRUCTIONS

over-emotionally involved
in it just for the money
patient
listens when I talk
flexible
quick
understanding
easy going
shows initiative
eg. when they see something
on the floor, they pick it up
cheerful
friendly
shows favouritism
manipulative
take moods out on client
assumes superior role
trustworthy
honest
dependable
efficient
easy to talk to

APPENDIX F

PERCEPTION OF ATTENDANT SERVICES SCALE (PASS)

Consumer Version

INSTRUCTIONS

For each of the following statements please indicate the extent to which you agree or disagree by circling the appropriate number. Base your answers on your experience in this program.

	1	2	3	4	5
	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. Individuals in this program are open and understanding.	1	2	3	4	5
2. The program offers gender choice.	1	2	3	4	5
3. The program is flexible.	1	2	3	4	5
4. The program allows consumer input.	1	2	3	4	5
5. The program allows attendant input.	1	2	3	4	5
6. There is good communication between consumer and attendant.	1	2	3	4	5
7. Problems can be discussed freely and openly within the program.	1	2	3	4	5
8. The program offers peer support.	1	2	3	4	5
9. I feel like I'm an individual not just a consumer.	1	2	3	4	5
10. There are no limits as to what a consumer can demand in this program.	1	2	3	4	5
11. There are guidelines, policies and procedure which have been in effect in this program.	1	2	3	4	5
12. I feel that the coordinator of the program has pride in her work.	1	2	3	4	5
13. I feel that attendants are given adequate training.	1	2	3	4	5

APPENDIX F

PASS (Consumer Version)

14. I feel that administration is doing the best job it can.	1	2	3	4	5
15. Confidentiality is not dealt with appropriately in this program.	1	2	3	4	5
16. There is too much gossip in this program.	1	2	3	4	5
17. Sometimes confidentiality is used to cover things up in this program e.g. sexual harassment.	1	2	3	4	5
18. Consumer abuse takes place in this program.	1	2	3	4	5
19. Attendant abuse takes place in this program.	1	2	3	4	5
20. There is a need for more staff to be on at certain times.	1	2	3	4	5
21. I feel uncomfortable talking to the coordinator.	1	2	3	4	5
22. Needs assessments are done on all consumers in the program.	1	2	3	4	5
23. This program lacks funding.	1	2	3	4	5
24. This program is too laissez-faire.	1	2	3	4	5
25. One of the best things about the program is the friendships I make with attendants and other consumers.	1	2	3	4	5
26. The changes in this program are slow.	1	2	3	4	5
27. I feel like my complaints are sometimes ignored.	1	2	3	4	5
28. I feel that everyone talks about me.	1	2	3	4	5
29. I feel that everyone wants to know about my personal life.	1	2	3	4	5

APPENDIX F

PASS (Consumer Version)

30. I feel that the administration needs improving.	1	2	3	4	5
31. I feel that some attendants don't respect consumers.	1	2	3	4	5
32. I feel that some consumers don't respect attendants.	1	2	3	4	5
33. I feel that the program lacks leadership.	1	2	3	4	5
34. I feel that some of the consumers treat the attendants like slaves.	1	2	3	4	5
35. I feel that everyone is close in this program, like we are all part of a family.	1	2	3	4	5
36. I feel that this program is resistant to change.	1	2	3	4	5
37. I feel that there are too many friendships between attendants.	1	2	3	4	5
38. I find that the people involved in the program are cliquish.	1	2	3	4	5
39. This program is a model for other programs.	1	2	3	4	5
40. This program has an efficient scheduling system.	1	2	3	4	5
41. This program expands to meet the needs of its consumers.	1	2	3	4	5

APPENDIX G

PERCEPTION OF ATTENDANT SERVICES SCALE (PASS) Attendant Version

INSTRUCTIONS

For each of the following statements please indicate the extent to which you agree or disagree by circling the appropriate number. Base your answers on your experience in this program.

	1	2	3	4	5
	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. Individuals in this program are open and understanding.				1	2 3 4 5
2. The program offers gender choice.				1	2 3 4 5
3. The program is flexible.				1	2 3 4 5
4. The program allows consumer input.				1	2 3 4 5
5. The program allows attendant input.				1	2 3 4 5
6. There is good communication between consumer and attendant.				1	2 3 4 5
7. Problems can be discussed freely and openly within the program.				1	2 3 4 5
8. The program offers peer support.				1	2 3 4 5
9. I feel like I'm an individual not just an attendant.				1	2 3 4 5
10. There are no limits as to what a consumer can demand in this program.				1	2 3 4 5
11. There are guidelines, policies and procedure which have been in effect in this program.				1	2 3 4 5
12. I feel that the coordinator of the program has pride in her work.				1	2 3 4 5
13. I feel that attendants are given adequate training.				1	2 3 4 5

14. I feel that administration is doing the best job it can.	1	2	3	4	5
15. Confidentiality is not dealt with appropriately in this program.	1	2	3	4	5
16. There is too much gossip in this program.	1	2	3	4	5
17. Sometimes confidentiality is used to cover things up in this program e.g. sexual harassment.	1	2	3	4	5
18. Consumer abuse takes place in this program.	1	2	3	4	5
19. Attendant abuse takes place in this program.	1	2	3	4	5
20. There is a need for more staff to be on at certain times.	1	2	3	4	5
21. I feel uncomfortable talking to the coordinator.	1	2	3	4	5
22. Needs assessments are done on all consumers in the program.	1	2	3	4	5
23. This program lacks funding.	1	2	3	4	5
24. This program is too laissez-faire.	1	2	3	4	5
25. One of the best things about the program is the friendships I make with other attendants and consumers.	1	2	3	4	5
26. The changes in this program are slow.	1	2	3	4	5
27. I feel like my complaints are sometimes ignored.	1	2	3	4	5
28. I feel that everyone talks about me.	1	2	3	4	5
29. I feel that everyone wants to know about my personal life.	1	2	3	4	5
30. I feel that the administration needs improving.	1	2	3	4	5
31. I feel that some attendants don't respect consumers.	1	2	3	4	5

32. I feel that some onsumers don't respect attendants.	1	2	3	4	5
33. I feel that the program lacks leadership.	1	2	3	4	5
34. I feel that some of the consumers treat the attendants like slaves.	1	2	3	4	5
35. I feel that everyone is close in this program, like we are all part of a family.	1	2	3	4	5
36. I feel that this program is resistant to change.	1	2	3	4	5
37. I feel that there are too many friendships between attendants.	1	2	3	4	5
38. I find that the people involved in the program are cliquish.	1	2	3	4	5
39. This program is a model for other programs.	1	2	3	4	5
40. This program has an efficient scheduling system.	1	2	3	4	5
41. This program expands to meet the needs of its consumers.	1	2	3	4	5

APPENDIX H
IMPORTANCE SCALE (IS)
Consumer Version

INSTRUCTIONS

For the following items please rate how important each item is to you in the context of this program.

Response Scale

Low Importance					High Importance	
1	2	3	4	5	6	7
1. My being easy to get along with.				1 2 3 4 5 6 7		
2. My being a trustworthy person.				1 2 3 4 5 6 7		
3. Our ability to trust each other.				1 2 3 4 5 6 7		
4. Our knowing what to expect from one another.				1 2 3 4 5 6 7		
5. My patience.				1 2 3 4 5 6 7		
6. My ability to be flexible.				1 2 3 4 5 6 7		
7. How understanding I am.				1 2 3 4 5 6 7		
8. The ability of the program to allow consumer input at all levels.				1 2 3 4 5 6 7		
9. A program coordinator with vision who encourages new ideas.				1 2 3 4 5 6 7		
10. A program that has an efficient scheduling system.				1 2 3 4 5 6 7		
11. A program which offers attitude training for attendants.				1 2 3 4 5 6 7		
12. A program that has guidelines and procedures.				1 2 3 4 5 6 7		
13. A program which provides emotional support for consumers.				1 2 3 4 5 6 7		
14. A program which does not limit consumers to certain times.				1 2 3 4 5 6 7		

APPENDIX H

IS (Consumer Version)

15. A program that is flexible.	1	2	3	4	5	6	7
16. A program which offers gender choice.	1	2	3	4	5	6	7
17. A program which conducts a needs assessment of each consumer.	1	2	3	4	5	6	7
18. A program which expands to meet the needs of its consumers.	1	2	3	4	5	6	7
19. A program without hierarchical ranking of attendants-all attendants on same level.	1	2	3	4	5	6	7
20. A program which provides on-campus help, not just in Residence.	1	2	3	4	5	6	7
21. A program which offers counselling to its consumers.	1	2	3	4	5	6	7
22. A program which keeps files on all all attendants and consumers.	1	2	3	4	5	6	7
23. A program which initiates meetings for consumers where they can discuss problems amongst themselves, i.e. counterpart to staff meeting.	1	2	3	4	5	6	7
24. A program where all attendants are university students.	1	2	3	4	5	6	7
25. A program which assumes an advocacy role.	1	2	3	4	5	6	7
26. My attendant's respect for me.	1	2	3	4	5	6	7
27. My having a similar lifestyle and values to those of the attendants.	1	2	3	4	5	6	7
28. My ability to give attendants clear directions.	1	2	3	4	5	6	7
29. My ability to see things from an attendant's perspective.	1	2	3	4	5	6	7
30. My attendant is understanding.	1	2	3	4	5	6	7
31. My willingness to compromise.	1	2	3	4	5	6	7

APPENDIX H

IS (Consumer Version)

32. My ability to communicate what I want.	1	2	3	4	5	6	7
33. My ability to look at my attendant's viewpoint.	1	2	3	4	5	6	7
34. My ability to make my attendant feel comfortable.	1	2	3	4	5	6	7
35. My private life outside the domain of the program.	1	2	3	4	5	6	7
36. My telling the attendant when they do something wrong.	1	2	3	4	5	6	7
37. My attendant does <u>not</u> assume a position of superiority.	1	2	3	4	5	6	7
38. My attendant does not manipulate me.	1	2	3	4	5	6	7
39. My attendant's efficiency.	1	2	3	4	5	6	7
40. My attendant's ability to maintain professionalism.	1	2	3	4	5	6	7
41. My attendant's ability to be outgoing.	1	2	3	4	5	6	7
42. My attendant's enthusiasm.	1	2	3	4	5	6	7
43. My relationship with the attendant is both professional and friendly.	1	2	3	4	5	6	7
44. My friendly rapport with the attendant.	1	2	3	4	5	6	7
45. My attendant's ability to pay attention to details of my care, eg. hair, make-up, clothing.	1	2	3	.	5	6	7

APPENDIX I
IMPORTANCE SCALE (IS)

Attendant Version

INSTRUCTIONS

For the following items please rate how important each item is to you in the context of this program.

Response Scale

Low Importance						High Importance
1	2	3	4	5	6	7

1. My being easy to get along with.	1	2	3	4	5	6	7
2. My being a trustworthy person.	1	2	3	4	5	6	7
3. Our ability to trust each other.	1	2	3	4	5	6	7
4. Our knowing what to expect from one another.	1	2	3	4	5	6	7
5. My patience.	1	2	3	4	5	6	7
6. My ability to be flexible.	1	2	3	4	5	6	7
7. How understanding I am.	1	2	3	4	5	6	7
8. The ability of the program to allow consumer input at all levels.	1	2	3	4	5	6	7
9. A program coordinator with vision who encourages new ideas.	1	2	3	4	5	6	7
10. A program that has an efficient scheduling system.	1	2	3	4	5	6	7
11. A program which offers attitude training.	1	2	3	4	5	6	7
12. A program that has guidelines and procedures.	1	2	3	4	5	6	7
13. A program which provides emotional support for consumers.	1	2	3	4	5	6	7
14. A program which does not limit consumers to certain times.	1	2	3	4	5	6	7

APPENDIX I

IS (ATTENDANT VERSION)

15. A program that is flexible.	1	2	3	4	5	6	7
16. A program which offers gender choice.	1	2	3	4	5	6	7
17. A program which conducts a needs assessment on each consumer.	1	2	3	4	5	6	7
18. A program which expands to meet the needs of its consumers.	1	2	3	4	5	6	7
19. A program without hierarchical ranking of attendants-all attendants on same level.	1	2	3	4	5	6	7
20. A program which provides on-campus help, not just in Residence.	1	2	3	4	5	6	7
21. A program which offers counselling to its consumers.	1	2	3	4	5	6	7
22. A program which keeps files on all attendants and consumers.	1	2	3	4	5	6	7
23. A program's ability to initiate meetings for consumers where they can discuss problems amongst themselves, i.e. counterpart to staff meeting.	1	2	3	4	5	6	7
24. A program where all attendants are university students.	1	2	3	4	5	6	7
25. A program which assumes an advocacy role.	1	2	3	4	5	6	7
26. The consumer's respect for me.	1	2	3	4	5	6	7
27. My having a similar lifestyle and values to those of the consumers.	1	2	3	4	5	6	7
28. The consumer's ability to give clear directions.	1	2	3	4	5	6	7
29. My ability to see things from a consumer's perspective.	1	2	3	4	5	6	7
30. The consumer is understanding.	1	2	3	4	5	6	7
31. The consumer is willing to compromise.	1	2	3	4	5	6	7

APPENDIX I

IS (Attendant Perspective)

32. The consumer is able to communicate what he/she wants.	1	2	3	4	5	6	7
33. The consumer's ability to look at my viewpoint.	1	2	3	4	5	6	7
34. The consumer's ability to make me feel comfortable.	1	2	3	4	5	6	7
35. The consumer having a private life outside the domain of the program.	1	2	3	4	5	6	7
36. The consumer telling me when I do something wrong.	1	2	3	4	5	6	7
37. The consumer does <u>not</u> assume a position of superiority.	1	2	3	4	5	6	7
38. The consumer does not manipulate me.	1	2	3	4	5	6	7
39. My efficiency.	1	2	3	4	5	6	7
40. My ability to maintain professionalism.	1	2	3	4	5	6	7
41. My ability to be outgoing.	1	2	3	4	5	6	7
42. My enthusiasm.	1	2	3	4	5	6	7
43. My relationship with the consumer is both professional and friendly.	1	2	3	4	5	6	7
44. My friendly rapport with the consumer.	1	2	3	4	5	6	7
45. My ability to pay attention to details of consumer's care, e.g. hair, make-up, clothing.	1	2	3	4	5	6	7
<hr/>							
46. My reliability and dependability.	1	2	3	4	5	6	7
47. The consumer's ability to count on me.	1	2	3	4	5	6	7
48. My confidence in performing tasks.	1	2	3	4	5	6	7
49. My ability to keep consumers' personal matters confidential.	1	2	3	4	5	6	7
50. My ability to listen to the consumer.	1	2	3	4	5	6	7

APPENDIX I

IS (Attendant Perspective)

51. How quick I am at performing required tasks.	1	2	3	4	5	6	7
52. My initiative-doing things for consumers without being asked.	1	2	3	4	5	6	7
53. My ability not to show favouritism.	1	2	3	4	5	6	7
54. The consumer does not make waves.	1	2	3	4	5	6	7
55. The consumer says. "Please" and "Thank You".	1	2	3	4	5	6	7
56. The consumer accepts his/her disability.	1	2	3	4	5	6	7
57. The consumer is not selfish.	1	2	3	4	5	6	7
58. The consumer does <u>not</u> monopolize all my time.	1	2	3	4	5	6	7
59. My not being too pushy in creating a friendship with a consumer.	1	2	3	4	5	6	7
60. My ability to be open to suggestions.	1	2	3	4	5	6	7
61. My ability to <u>not</u> bring in my personal life.	1	2	3	4	5	6	7
62. Providing care that does not go against my personal beliefs.	1	2	3	4	5	6	7

APPENDIX J

INTERROLE CONFLICT SCALE (MODIFIED)

INSTRUCTIONS

Decide how you react to each of the following 6 statements. Circle the appropriate number to indicate your response according to the following scale.

	1	2	3	4	5
	Strongly	Disagree	Neither	Agree	Strongly
	Disagree				Agree
1. My work schedule often conflicts with my school life.	1	2	3	4	5
2. After work I am too tired to do some of the things I would like to do.	1	2	3	4	5
3. On the job I have so much work to do that it takes away from my personal interests.	1	2	3	4	5
4. Because my work is demanding there are times when I am irritable at home.	1	2	3	4	5
5. The demands of my job make it difficult to be relaxed all the time at home.	1	2	3	4	5
6. My work takes up time that I would like to spend on school work.	1	2	3	4	5

APPENDIX K

Comments on Relationships in CRASP

"Friendship with a consumer is good, it enhances care. Without a degree of professionalism, though, friendship can be used as a crutch for doing less or offering different types of services to different consumers"
(Attendant).

"Friendship with a consumer is appropriate. It can be very positive as long as it doesn't affect the work relationship" (Attendant).

"If the relationship is too professional and you strictly follow a routine, things don't run smoothly. Friendship is necessary because it brings trust which is important"
(Attendant).

"Attendants shouldn't be too professional, they shouldn't just come in and get out of my room as soon as possible, like a nurse. Attendants should be friends- one friend helping out another" (Consumer).

"The relationship between consumer and attendant shouldn't strictly be business-like. If it is too professional, it reminds me of the hospital. The services I require-intimate services-are easier if the relationship is friendly"
(Consumer).

APPENDIX L

Comments on Strengths/Likes and Weaknesses/Dislikes

Strengths/Likes:

"Independent of whether friendships exist, the atmosphere in the program is open and understanding" (Attendant).

"Working here is like being in a family. Everybody's close. We "fight" like a family but we also are there for each other" (Attendant).

"I like my job because it's flexible and I have input into different aspects of the program. The atmosphere is open and friendly" (Attendant).

"I like the atmosphere-being with other students (consumers and attendants). I like being able to talk about classes while I'm at work. There is much comraderie and joking around" (Attendant).

"I'm comfortable working here. When I come to work, I don't feel like I'm working, I enjoy it. It feels like I'm at a friends house helping them with something. It's not like a structured, medical-type program" (Attendant).

"I like the fact that CRASP exists, that's why I chose Carleton. Attendants are like friends helping you out once in a while and not like nurses in the hospital." (Consumer)

"Attendants are students. We're all the same age. I have input into the program" (Consumer).

"The program is very accommodating and it's consumer-directed" (Consumer).

"Without CRASP I wouldn't be in University. I like the independence the program provides me. I have made good friends here" (Consumer).

"The ratio of attendants to consumers is great. It allows more flexibility" (Consumer).

APPENDIX L

Weaknesses/Dislikes:

"Sometimes a certain consumer's routine is too long which causes one attendant to spend too much time with one consumer" (Attendant).

"Comraderie can be a problem because everyone wants to know about your personal life. Being in a family has that kind of problem...The program doesn't go far enough. It should cover all of campus, not just Residence" (Attendant).

"There is a need for rules and regulations. This would give restrictions as to how many hours of service a consumer should get. This would eliminate a consumer from keeping you in his/her room for no reason" (Attendant).

"Administration needs improvement from top to bottom. Those at the top have little contact with the program and know little about the ins and outs of the program... I have to spend too much time with one certain consumer. This is tiring. There should be some sort of rotation system, so that you don't have to deal with 1 consumer all the time" (Attendant).

"There should be better training for new attendants...Sometimes confidentiality is emphasized too much. Certain things get covered up. For example, sexual harassment of attendants was kept quiet and new attendants weren't warned about potential abusers" (Attendant).

"Nobody takes a firm stance for leadership. There are no restrictions in terms of what a consumer can demand. This leads to abuse" (Attendant).

"Because everyone is close, gossip tends to be a problem" (Consumer).

"Program is reluctant to change...There are too many friendships between attendants which create an "old boys network" (Consumer).

"I don't like sharing attendants... My routine runs more smoothly if I have the same two attendants all the time" (Consumer).

APPENDIX L

"I don't like being in a "program". Other students see us as a group of disabled students together. They think all disabled students are in this program" (Consumer).

"Administration is on a binary scale, i.e., them vs. us (superior-subordinate). This results in resistance to improve or change because the status quo is adopted. This is typical of institutions" (Consumer).

APPENDIX M

CRASP vs. Other Jobs

"My job here is more satisfying because its more important, more valuable" (Attendant).

"This job is the most personal, most gratifying job I've had. It has allowed me to learn the most about people and about myself" (Attendant).

"This job is more strenuous than other jobs. It's more time-consuming" (Attendant).

END

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FIN