

October 2018

## Interpersonal problems of the nonprofit workforce: Evaluating the wounded healer as the reason for high turnover

Crystal A. Evans

*Anderson College of Business, Regis University, cevans005@regis.edu*

Judy Thomas

*Anderson College of Business, Regis University, jthomas006@regis.edu*

Sharon MacDonnell

*Anderson College of Business, Regis University, smacdonn@regis.edu*

Follow this and additional works at: <https://scholarcommons.sc.edu/ji>

 Part of the [Nonprofit Administration and Management Commons](#)

---

### Recommended Citation

Evans, Crystal A.; Thomas, Judy; and MacDonnell, Sharon (2018) "Interpersonal problems of the nonprofit workforce: Evaluating the wounded healer as the reason for high turnover," *Journal of Ideology*: Vol. 39 : No. 1 , Article 2.

Available at: <https://scholarcommons.sc.edu/ji/vol39/iss1/2>

This Article is brought to you by the USC Lancaster at Scholar Commons. It has been accepted for inclusion in Journal of Ideology by an authorized editor of Scholar Commons. For more information, please contact [dillarda@mailbox.sc.edu](mailto:dillarda@mailbox.sc.edu).

## **Interpersonal problems of the nonprofit workforce: Evaluating the wounded healer as the reason for high turnover**

### **Abstract**

The research goal was to identify a potential explanation for the high levels of turnover in nonprofit organizations. First, nonprofit employees' levels of Adverse Childhood Experiences (ACEs) were evaluated and found to be significantly higher than for for-profit and government employees. This phenomenon could speak to a self-selection bias whereas wounded healers are drawn into the helping fields because of some perceived personal benefit they gain or because they might feel they can offer something more given their experiences. Having higher ACEs has been linked to job instability, and could be a contributing factor in the sector's turnover rates. Nonprofit employees' levels of interpersonal problems were also examined using the IIP-32 and it was found they had lower levels than the general population.

Gasman et al (2012), finds that nonprofits are defined by three ideologies. Being mission driven is one of the ideologies identified as key for nonprofit organizations. And, like most businesses, nonprofit organizations are dependent upon human assets for meeting their objectives and fulfilling their mission. “Second, the nonprofit sector responds to perceived needs. And finally, the nonprofit sector is people oriented, both in the clients they serve and to staff and volunteers who serve those in need” (Gassman, 2012. p.17).

Given these ideologies, the dependence of nonprofits on human assets is clear, and yet, research on nonprofit human resource (HR) management has confirmed that HR challenges are one of the most problematic issues negatively impacting organizational capacity in the nonprofit sector (Knapp, Smith, & Sprinkle, 2017; Salamon, 2002; Selden, & Sowa, 2015). High levels of turnover can result in loss of institutional knowledge, staff burnout, less efficient organizations, and under trained personnel (Healy, Meagher, & Cullin, 2009; Kang, Huh, Cho, & Auh, 2015; Smullens, 2012).

The issues of high turnover, under trained personnel, and organizational effectiveness are compounded when one considers how involved nonprofits are in caring for the most vulnerable (Noer, 2009; White, 2006), and how turnover harms clients’ relationships with the organization (Annie E. Casey Foundation, 2003).

If constant turnover plagues an organization, then the nonprofit is unlikely to fulfill its mission, provide the perceived needs, or serve its internal and external clients. (Gassman, Dolch, Kinnel, Krick, Schaffer, & Strom, S, 2012). Fundamentally, given the important role in society that nonprofits play, the cost of amateurs is too high (Evans & Kinoti, 2017). Therefore, the issue of turnover within the nonprofit sector must be explored to determine how to address this question.

In many cases, wage dissatisfaction is cited as the main reason for a high turnover rate in the nonprofit sector (Brown & Yoshioka, 2003), however, the authors have a different view and contend that low wages are a known variable when individuals enter the field; and therefore, do not represent the main impetus for leaving. Low wages can be mitigated by such instances as employee engagement or mission attachment (Treuren & Frankish, 2014). Nonetheless, while low wages might make the decision to leave easier, a different underlying cause could be an overshadowing factor.

Consequently, the researchers explored another plausible explanation for employee turnover within the nonprofit sector. This possible explanation is based on a self-selection bias of those entering the field and is grounded in the wounded healer phenomenon. Specifically, that those who pursue employment in the nonprofit sector are more likely to have suffered negative childhoods and Adverse Childhood Experiences (ACEs). Higher levels of ACEs have been linked to unstable job performance (Anda et al., 2004) as well as higher levels of interpersonal problems in adulthood (Bradley & Follingstad, 2003) which can also contribute to turnover.

To examine this possibility, researchers first evaluate if nonprofit workers report higher levels of ACEs compared to government and for-profit employees. Reporting higher levels could provide evidence of a self-selection bias where those who suffered traumatic childhoods are drawn into the nonprofit sector, which, in turn, would support a wounded healer theory. Secondly, we evaluate whether the levels of interpersonal problems (IIP) reported by nonprofit employees are higher than U. S. norms to further support the idea of a wounded healer.

The results of this research will serve to identify factors contributing to turnover and can aid nonprofits in better designing employee selection and retention protocols. If high turnover is

the result of adverse childhood experiences or employee's interpersonal problems, then human resources goals can be set to enhance employee engagement and targeted services can be offered.

This research is structured such that the theoretical background is first presented and information regarding nonprofit turnover is explored. Subsequently, the wounded healer theory is offered as well as information regarding ACEs and their link to IIP. Next, the hypotheses and research questions are presented. Finally, the two studies are discussed along with results and implications for future research.

## **Theoretical Background**

### **Nonprofit Turnover and Organizational Effectiveness**

Problematic levels of nonprofit turnover is a common topic in research (Guo et al., 2011; Pinder, 2012; Walk et al., 2014), and this devastating trend is not predicted to improve. Turnover affects all levels of the organization including top levels of the organization:

Based on a survey of over 400 charities, about 25 percent of nonprofit C-suite leaders left their positions in the last two years, and nearly as many plan to do so in the next two years. If that trend holds, the nonprofit sector will need to replace the equivalent of every C-suite position over the next eight years, the research showed, leading to sizeable costs in terms of cash resources and lost productivity. (Nonprofit Business Advisor, 2016. p. 1)

Turnover's effects can be dually identified: first, the costs associated with it, and second, the impact on the organization's effectiveness. Direct turnover costs include 1) paperwork to process the turnover, 2) vacancy costs to fill the position (overtime or temporary workers) 3) fill costs such as advertising and interviewing 4) training costs including a loss of productivity for those doing the training and overall loss of effectiveness of the organization. (Morrell, Loan-Clark, Wilkinson, 2004).

Secondary costs are not as clear, but excessive just the same (Stewart, 2016). These intangibles include lowered morale, burnout of the remaining staff, compromised quality of services rendered, all of which can encumber the mission (Akingbola, 2004; Armstrong et al., 2009). “Financial costs of the private sector employee who leaves can generally run from 50 percent to 200 percent of the employee’s annual salary, relative to the individual’s role, seniority, specialization, performance level, and training received while on the job” (Hamilton, 2010, p 1). Comparatively, similar costs are incurred by nonprofits when challenged by employees who leave their jobs.

Furthermore, with higher levels of turnover, client mistrust is increased (Todd & Deer-Schmitt, 1996). Annie E. Casey Foundation (2003) also issued a suggested mandate for a better understanding of nonprofit turnover prevention because children and families are ultimately the recipients of negative impacts of frontline human services workers.

“Frontline work in human services is about relationships. Workers are not interchangeable parts, and a child or family suffers when caseworkers don’t know how to help, or when they leave and are replaced by new, inexperienced workers. We know that just staying in their job consistently is an essential element of workers’ effectiveness. We also know the consequences of high turnover; for example, families with children in foster care are less likely to be reunited in a timely way, and children in childcare centers show slower development”. (p. 18)

Additionally, those fields with higher turnover can gain a reputation that discourages others from entering the sector (Geurts, Schaufeli, & De Jonge, J. 1998). Kim & Lee (2007) demonstrated that staff turnover could result in lower employee morale and that lower morale increases turnover, thus created a detrimental cycle that further perpetuates the problem. Singer

and Yankey (2006) commented that productivity and morale are adversely affected when uncertainty is apparent in the nonprofit sector. Ultimately, turnover in the nonprofit sector is problematic, and as a result, those who seek help through these organizations are receiving less than ideal care and services. Therefore, a better understanding of these phenomena is needed.

### **The Wounded Healer Hypothesis**

“Riessman (1965) developed the *helper therapy principle*, which calls attention to possible benefits the “helper receives from being in the helper role” (p. 32). This principle simply states that it may be more re-integrative to give help than to receive it because ‘those who help are helped most’ (Gartner & Riessman, 1984, p. 19)” (LeBel, Richie, & Maruna, 2015).

“Barnett (2007) sought to determine what unconsciously motivated someone to enter the helping field of psychology and determined that early loss and deprivation were recurring themes... The idea that these early adverse childhood experiences subconsciously motivated the interviewees to seek occupations rooted in helping others reinforces the notion that those who are wounded are drawn to serving others and may experience benefit from doing so.” (Evans & Evans, 2019)

In the psychological healing professions, evidence of the “wounded healer” phenomenon is apparent (Zerubavel & Wright, 2012). The wounded healer paradigm suggests that people who have experienced certain personal difficulties or wounds and can confront their brokenness have an increased capacity for understanding or empathizing with others. Hence, “healing power emerges from the healer’s own woundedness” (Zerubavel & Wright, 2012 p. 482).

Howard et al. (2015) found similar results when evaluating 192 social workers and proposed the following explanation:

First, traumatic events induce feelings of helplessness and lack of control (Beck, Jacobs-Lentz, Jones, Olsen, & Clapp, 2014). By entering into a helping profession, individuals can begin to perceive themselves as having some form of authority or control over situations very similar to the ones they experienced in their own childhood. Thus, such professions offer them an opportunity to face these situations from a position of strength, which may be alluring to populations with ACEs that is not present for other populations (p. 446).

Evidence suggests the helping fields may attract, through self-selection, those employees who are more likely to have had difficult childhoods, which could compound interpersonal problems (Bradley & Follingstad, 2003). Jaffe (2004) stated that mental health professionals, for example, when compared to the population as a whole, were more likely to come from a dysfunctional family of origin setting. Similarly, Allen (2001) wrote that research consistently finds elevated childhood adversity to be a predictor for entering the helping fields.

### **Adverse Childhood Experiences (ACEs) & Interpersonal Problems (IIP)**

In 1997, 17,337 volunteers were recruited to take part in the first Adverse Childhood Experiences Study. This study was a joint effort by Dr. Felitti from Kaiser and Dr. Anda from the Center for Disease Control (Felitti & Anda, 1997) and evaluated ten specific forms of childhood abuse. These forms can be grouped into three categories:

1. Abuse: Emotional abuse, Sexual abuse, and Physical abuse
2. Neglect: Physical and Emotional
3. Family Dysfunction: Incarcerated relative, Mother treated violently, mental illness, parental divorce, and substance abuse

The study and its ten forms of childhood abuse would become the gold standard for



evaluating the impact of childhood abuse and adult outcomes. Additionally, the ten-question survey would become a norm for academic research and used across numerous academic studies. The CDC maintains a website with select articles across multiple disciplines that use the ACEs tool to evaluate outcomes for adults (Centers for Disease Control and Prevention [CDC], 2010).

Fletcher & Schurer (2017) consider themselves among the first to correlate adulthood personality traits and ACE's perpetrated by parents. In a longitudinal study, they noted that for many, a relationship exists between adulthood instability and earnings or human capital. They further opine that mistreatment in childhood explains labor market outcomes because of the well-documented, long-term effects of maltreatment. "...at least fifty percent of the variation in personality traits can be attributed to personal experiences." (p. 1-2). Furthermore, Iniguez & Stankowski (2016) observed "...adverse childhood experiences (ACEs) have the potential to profoundly impact the cognitive, social, and neurobiologic functioning of developing brains" (p. 1).

ACE's are not uncommon, and most adults have experienced at least one event, and 25 percent of adults have experienced more than three such events (LaNoue, Graeber, Helitzer & Fawcett, 2013). The original ACEs study illuminated the prevalence of ACEs by using a sampling of the middle-class and established that trauma for children is lamentably, considered normative and is known, unfortunately, to link their negative childhood experiences with episodes of deteriorating health and workplace complications (Topitzes, Pate, Berman & Medina-Kirchner, 2016). Heckman (2011) discussed the gaps that exist in childhood development such as adverse living conditions, poverty, and poor educational opportunities that can lead to an aftermath of unsuccessful adult health and employment histories.

The link between negative childhoods and certain difficulties in adulthood seems almost

intuitive. However, this link is also supported by vast amounts of research. Interpersonal problems are tagged with many labels and represent a “person’s most salient interpersonal difficulties” (Horowitz, Alden, Wiggins, & Pincus, 2000 p. 1). The IIP-32 is the tool used in this study and divides IIP into eight main categories: (1) Domineering / Controlling, (2) Vindictive/ Self-Centered, (3) Cold/Distant, (4) Socially Inhibited, (5) Non-Assertive, (6) Overly Accommodating, (7) Self-Sacrificing, (8) Intrusive/Needy. For a definition of each of the eight categories, see the variables section in Study 2 of this paper.

Research supports a strong link between ACEs and Inter-Personal Problems (IIP). For example, women who suffered childhood sexual abuse (an ACE) are shown to demonstrate higher levels of domineering, non-assertiveness and insensitivity. All three of these characteristics are classified as IIPs (Moeller, Bachmann & Moeller, 1993). In addition, a study of 411 boys who experienced childhood parental incarceration (an ACE) showed they had twice the risk of antisocial behavior (an IIP) (Murray & Farrington, 2005). Moreover, those who grow up in households with a mentally ill parent (an ACE) are more likely to have attachment issues in adulthood and can appear distant or self-centered (all considered IPP) (Reupert & Maybery, 2007). In addition, children with parents who suffered substance abuse (an ACE) are likely to demonstrate antisocial behaviors and have difficulty forming healthy relationships (both of these are IIP) (Barnard & McKeganey, 2004). Again, the link between ACEs and increased levels of IIPs is substantiated by multiple studies. This link becomes the basis for our Hypothesis.

### **Hypothesis**

Our goal was to explore the concept of the “wounded healer” and its relationship to the nonprofit employee as a possible explanation for high levels of turnover in the nonprofit sector. The initial challenge was to determine if nonprofit employees report higher levels of ACE’s than

others do. Higher levels of ACEs are known to correlate with higher levels of work absenteeism, poor job performance, and general job instability (Anda et al., 2004). Contingent on the results of the initial challenge, the next step was to determine, if those employees within the nonprofit sector also have higher levels of interpersonal problems. If nonprofit employees do have higher ACEs, then literature would support them also having higher IIP because the two are linked. Therefore, the hypothesis is that the nonprofit field shares the wounded healer phenomenon, and has a self-selection bias where those who seek employment in the field are likely to have higher levels of ACEs and interpersonal problems than the general population. These two ideas will be evaluated using the following research questions.

**R1: Do those employed within the nonprofit sector have higher levels of ACEs than those in the for-profit or government sector?**

**R2: Do those employed within the nonprofit sector report higher levels of Interpersonal Problems than the general US population.**

The wounded healer phenomenon has been well documented in other fields but has not been explored in the context of the nonprofit sector. Nonetheless, the link between personal problems and increased turnover is well documented (see Hayes et al., 2006 for an informative literature review). Therefore, if the hypotheses are correct and nonprofit employees report higher levels of interpersonal problems, then the high levels of industry turnover could be the result of a self-selection of those opting into the sector as wounded healers.

## **Methods**

### **Overview**

Two different studies are used to evaluate the topics.

*Study 1 overview.* Through an online platform, the ACEs survey was given to thirty nonprofit employees, 34 government employees and 29 for-profit employees (n=93) to determine if nonprofit employees reported higher levels of ACEs than their government and for-profit counterparts. Each respondent was given a total ACEs score that was calculated by determining the number of times they reported *yes* to one of the ten childhood forms of abuse. These scores were calculated, and descriptive statistics were determined. Finally, F-Tests were completed to verify that the means were unequal and then t-Tests were conducted comparing the ACEs of nonprofit employees to the government employees and then again for-profit employees.

*Study 2 overview.* The Inventory of Interpersonal Problems 32 (IIP 32) was given as an online survey to 350 nonprofit employees. In addition to the questions within the IIP-32, participants were asked to identify their sex, year of birth and primary nonprofit cause. By employing the IIP-32, a robust evaluation and a more substantial and confident result can be achieved. In the following sections, details are provided on the survey method, participants, and analysis of the data. For the second study, the norms of the U.S. general population are employed as the control for comparison to the results of the nonprofit employee data.

### **Study 1: Method**

Ninety-three participants, comprised of nonprofit, government, and for-profit employees, agreed to participate in an online survey through MTurk. The survey was composed of the aforementioned ten ACEs questions, the demographic questions, and the work sector identification query.

### **Study 1: Measure – ACEs**

ACEs is a ten-question survey that asks about ten distinct forms of adverse childhood experiences. Participants are asked if a specific kind of abuse happened to them before the age

of 18. Answering *Yes* to a question results in an increase in the participant's ACEs score. Therefore, possible scores range between zero and ten.

### **Study 1: Variable**

Total ACEs – the points each participant earned by adding the total times they answered *Yes* to an ACEs question.

### **Study 1: Participants**

Thirty nonprofit, 34 government and 29 for-profit employees were recruited to take part in the study (n=93). The contributors are an average age of 38.96 years with a minimum age of 21, a maximum age of 68 and a SD of 12.23. Females made up 66% and males totaling 34% of the studied sample.

### **Study 1: Analysis**

First, an F-Test was conducted to determine that the means were unequal. Next, two t-Tests were implemented to determine if the nonprofit population was statistically significantly different from government employees, and then from the for-profit workers.

### **Study 1: Results**

First, the level of ACEs for nonprofit employees was compared to government employees. Nonprofit employees had a mean of 2 ACEs with a variance of 4.552 while government employees have a mean of 0.186 ACEs with a variance of 0.155. These two groups were statistically significantly different with a p-value of 0.000.

Next, the same comparison was made between nonprofit employees and for-profit employees. The for-profit employees reported a mean of 0.9655 ACEs with a variance of 2.892. Again, this population was statistically significantly different from the nonprofit employee with a p-value of 0.043

The results of Study 1 demonstrate that nonprofit employees report higher levels of ACEs than their for-profit and government counterparts do. After determining this difference, Study 2 was conducted.

### **Study 2: Method**

An online survey platform was utilized. Emails containing a link to the online survey were sent, and volunteers were offered a small monetary reward for taking part in the survey. The recipients were culled to include only individuals who were 18 years or older, U.S. citizens, and self-identified as working in the nonprofit sector. The email request was sent daily at randomized times to the email list.

A total of 672 individuals logged in to access the survey but many were disqualified using the platform logic. The first two questions within the survey acted as filter questions: 1) Do you currently work in the nonprofit sector? 2) Are you paid for your work in the nonprofit sector? These questions were designed to ensure only nonprofit employees participated and to reject volunteers and those outside the sector. Those participants who took more than one hour or less than five minutes to complete were excluded, and those who answered incorrectly to a randomized control question of, “Please click always if you are reading this,” were also excluded from the final sample. Completed responses averaged 63.17 per day.

The project’s self-funded budget allowed for 350 completed qualified responses. Once these were obtained, the online survey was closed to new participants. Six days were necessary to produce the total sample of respondents.

### **Study 2: Measure – IIP-32**

With a goal to identify the potential connection between workers with higher levels of interpersonal problems and a selection of nonprofit workers, it must first be determined how

interpersonal problems will be measured. For this research, the measure will be constructed using the eight domains of interpersonal problems as provided in the Inventory of Interpersonal Problems – 32 (IIP-32).

The IIP-32 is a self-reporting instrument with 32 items resulting in a measure of eight variables including Domineering, Vindictive, Cold, Socially Avoidant, Non-Assertive, Self-Sacrificing, Overly Accommodating and Intrusive. These variables represent a “person’s most salient interpersonal difficulties” (Horowitz, Alden, Wiggins, & Pincus, 2000 p. 1). Respondents are asked to rate, using a Likert scale, behaviors they do too much (e.g., I try to please others too much) or behaviors found to be too hard (e.g., Say “no” to other people). The scale for each question ranges from 0 to 4 with 0=not at all, 1=a little bit, 2= moderately, 3=quite a bit, 4=extremely. Scores of all the questions within each specific domain are then tallied, and a domain score is given. Ranges for each domain can fall between zero and sixteen. The IIP total is the composite scores of all domains, which could fall between 0 and 128.

For this study, the IIP32 was selected, because Self-Sacrificing and Overly Accommodating are interpersonal issues which the tool measures. These two dimensions were of great importance when selecting an appropriate tool since public-service motivation involves putting others before self (Brewer, Selden, Facer, & Rex, 2000). In addition, because the IIP-32 is a validated research tool used in multiple research projects, norming becomes possible. The IIP-32 provides norms for specific populations including prisoners, specific occupations, and the general U.S. population.

Each dimension of the instrument leads to a specific variable to be evaluated.

## **Study 2: Variable**

Domineering/Controlling, Vindictive/Self-Centered, Cold/Distance, Socially Inhabited, Non-Assertive/Overly-Accommodating, Self-Sacrificing, Intrusive/Needy.

(See Horowitz et al., 2000, P-38-40 for definitions/measures of each of the above variables).

### **Study 2: Participants**

All 350 respondents were employed within the United States with 42 of the states having at least one representative. Ages ranged between 18 years to 73 with the average being 39.71. Of the 350 participants, 265 were female, and 85 were male. The overrepresentation of female is within industry norms and the result of the general female overrepresentation within the sector (Alkadry & Tower, 2011; Faulk et al., 2012).

### **Study 2: Analysis**

First, descriptive statistics were calculated for our sample of nonprofit employees and compared to the normative rate of the general U.S. population. The calculation was repeated for each nonprofit subsector. Next t-statistics were calculated to determine if results were statistically significant.

$$t = \frac{(\bar{x}_2 - \bar{x}_{i1}) - d}{\frac{s_2^2}{n_2} + \frac{s_{i1}^2}{n_{i1}}}$$

where  $\bar{x}_2$  is the mean Likert score for the norm of the general U.S. population, represents its standard deviation, the groups sample size is  $n_2$ ,  $\bar{x}_{i1}$  equals the mean Likert score for the sample groups,  $s_{i1}^2$  is its standard deviation,  $n_{i1}$  is the sample size for the survey group. The variable d is the hypothesized difference between the means, which is zero in each case.

Calculated t-statistics are compared to a standard two-tailed t distribution table.

### **Study 2: Results**



The following tables show the descriptive statistics of each of the eight dimensions of the instrument. Table 1 provides a detailed account of descriptive statistics. Table 2 is a summary of the other domains showing the statistical significance. Table 3 shows details of the Total IIP score.

[Table 1 through 3 here]

### **Discussion**

The research goal was to identify a potential explanation for the high levels of turnover in nonprofit organizations. Because higher levels of turnover have been linked to ineffective organizations, it could logically follow that by reducing turnover, organizations may become more effective. Increased effectiveness could allow nonprofits to better fulfill mission, provide for perceived needs, and serve internal and external clients. Thus, as a key concern of nonprofits, any step that helps in understanding turnover can provide the tools to counteract it.

First, nonprofit employees' levels of ACEs were evaluated and found to be higher than those were for-profit and government employees at significant levels. This phenomenon could speak to a self-selection bias whereas wounded healers are drawn into the helping fields because of some perceived personal benefit they gain or because they might feel they can offer something more given their experiences. Previous research also finds that most nonprofit subsectors, including the helping fields, are supply-side driven, thus meaning that the production of the nonprofit good has more to do with the producer than the recipient (Evans, Evans & Mayo 2017) which again, supports the idea that wounded healers self-select into the field because of personal benefit of some form.

The higher levels of ACEs, demonstrated in nonprofit employees, could be a contributing factor in higher nonprofit turnover rates. The link between higher ACEs and

unstable employment has been found by others (Anda et al., 2004). Having this information can aid nonprofit employers in making a better-informed decision about employee wellness and benefit plans. If employers know their workforce possesses high levels of ACEs, then redirecting funds to employee benefit programs such as Employee Assistance Plans (EAP) for the provision of referrals, counseling services, and other mental health interventions such as education could be justified to lower turnover rate (Cambron, Gringeri, & Vogel-Ferguson, 2014; McLeod, 2010; Wojcik, 2012). The benefits of such programs have been shown to reduce turnover and absenteeism, lower employee depression and stress, and contribute to employee well-being (Attridge, et al, 2009; Chang, Birtch, & Kwan, 2010; Hughes, Lowey, Quigg, & Bellis, 2016; McLeod, 2010).

Note that higher levels of ACEs have been linked to depression (Edwards, Dube, Felitti, & Anda, 2007), suicidal tendencies (Dube, Anda, Chapman, Williamson, & Giles, 2001) risky sexual behavior (Hillis, Anda, Felitti, & Marchbanks, 2001) and increased addiction (Strine et al., 2012) and EAP's often include suicide prevention education, suicide hotlines, addiction referrals, general counseling services, and STD education (Conti & Burton, 1999). Thus, this approach is targeted and evidenced-based. Notably, the high turnover plus evidence of increased levels of ACEs, employers are encouraged to consider offering EAP programs to address the challenges of turnover reduction and mental health improvements.

Next, differences of interpersonal difficulties in nonprofit employees versus the average population, were examined. The expectation was that nonprofit employees would have higher levels of interpersonal problems because of the correlation between interpersonal problems and ACEs. Unexpectedly, data did not support this potential explanation. According to the data, nonprofit employees have lower levels of interpersonal problems than the average U.S.

population overall and for each of the eight dimensions. Thus, the reason for the high rates of turnover is not this dimension of employees' personality.

Looking at the domineering/controlling dimension, nonprofit employees had a mean score of 2.52 while the general U.S. population has a score of 4.90. This result was statistically significant at the  $p < 0.01$  level and demonstrates that nonprofit employees report lower levels of this interpersonal problem. Additionally, vindictive/self-centered was reported to be significantly less ( $p < 0.01$ ) in the nonprofit employee sample compared to the U.S. population (mean 3.66 vs. 5.3).

Being cold and distant is not something normally associated with nonprofit workers. However, research supports the idea that traumatic events can also result in individuals being cold and distant (Marshall et al., 2007). Therefore, in light of the wounded healer theory, it was appropriate to test this given that it could be possible that traumatic events lead someone to seek employment in the nonprofit sector. However, nonprofit employees reported lower levels of cold/distant compared to the general population at a statistically significant level (mean 3.94 vs. 5.70,  $p < 0.01$ ). Thus, and repeatedly, the evidence does not support hypothesis.

Socially inhibited, nonassertive and intrusive/needy are the next interpersonal problems evaluated. Again, nonprofit employees reported lower levels compared to the general U.S. population: socially inhibited (mean 5.17 vs. 6.5,  $p < 0.01$ ) and Nonassertive (mean 5.95 vs. 7.40,  $p < 0.01$ ) and Intrusive/needy (mean 3.60 vs. 5.70,  $p < 0.01$ ).

The next two domains (Self-Sacrificing and Overly Accommodating) have an interesting relationship in the nonprofit world. Often, self-sacrificing and overly accommodating are seen as positive traits. Even the popular Perry PSM survey has a component that measures self-sacrificing (Perry, 1996). However, the measure of the IIP 32 relates to negative consequences

of the dimensions such as being so overly accommodating that it causes problems within an individual's personal life. PSM is a public service theory, which integrates motivation and public interest despite what some have labeled counter to one's best interest (Brewer, Selden, Facer, & Rex, 2000). Perry (1996) further delineated the multi-dimensional aspects of PSM into such constructs as "attraction to policy-making, commitment to the public interest; compassion; and self-sacrifice" (as quoted by Kroll and Vogel, 2014, p. 977). Though self-sacrifice is often seen in studies as a self-defeating behavior, which can result in such consequences as burnout and other personal detrimental outcomes, others claim that such is the behavior of most great leaders (Kroll & Vogel, 2014; Van Knippenberg & Van Knippenberg, 2005).

Oldham, Morris, & Oldham (1995) describes self-sacrificing as a personality style which is apparent when a person is the most comfortable with themselves *when giving of themselves* to others. Humble, long-suffering, generous, non-judgmental by nature, the service modality of the self-sacrificing person is to help others. Sabo (2011) noted the existence of factors such as definitive and identified personality characteristics. These factors can lead to burnout or compassion fatigue, and the self-sacrificer is at risk because they inherently put others before themselves. Additional theorists, exceptionally Abendroth & Flannery (2006), found that those individuals who exhibit self-sacrificing behavior belong in the high-risk level for burnout. Sabor (2011) further observed the existence of a gap in the research to explore how the conduct of the overly devoted increases their likelihood of burnout.

Surprisingly, the nonprofit employees surveyed in this research reported lower levels of Self-Sacrificing (mean 6.22 vs. 8.20,  $p < 0.01$ ) and Overly Accommodating (mean 5.83 vs. 7.80,  $p < 0.01$ ) than the general U.S. population. Of course, the results of this study does not advance that nonprofit employees are less self-sacrificing, but rather that the nonprofit employee does not

experience the negative benefits of being so. The prevalence of pleasure via public service motivation could outweigh any negative aspects of service due to the Self-Sacrificing behavior of the nonprofit worker (Schepers et al., 2005).

Overall, nonprofit workers significantly differ from the U.S. population in their levels of interpersonal problems, although not in the direction that the wounded healer hypothesis or the ACEs data in Study 1 would have predicted. Though nonprofit workers report lower levels of interpersonal problems, another possibility bears investigation: those entering the therapy field are likely to embody the wounded healer phenomenon (Deutsch, 1985; DiCaccavo, 2002). However, when Elliott and Guys (1993) evaluated 340 female mental health workers who had worked in the field of mental health for their career, the respondents demonstrated more stability in adulthood by reporting lower levels of depression and anxiety and impairment than their counterparts from other occupations (Elliott & Guy, 1993). By the very nature of helping others, the individuals who enter the helping field can "self-heal" and thus show lower levels of interpersonal problems. The idea that individuals may be drawn to specific fields because of the need to self-heal is not new and has been greatly explored in psychotherapy.

“Many psychotherapists, we believe, choose the profession partly because of their affinity with the healer– patient dialectic and their interest in resolving their conflicts. Furthermore, we believe that many choose this profession because this dialectic can be resolved in an interpersonal context. That is therapists’ needs for healing others and healing the self-play out within the confines of an interpersonal relationship— one that is increasingly seen as healing in and of itself (Norcross, 2002). Put another way; multiple professions would fulfill the needs to heal others (e.g., through medicine) and oneself (e.g., clergy). Therapists may well choose this particular field because it offers

an especially intimate way of dealing with these two co-occurring needs.” (Norcross & Farber, 2005 p 940 - 941).

Therefore, the self-healing need can be assumed to drive individuals into helping fields within the nonprofit sector.

### **Conclusion**

Having higher ACEs has been linked to job instability, and could be a contributing factor in the sector's turnover rates. Researchers explored nonprofit turnover by determining if those within the nonprofit sector suffer from high levels of ACEs and become wounded-healers. Statistically significant findings through this study are eminent in highlighting that nonprofit employees do report higher levels of ACEs than their government and for-profit equivalents. Of consequence, is a better understanding of the nonprofit worker's struggle which could necessitate or, at the least benefit from, an Employee Assistance Program encompassing counseling and other mental health benefits. The cost efficiency of such programs has been found to reduce turnover in the target population. (Denman, 2015; Palin, 2012). Distinctly, and because of the presences of higher levels of ACEs, the expectation was that nonprofit workers also had higher levels of interpersonal problems. On the contrary, nonprofit employees reportedly statistically significantly lower levels of IIPs.

One possible explanation is that the act of aiding others allows the one who serves to self-heal. (Heath, 2006; Hurley et al., 2016).

### **Limitations and Future Research**

An interesting question that this research exposes is that of the disconnect between nonprofit workers' levels of ACEs, which should result in higher levels of interpersonal problems, and their lower levels of interpersonal problems. The idea that wounded healers self-

select into the nonprofit sector and self-heal as they serve others is presented by this research. Researchers did consider further investigation of this topic by determining if those with shorter tenures in the field have more IIPs and those with longer tenures have fewer IIPs. However, it was acknowledged that such an analysis did not offer a reasonable control for reverse causality. Future researchers may want more closely explore this possibility.

Additionally, future research could explore the possibility that higher ACES are only present in specific nonprofit subsectors and not in others. Therefore, a sector analysis would be beneficial for a better understanding of the results provided here.

Remarkably, in the earlier narrative of this paper, was the endorsement that turnover could be predicated by employee characteristic as an aftereffect of higher levels of ACEs, and investment in EAP programs could serve to ameliorate any difficulties presented as a corollary. Further investigation is warranted to determine if EAP's offer greater returns due to the populations higher ACEs. In addition, research could explore what percentage of turnover can be contributed to employees past Adverse Childhood Experiences.

***Final Thoughts:** It is the authors' hope that this article can help nonprofits realize that their external mission may not be the only way they can serve. Corresponding to the third ideology that define nonprofits, "the nonprofit sector is people oriented, both in the clients they serve and to staff and volunteers who serve those in need" (Gassman, 2012. p.17), it seems that nonprofit organizations may be presented with the opportunity to aid the wounded and hurting that reside within their very payrolls. Perhaps this should be considered the nonprofits' second mission field.*

## Reference

- Abendroth, M. & Flannery, J. (2006) Predicting the risk of compassion fatigue: A study of hospice nurses. *Journal of Hospice and Palliative Nursing*, 8(6), 346-356.
- Adamchik, Vera A. & Bedi, Arjun, (2000), Wage differentials between the public and the private sectors: evidence from an economy in transition, *Labour Economics*, 7(2) 203-224.
- Akingbola, K. (2004). Staffing, retention, and government funding: A case study. *Nonprofit Management and Leadership*, 14(4), 453-465. doi:10.1002/nml.46
- Alkadry, M. G., & Tower, L. E. (2011). Covert pay discrimination: How authority predicts pay differences between women and men. *Public Administration Review*, 71(5), 740-750.
- Allen, J.G., (2001). Traumatic relationships and serious mental disorders. New York: Wiley.
- Anda, R. F., Fleisher, V. I., Felitti, V. J., Edwards, V. J., Whitfield, C. L., Dube, S. R., & Williamson, D. F. (2004). Childhood abuse, household dysfunction, and indicators of impaired adult worker performance. *The Permanente Journal*, 8(1), 30.
- Annie E. Casey Foundation. (2003). The unsolved challenge of system reform: The condition of the frontline human services workforce. Baltimore, MD: Annie E. Casey Foundation.
- Armstrong, L., Bluit-Fisher, J., Lopez-Newman, L., Paul, D., & Paul, K. (2009). *Nonprofits in crisis: How to retain employees in the nonprofit sector* (Doctoral dissertation, University of Nevada, 2009). Las Vegas, Nevada: UNLV. Retrieved from <http://digitalscholarship.unlv.edu/thesedissertations/810>.
- Attridge, M., Amaral, T., Bjornson, T., Goplerud, E., Herlihy, P., McPherson, T., Paul R., Routledge, S., Sharar, D., Stephenson, D., & Teems, L. (2009). EAP effectiveness and ROI. *EASNA Research Notes*, 1(3). <http://www.easna.org>.
- Barnard, M., & McKeganey, N. (2004). The impact of parental problem drug use on children: what is the problem and what can be done to help? *Addiction*, 99(5), 552-559.
- Beck, J. G., Jacobs-Lentz, J., McNiff, J., Olsen, S. A., & Clapp, J. D. (2011). Understanding posttrauma cognitions and beliefs. *Facilitating resilience and recovery following traumatic events*, 167-190.
- Bradley, R. G., & Follingstad, D. R. (2003). Group therapy for incarcerated women who experienced interpersonal violence: A pilot study. *Journal of Traumatic Stress*, 16(4), 337-340.
- Brewer, G. A., Selden, S. C., Facer, I. I., & Rex, L. (2000). Individual conceptions of public service motivation. *Public administration review*, 60(3), 254-264.
- Brown, W. A., & Yoshioka, C. F. (2003). Mission attachment and satisfaction as factors in employee retention. *Nonprofit management and leadership*, 14(1), 5-18.
- Cambron, C., Gringeri, C., & Vogel-Ferguson, M.B. (2014) Physical and mental health correlates of Adverse Child Experiences among low-income women. *Health & Social Work*, 39(4), 221-229. Doi: hsw/hlu029
- Centers for Disease Control and Prevention (CDC). (2010). Adverse childhood experiences reported by adults---five states, 2009. *Morbidity and Mortality Weekly Report*, 59(49), 1609-1613.
- Chang, F. Birtch, T., & Kwan, H. (2010). The moderating roles of job control and work-life balance practices on employee stress in the hotel and catering industry. *International Journal of Hospitality Management*, 29(1). 25-32. doi.org/10.1016/j.ijhm.2009.04.005
- Chapman, D. P., Whitfield, C. L., Felitti, V. J., Dube, S. R., Edwards, V. J., & Anda, R. F. (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of affective disorders*, 82(2), 217-225.



- Conti, D. J., & Burton, W. N. (1999). Behavioral health disability management. In J. M. Oher, J. M. Oher (Eds.), *The employee assistance handbook* (pp. 319-336). Hoboken, NJ, US: John Wiley & Sons Inc.
- Denman, S. (2015). Mental illnesses are not invisible. An insight into workplaces. *International Journal of Disability, Development, and Education* 62(3), 339-345. doi: 10.1080/1034912X.2015.1027520
- Deutsch, C. J. (1985). A survey of therapists' personal problems and treatment. *Professional Psychology: Research and Practice*, 16(2), 305.
- DiCaccavo, A. (2002). Investigating individuals' motivations to become counseling psychologists: The influence of early caretaking roles within the family. *Psychology and Psychotherapy: Theory, Research and Practice*, 75(4), 463-472.
- Dube, S. R., Anda, R. F., Felitti, V. J., Chapman, D. P., Williamson, D. F., & Giles, W. H. (2001). Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: Findings from the adverse childhood experiences study. *JAMA*, 286(24), 3089–3096. <https://doi.org/10.1001/jama.286.24.3089>
- Edwards, V. J., Dube, S. R., Felitti, V. J., & Anda, R. F. (2007). It's ok to ask about past abuse. *American Psychologist*, 62(4), 327–328. <https://doi.org/10.1037/0003-066x62.4.327>
- Elliott, D. M., & Guy, J. D. (1993). Mental health professionals versus non-mental-health professionals: Childhood trauma and adult functioning. *Professional Psychology: Research and Practice*, 24(1), 83.
- Evans, C. A., Evans, G.R. (2019). Adverse Childhood Experience as a determinant of public service motivation. *Public Personnel Management*.
- Evans, C. A., Evans, G. R., & Mayo, L. (2017). Charitable giving as a luxury good and the philanthropic sphere of influence. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*, 28(2), 556-570.
- Evans, C.A. & Kinoti, M.D. (2017). Are we there yet? Evaluating nonprofit management as a profession for program accreditation. *Journal of Nonprofit Education and Leadership*. 5 (1), 45-55.
- Faulk, L., Edwards, L. H., Lewis, G. B., & McGinnis, J. (2012). An Analysis of Gender Pay Disparity in the Nonprofit Sector: An Outcome of Labor Motivation or Gendered Jobs? *Nonprofit and Voluntary Sector Quarterly* 42(6), 1260-1287.
- Felitti, V. J., & Anda, R. F. (1997). The adverse childhood experiences (ACE) study. Centers for Disease Control and Prevention.
- Fletcher, M. & Schurer, S. (2017) Origins of adulthood personality: The role of adverse childhood experiences. *B.E. Journal of Economic Analysis & Policy* 17(2). 69-90. doi: 10.1515/bejeap-2015-0212
- Gassman, J., Dolce, N.A., Kinnell, A.M., Krick, S., Schaffer, R.H. & Strom, S. (2012). Nonprofit Ideologies: Actions Speak Louder Than Words. *Journal of Ideology, an online journal*. 34:2012: <http://www.lsus.edu/offices-and-services/community-outreach/the-journal-of-ideology/current-issue>
- Geurts, S, Schaufeli, W. & De Jonge, J. (1998) Burnout and intention to leave among mental healthcare professionals: A social psychological approach. *Journal of Social and Clinical Psychology* 17 (3): 341–362.
- Guo, C., Brown, W. A., Ashcraft, R. F., Yoshioka, C. F., & Dong, H. D. (2011). Strategic human resource management in nonprofit organizations. *Review of Public Personnel Administration*, 31, 248–269.

- Hamilton, B. A., & P. (2010). *Beneath the surface: understanding attrition at your agency and why it matters*. Washington, DC: Partnership for Public Service.
- Hayes, L. J., O'Brien-Pallas, L., Duffield, C., Shamian, J., Buchan, J., Hughes, F., ... & Stone, P. W. (2006). Nurse turnover: a literature review. *International journal of nursing studies*, 43(2), 237-263.
- Healy, K., Meagher, G. and Cullin, J. (2009) Retaining novices to become expert child protection practitioners: Creating career pathways in direct practice, *British Journal of Social Work*, 39(2), 299 – 317.
- Heath, C. (2006). A womanist approach to understanding and assessing the relationship between spirituality and mental health. *Mental Health, Religion & Culture* 9(2), 155-170. doi: 10.1080/13694670500116938
- Heavey, A. L., Holwerda, J. A., & Hausknecht, J. P. (2013). Causes and consequences of collective turnover: a meta-analytic review. *Journal of Applied Psychology*, 98(3), 412.
- Heckman, J. J. (2011). The economics of inequality: the value of early childhood education. *American Educator*, (1), 31.
- Hillis, S. D., Anda, R. F., Felitti, V. J., & Marchbanks, P. A. (2001). Adverse childhood experiences and sexual risk behaviors in women: A retrospective cohort study. *Family Planning Perspectives*, 33(5), 206–211. <https://doi.org/10.2307/2673783>
- Horowitz, L.M., Alden, L.E., Wiggins, J.S., & Pincus, A.L. (2000). Inventory of Interpersonal Problems (IIP-32/IIP-64). London: Psychological Corporation
- Howard, A. R. H., Parris, S., Hall, J. S., Call, C. D., Razuri, E. B., Purvis, K. B., & Cross, D. R. (2015). An examination of the relationships between professional quality of life, adverse childhood experiences, resilience, and work environment in a sample of human service providers. *Children and Youth Services Review*, 57, 141–148. <https://doi.org/10.1016/j.childyouth.2015.08.003>
- Hughes, K., Lowery, H., Quigg, Z. & Bells, M.A. (2016) Relationships between adverse childhood experiences and adult mental wellbeing: results from an English national household survey, *BMC Public Health*, 16(1). 1-11, doi: 10.1186/s12889-016-2906-3
- Hurley, J., Hutchinson, R., Bradbury, J, Brown, G. (2016). Nexus between preventive policy inadequacies, workplace bullying, and mental health: Qualitative findings from the experiences of Australian public sector employees. *International Journal of Mental Health Nursing* 25(1), doi: 10.1111/inm.12190
- Iniguez, K. C., & Stankowski, R. V. (2016). Adverse child experiences and health in adulthood in a rural population-based sample. *Clinical Medicine and Research*, 14(3–4), 126–137).
- Jaffe, P. (2004). Helping the Helpers. Retrieved from <https://publications.iom.int/books/mental-health-aspects-trafficking-human-beings-set-minimum-standards>
- Kang, C., Huh, S., Cho, S., & Auh, E. Y. (2015). Turnover and retention in nonprofit employment the Korean College graduates' experience. *Nonprofit and Voluntary Sector Quarterly* 44(4). 641-664, doi.org/10.1177/0899764014553032
- Kim, S.E. & Lee, J.W. (2007). Is mission attachment an effective management tool for employee retention? An empirical analysis of a nonprofit human services agency. *Review of Public Personnel Administration* 27(3), 227-248.
- Knapp, J.R., Smith, B.R., & Sprinkle, T.A. (2017). Is it the Job or the Support? Examining Structural and Relational Predictors of Job Satisfaction and Turnover Intention for Nonprofit Employees. *Nonprofit & Volunteer Sector Quarterly* 46(3). 652-671. Doi: 10.1177/08999764016685859

- Kroll, A., & Vogel, D. (2014). The PSM–leadership fit: A model of performance information use. *Public Administration*, 92(4), 974-991.
- Lanoue, M. Graeber, D., Helitzer, D. & Fawcett, J. (2013). Negative affect predicts adults' ratings of the current, but not childhood, impact of adverse childhood events. *Community Mental Health Journal* 49(5). 560-568. doi: 10.1007/s10597-012-9511-4.
- LeBel, T. P., Richie, M., & Maruna, S. (2015). Helping others as a response to reconcile a criminal past: The role of the wounded healer in prisoner reentry programs. *Criminal Justice and Behavior*, 42(1), 108–120.
- Mann, G. A. (2006). A motive to serve: Public service motivation in human resource management and the role of PSM in the nonprofit sector. *Personnel Administration*, 35(1), 33-48.
- Marshall, R. D., Lewis-Fernandez, R., Blanco, C., Simpson, H. B., Lin, S. H., Vermes, D. & Liebowitz, M. R. (2007). A controlled trial of paroxetine for chronic PTSD, dissociation, and interpersonal problems in mostly minority adults. *Depression and anxiety*, 24(2), 77-84.
- McLeod, J. (2010). The effectiveness of workplace counseling: A systematic review. *Counselling and Psychotherapy Research*, 10(4), 238-248.
- Moeller, T. P., Bachmann, G. A., & Moeller, J. R. (1993). The combined effects of physical, sexual, and emotional abuse during childhood: Long-term health consequences for women. *Child abuse & neglect*, 17(5), 623-640.
- Morrell, K. M., Loan-Clarke, J., & Wilkinson, A. J. (2004). Organizational change and employee turnover. *Personnel Review*, 33(2), 161-173.
- Murray, J., & Farrington, D. P. (2005). Parental imprisonment: Effects on boys' antisocial behavior and delinquency through the life-course. *Journal of Child Psychology and Psychiatry*, 46, 1269–1278. doi.org/10.1111/j.1469-7610.2005.01433.x
- Noer, D. M. (2009). *Healing the wounds: Overcoming the trauma of layoffs and revitalizing downsized organizations*. John Wiley and Sons.
- Nonprofit Business Advisor. (2016). Facing ‘turnover treadmill,’ experts caution nonprofits to invest in leadership development. *Nonprofit Business Advisor*, 1–3. (2016) doi: 10.1002/nba.30142
- Norcross, J. C. (2002). *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients*. Oxford University Press.
- Norcross, J. C., & Farber, B. A. (2005). Choosing psychotherapy as a career: Beyond “I want to help people.” *Journal of Clinical Psychology*, 61(8), 939-943.
- Oldham, J. M., Morris, L. B., & Oldham, J. M. (1995). *The new personality self-portrait: Why you think, work, love, and act the way you do*. New York: Bantam Books.
- Palin, N. (2012). More people are seeking help in the workplace for mental ill health. *Occupational Health*. 64(7).
- Park, T. Y., & Shaw, J. D. (2013). Turnover rates and organizational performance: A meta-analysis. *Journal of Applied Psychology*, 98(2), 268.
- Perry, J. L. (1996). Measuring public service motivation: An assessment of construct reliability and validity. *Journal of Public Administration Research & Theory*, 6(1), 5.
- Pinder, J. (2012). Development professionals at religiously based nonprofit organizations: Why they leave and how to improve retention. *SAGE Open*, 2(3), doi.org/10.1177/2158244012458510

- Reupert, A., & Maybery, D. (2007). Families affected by parental mental illness: A multi-perspective account of issues and interventions. *American Journal of Orthopsychiatry*, 77(3), 362-369.
- Sabo, B. (2011). Reflecting on the concept of compassion fatigue. *Online Journal of Issues in Nursing*, 16(1).
- Salamon, L. M. (Ed.). (2002). The state of nonprofit America. Washington, DC: Brookings.
- Schepers, C., DeGieter, S., Pepermans, R., DuBois, C., Caers, R., Jegers, M. (2005). *Nonprofit Management and Leadership* 16(2).
- Seldon, S.C. & Sowa, J.E. (2015). Voluntary Turnover in Nonprofit Human Service Organizations: The Impact of High Performance Work Practices. *Human Service Organizations: Management Leadership & Governance*. 39(3). 182-207. Doi: 10.1080/23303131.2015.1031416
- Singer, M. & Yankey, J. (2006). Organizational metamorphosis: A study of eighteen nonprofit mergers, acquisitions, and consolidations. *Nonprofit Management and Leadership* 1(4). 357-369. doi: 10.1002/nml.4130010406
- Smullens, S. (2012). What I wish I had known: Burnout and self-care in our social work profession. *The New Social Worker, Social Work E-news*, 143.
- Stewart, A. (2016). Exploring nonprofit executive turnover. *Nonprofit Management & Leadership* 27(1) 43-58. Doi: 10.1002/nml.21225
- Strine, T. W., Dube, S. R., Edwards, V. J., Prehn, A. W., Rasmussen, S., Wagenfeld, M., . . . & Croft, J. B. (2012). Associations between adverse childhood experiences, psychological distress, and adult alcohol problems. *American Journal of Health Behavior*, 36(3), 408–423. <https://doi.org/10.5993/ajhb.36.3.11>
- Todd, C. M., & Deery-Schmitt, D. M. (1996). Factors affecting turnover among family child care providers: A longitudinal study. *Early childhood research quarterly*, 11(3), 351-376.
- Topitzes, J., Pate, D., Berman, N., Medina-Kirchner, C. (2016). Adverse childhood experiences, health, and employment: A study of men seeking job services. *Child Abuse & Neglect* 61, 23-34 doi: 10.1016/j.chlabu.2016.09.012
- Treuren, G., & Frankish, E. (2014). Pay dissatisfaction and Intention to leave. *Nonprofit Management & Leadership* 25(1), 4-21.
- Van Knippenberg, B., & Van Knippenberg, D. (2005). Leader self-sacrifice and leadership effectiveness: the moderating role of leader prototypicality. *Journal of Applied Psychology*, 90(1), 25.
- Walk, M., Schinnenburg, H., & Handy, F. (2014). Missing in action: Strategic human resource management in German nonprofits. *Voluntas* 25, 991–1021.
- White, D. (2006). The hidden costs of caring: What managers need to know. *The Health Care Manager*, 25(4), 341-347.
- Wojcik, J. (2012). Taking good care of workers. *Business Insurance*. 6.
- Zerubavel, N., & Wright, M. O. (2012). The dilemma of the wounded healer. *Psychotherapy*, 49(4), 482–491. doi:10.1037/a0027824

Table 1: Domineering / Controlling

Note: Those causes with less than ten responses were excluded from table

<i>Sample Group</i>	<i>Observations</i>	<i>Mean</i>	<i>Standard Deviation</i>	<i>Standard Error</i>	<i>Degrees of Freedom</i>	<i>t-stat</i>	<i>Significance Level</i>
General U.S. Population	800	4.9	4.5				
Sample: All	350	2.52	3.27	.24	897.33	10.08	***
Arts	16	5.56	5.33	1.34	15.48	-0.49	None
Child Abuse	10	3.6	4.03	1.29	9.30	1.01	None
Child Welfare	46	1.71	2.26	0.37	-50.34	8.65	***
Community Development	40	2.2	2.97	0.50	99.44	5.44	***
Domestic Violence	10	1.4	1.84	0.60	10.5	5.80	***
Education	56	2.76	3.76	0.53	148.71	4.06	***
Elderly Care	16	2.62	3.56	0.90	16.22	2.52	**
Health	32	2.12	1.95	0.38	-109.84	7.33	***
Homeless	21	1.8	2.85	0.64	24.82	4.88	***
Religion	75	1.84	2.17	0.30	-13.19	10.31	***

Note: \*\*\*  $p < 0.01$ , \*\*  $p < 0.05$

Table 2: Summary of Domains - Nonprofit employees levels compared to general US population

<i>Sample Group</i>	Vindictive/ Self-Centered	Cold/Distant	Socially Inhibited	Non-Assertive	Overly Accommodating	Self-Sacrificing	Intrusive/ Needy
Sample: All	Lower***	Lower***	Lower***	Lower***	Lower***	Lower***	Lower***
Arts	None	None	None	None	None	None	None
Child Abuse	None	None	None	None	None	None	None
Child Welfare	Lower***	Lower***	Lower**	Lower***	Lower***	Lower***	Lower***
Community Dev.	None	None	None	Lower**	Lower***	Lower***	Lower***
Domestic Violence	Lower***	Lower***	Lower**	None	Lower**	Lower**	None
Education	None	Lower***	Lower**	Lower***	Lower***	Lower***	Lower***
Elderly Care	Lower***	Lower**	None	Lower**	None	None	None
Health	Lower***	Lower***	None	None	Lower***	Lower***	Lower***
Homeless	None	None	None	Lower**	Lower***	Lower***	Lower***
Religion	Lower***	Lower***	Lower***	Lower***	Lower***	Lower***	Lower***

*Note: \*\*\* is lower than the general US population at a  $p < 0.01$  significance level, \*\* is lower than general US population at  $p < 0.05$  significance level*

Table 3: Total of Scores

<i>Sample Group</i>	<i>Observations</i>	<i>Mean</i>	<i>Standard Deviation</i>	<i>Standard Error</i>	<i>Degrees of Freedom</i>	<i>t-stat</i>	<i>Significance Level</i>
General U.S. Population	800	51.50	34.30				
Sample: All	350	36.87	23.47	1.74	945.38	8.39	***
Arts	16	61.62	33.89	8.55	15.72	-1.18	None
Child Abuse	10	43.50	32.18	10.25	9.27	0.78	None
Child Welfare	46	32.13	20.95	3.32	-877.38	5.84	***
Community Development	40	36.87	22.86	3.81	95.38	3.84	***
Domestic Violence	10	31.40	14.68	4.80	10.72	4.19	***
Education	56	37.25	23.95	3.42	-538.34	4.16	***
Elderly Care	16	40.81	14.91	3.92	22.04	2.73	***
Health	32	34.90	20.69	3.85	61.03	4.31	***
Homeless	21	37.09	18.03	4.12	92.26	3.50	***
Religion	75	31.34	17.75	2.38	-16.72	8.46	***

Note: \*\*\*  $p < 0.01$ , \*\*  $p < 0.05$