DOCUMENT RESUME

ED 308 967 PS 018 154

AUTHOR	Bollin, Gail G.
TITLE	Diversity in Attitudes about Family Day Care among Sponsored Family Day Care Providers.
PUB DATE	Mar 89
NOTE	26p.; Paper presented at the Annual Meeting of the American Educational Research Association (San Francisco, CA, March 27-April 1, 1989).
PUB TYPE	Reports - Research/Technical (143) -- Speeches/Conference Papers (150)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Child Caregivers; Early Childhood Education; *Family Day Care; *Family Relationship; *Family School Relationship; *Job Satisfaction; Professional Personnel; *Teacher Attitudes
IDENTIFIERS	*Boundaries; Professionalism; Sponsors

ABSTRACT

Relationships between job satisfaction and the attitudes of 90 sponsored family day care providers towards several aspects of family day care were examined. Aspects of day care at issue were professionalism and the relationships between the family day care provider, her family, and her clients' families. It was hypothesized that: (1) high job satisfaction would be associated with the establishment of boundaries between the provider's family and the family day care system that reflected the ethnic orientation of the provider; (2) boundary clarity would be positively associated with professional attitudes toward family day care; (3) the presence of the provider's own young children in the family day care system would complicate boundary definition and be associated with low boundary clarity and job satisfaction; (4) job satisfaction would be positively related to professional commitment; and (5) the nature of the motivation to provide care would influence job satisfaction. Findings revealed very diverse attitudes, motivations, and client interactions among providers even when they had the same sponsor. (RH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED308967

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☒ This document has been reproduced as received from the person or organization originating it
☐ Minor changes have been made to improve reproduction quality
- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

Diversity in Attitudes About Family Day Care Among Sponsored Family Day Care Providers

Gail G. Bollin

University of Delaware

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Gail G.
Bollin
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Paper to be presented at the annual meeting of the American Educational Research Association, March, 1989. San Francisco.

The research reported here was supported by an Omicron Nu National Research Fellowship.

PS018154

BEST COPY AVAILABLE

DIVERSITY IN ATTITUDES ABOUT FAMILY DAY CARE AMONG SPONSORED FAMILY DAY CARE PROVIDERS

Sponsored day care providers have been identified as having the lowest attrition rate compared to other providers, both licensed and unlicensed (Divine-Hawkins, 1981). This stability of care, that characterizes sponsored providers, has been identified as an important characteristic of high quality family day care (Phillips & Howes, 1987). However, the assumption that stability of care results from common motivations, satisfactions and interactions with clients may be misleading.

This study is an exploration of diversity in a sample of sponsored providers whose unbrella organizations have the common purpose of providing quality day care for families eligible for subsidized day care.

LITERATURE REVIEW

Pence and Goelman (1987), in their study comparing licensed and unlicensed family day care providers in Canada, looked at the contribution of licensure itself to job satisfaction and stability. They found licensed providers to be more professional and more experienced than their unlicensed counterparts. Licensed providers were also found to have more diversified support networks. In a recent study of job satisfaction among licensed family day care providers in North Dakota, Kontos (1988) classified providers in two groups on the basis of their professional outlook. She found that job satisfaction was higher and job stress lower when providers were committed to family day care as a profession. She also found that more committed family day care providers were older, had less formal education and had more parenting experience. Surprisingly, although training was identified as "the most important indicator of caregiver professionalism" (Fosburg, 1981, p. 46) in the National Day Care Home Study, Kontos failed to find a link between specialized training and job commitment.

These data suggest that job satisfaction, social support and a professional attitude may be closely intertwined for stable family day care providers. However, the assumption that these aspects are all positively correlated within a subset of providers characterized by stability has not been investigated. This study specifically examines the relationship between job satisfaction and attitudes of providers towards several different aspects of family day care, including specific questions about professionalization and relationships between the family day care provider, her own family and her client families.

According to systems theory, a functional unit of people is characterized by stable relationships among the members of the system (Buckley, 1967). Boundaries exist which establish a system's limits. These boundaries are the rules within a system that define who, when and how people participate in the system (Minuchin, 1974). Family day care must negotiate a careful balance between the provider's nuclear family system and the day care system which creates an unusually challenging task of boundary definition. Providers have two options. They can either blur the boundaries between the nuclear family and the day care families to form a functional but much larger system which resembles an extended kin network, or they can carefully define the limits to which they will allow members of the family day care system to intrude on the nuclear family. The presence of the provider's own young children in the family day care system may complicate the boundary issue. Wandersman's (1978) study of interactions between providers and their own children showed that providers treated their own children differently, being much more alert to the misbehavior of their own children. Whether, in fact, it is the presence of unrelated children in the home violating family boundaries that triggers the children's misbehavior and/or the provider's response is not clear.

The choice of extended family boundaries or clearly defined family/day care boundaries will be more functional if it is congruent with the provider's perception of the nature of family boundaries. Studies of normal family functioning in different ethnic groups has pointed out different types of boundary formation around the nuclear family. In the black community, child-rearing is considered a shared role with parental roles allocated among adults based on their capabilities to fill those roles (Stack, 1974; Aschenbrenner, 1978). These parenting roles are not limited to kinsmen, but can be extended to friends when "they assume recognized responsibilities of kinsmen"(Stack, 1974, p. 60). Friends are also considered to have the right to discipline another's child in the presence of the child's parent

(Stack, 1974). These diffuse boundaries that characterize the Black nuclear family are particularly functional when the individual nuclear family may require extensive community support for survival (Peterson & Peters, 1985).

McAdoo ([illegible]) summarizes the advantages this holds for the single parent black family, who may be over-represented among families eligible for subsidized child care.

> One of the strongest Black cultural patterns is that of extensive help systems. The family's effective environment is composed of a network of relatives, friends and neighbors. The social network acts to provide emotional support, economic supplements, and most important to protect the family's integrity from assault by external forces. One of the segments within the Black community that has benefited the most has been the single-parent Black family in which the mother is the only parent present in the home (p. 125).

The white family, in contrast, has more clearly defined boundaries around the nuclear family. "In the white, middle-class families, ... few persons, not even kin, would be authorized or would feel free to participate in health care or disciplinary behavior with regard to children without specific permission or transfer (care of a child in case of a parent's illness), or except in the case of an emergency"(Stack, p. 85). The caveat' may be that white, lower SES families, faced with odds against survival as a unit, might also adopt diffuse boundaries similar to those of black families but, at the same time, be less comfortable with them as normative.

HYPOTHESES

The hypotheses for this study were as follows:

Hypothesis 1. Higher job satisfaction will be associated with the establishment of boundaries between the provider's family and the family day care system that reflect the ethnic orientation of the provider.

Hypothesis 2. Boundary clarity will be positively associated with professional attitudes towards family day care,

Hypothesis 3. The presence of the provider's own young children in the family day care system will complicate boundary definition and be associated with lower boundary clarity and lower job satisfaction.

Hypothesis 4. There will be a positive relationship between job satisfaction and indicators of professional commitment such as length of time providing care, number of children in care, and training.

Hypothesis 5. Consistent with earlier research, the type of motivation to provide care will influence job satisfaction, with providers primarily motivated to stay home with their own children exhibiting lower job satisfaction than those who did it for profit, for the personal satisfaction of working with children or to help working mothers.

METHOD

Sample

Six agencies supervising subsidized family day care in eastern Pennsylvania were asked if they wished to participate in a study about family day care providers' attitudes towards their work by administering a short questionnaire during their regularly scheduled group training sessions. All six agencies agreed.

Agency directors read an explanatory letter about the research at their next scheduled group training sessions and gave providers attending an opportunity to fill out a questionnaire. Useable questionnaires were returned by 90 of the family day care providers associated with these agencies.

Instruments

Boundaries/Professionalism The Family Day Care Provider Attitude Scale, originally developed by the principal investigator for use in a study of turnover in licensed family day care providers in Delaware, was used to gauge providers' attitudes towards professionalization of family day care and to determine if they established clear boundaries between their nuclear family systems and the family day care systems. The 34-item scale consisted of statements about how providers might feel about family day care. Providers were asked to indicate whether each statement was mostly true or mostly false for themselves, based on their personal feelings about being a family day care provider. In an attempt to avoid a response bias, items were mixed so that "true" responses could be given for items indicating both boundary clarity and boundary ambiguity and for items indicating both an informal and a professional attitude towards family day care. For analysis, answers were recoded so that a high score indicated professionalism and clear boundaries.

The instrument demonstrated a Kuder-Richardson reliability of .6. Examination of inter-item correlations suggested that the scale was measuring two different factors, boundary clarity and professionalism, that were not necessarily closely correlated with each other for all providers. The scale was reduced to two subscales, eliminating less reliable items and separating the two factors of boundary clarity and professionalism. The Kuder-Richardson reliabilty for the Boundary Subscale was .8. The Professionalization Subscale demonstrated only a .2 (Kuder-Richardson) reliability for the Pennsylvania sample although it had a .6 (Kuder-Richardson) reliability for the Delaware sample.

Items included in the Boundary Subscale reflected providers' attitudes towards maintaining a separation between their nuclear families and their day care systems. Items included were providers' attitudes about treating day care children as their own, having the same rules for day care children as their own, whether or not their spouses considered them working full-time, planning separate activities for their own families, having their own children treat the day care children as siblings and keeping toys separate for their own children.

The Professionalization Subscale looked at providers' attitudes towards the necessity of licensing, respect given to licensed providers, owning a small business, having written or verbal contracts with parents and the need for specialized training. Table 2 lists the items from the entire Attitude Scale with the percentages of true/false responses from the providers.

Demographic Profile The demographic section of the questionnaire was deliberately brief to minimize the amount of time lost to training due to participation in the research project. Sensitive questions, such as income, were also eliminated to increase the response rate. Providers were asked how long they had provided care, how many children (including their own) they cared for during day care hours, ages of their own children in care, hours per week worked, hours of training taken, racial or ethnic group, and neighborhood.

Job Satisfaction Two general questions were asked about job satisfaction. The first queried how much of the time a provider felt satisfied with her job with a scale of 6 responses ranging from "never" to "all of the time." The second gave providers the opportunity to indicate their willingness to stop being a family day care provider, with four responses ranging from "I would not exchange this job for a different job" to "I would quit being a family day care provider if I could find anything else."

Reason for Providing Care Providers were asked to check their major reason for being a family day care provider from a list of seven responses: to earn money while staying home for my own children; better income than possible outside the home; better working conditions than outside the home; to meet the needs of working mothers for child care; to work with children; to provide playmates for my own children; and "other," which they needed to explain briefly.

RESULTS

Characteristics of Sponsored Family Day Care Providers.

The providers' experience as day care providers varied from 2 months to 20 years. Half the sample had provided care for more than 5 years (median = 64 months). Since training was offered as part of the program, providers were unusually well-trained with a median number of 45 training hours. Comparing the mean for training hours with the mean number of years providing care, the providers appeared to be averaging approximately one hour of training per month. They provided care for an average of 50 hours per week, most often for 6 children. Despite these similarities, Table 1 indicates how varied the sample was with respect to neighborhood, ethnicity, age of children cared for and presence of their own young children in the day care system.

Job Satisfaction

The majority of the sample expressed high levels of satisfaction with their work. More than 82% were satisfied all or most of the time. Only 14% claimed they were satisfied half or some of the time. No provider claimed they were seldom or never satisfied with their work. Close to 60% expressed an unwillingness to exchange the work for any other type of employment. Thirty-two percent would have been willing to take a better job. Only two providers would have chosen an even exchange for a job with the same income and three providers would have accepted any other job.

Reason for Providing Care.

Thirty-six percent of the providers indicated their major reason for providing family day care was to earn money while staying home with their own children. The next two largest groups provided care in order to work with children (29%) and to help working mothers (26%). Five providers chose family day care for better working conditions. Not surprisingly, only one provider felt she could make more money as a family day care provider than she could working outside the home.

Hypothesis 1. Higher job satisfaction would be associated with the establishment of boundaries between the provider's family and the family day care system that reflected the ethnic orientation of the provider.

Stepwise multiple regression was used to predict job satisfaction separately for black and white providers. Job satisfaction for white providers was negatively predicted only by hours of training (R^2 =28, F=7.2, p=.02) Unexpectedly, as training increased, satisfaction decreased for white providers. For black providers, job satisfaction was negatively predicted by boundary clarity (R^2 =.35, F= 6.1, p=.03). Job satisfaction was associated with more diffuse boundaries.

T-tests were conducted on the Attitude Scale, the Boundary Subscale and satisfaction level for black and white providers to further test Hypothesis 1. Although there were no significant differences reflected in job satisfaction between the two groups, white providers scored significantly higher on the Family Day Care Provider Attitude Scale (t(70)=3.53, p=.001) and the

Boundary Subscale (t(65)=4.13, p=.000). (See Table 2.) Since chi-square analysis had indicated that white providers (42%) were significantly more likely to have their own children present in the day care system than black providers (12%) chi-square (1,N=74)= 7.2, p=.007, it was deemed necessary to ascertain if the differences in boundary clarity were just a reflection of the presence of the provider's children. Consequently, t-tests were run again by ethnic group for only those providers with no young children present. The scores on the Attitude Scale and the Boundary Subscale remained significantly different for black and white providers (t(35)=3.8, p=.005 and t(28)=2.58, p=.015 respectively). (See Table 3.)

To see if the differences in boundary definition scores were affected by experience as a provider, scores were compared by ethnic group for providers with 5 years or less experience and for providers with more than 5 years experience. Job satisfaction did not differ due to length of time providing care in the two ethnic groups. However, among providers with more than 5 years experience, there were significant differences by ethnic group on the Attitude Scale (t(31)=3.78, p=.001) and the Boundary Subscale (t(17)=4.15, p=.001). The scores of white providers indicated more clearly differentiated boundaries. (See Table 3.)

Spearman coefficients were also computed between job satisfaction and the Attitude Scale and the Boundary Subscale for the entire sample of subsidized providers, and for black and white providers separately. Boundary clarity as reflected by the

Attitude Scale was negatively correlated with job satisfaction for all these groups. (See Table 4.)

To examine the nature of the boundaries established by white and black providers around their family day care systems, chi-square analyses were also run on individual items in the Attitude Scale. Black providers were significantly more likely than white providers to consider their parent clientele as members of their extended family chi=square(1,N=78)= 6.42, p=.011. Black providers were also significantly more likely to expect their own children to treat the day care chldren as siblings than were white providers chi-square (1,N=68)= 8.42, p=.004 and to consider the day care children as using the provider's home as their own chi-square (1,N=80)=6.41, p=.01. White providers, in contrast, were more likely to ask parents to remove a disruptive child from their care chi-square (1, N=80) =6.81, p=.009 and to plan separate activities for their own families chi-square (1, N=80) =4.05, p=.04.

Hypothesis 2. Boundary clarity will be positively associated with a professional attitude towards family day care.

Data analysis failed to support this hypothesis. No significant relationships were found between the Professionalization Subscale and the Boundary Subscale. Training, accepted as a key factor in a professional attitude, was only positively correlated with the Professionalization Subscale (rho(28)=.39, p=.02) for providers with less than five years experience.

Hypothesis 3. The presence of the provider's own young children in the family day care system will complicate boundary definition and be associated with lower boundary clarity and lower job satisfaction.

T-test analyses by presence or absence of the provider's own young children in the family day care system run on the Attitude Scale (t(42)=2.46, p=.018) and the Boundary Subscale (t(47)=295, p=.005) indicated that providers with children present scored significantly higher on the scales, indicating greater boundary clarity rather than lower as was hypothesized. (See Table 5.) However, there were no significant differences in satisfaction level due to the presence or absence of the provider's own young children in the day care.

Hypothesis 4. There will be a positive relationship between job satisfaction and indicators of a professional commitment, such as length of time providing care, number of children in care, training, and the establishment of clear boundaries around the family day care system.

Spearman correlation coefficients were computed to establish the nature and direction of relationships between training, longevity in providing care, number of children in care, boundary clarity and job satisfaction. Contrary to expectations, hours of training were negatively correlated with job satisfactin (rho(63)=-.26, p=.02). There were no significant correlations between number of children in care or experience as a family day care provider with job satisfaction.

Stepwise multiple regression was also used to determine the relationship between job satisfaction and training, experience, presence of the provider's own young children, reason for providing care, number of children in care and boundary clarity.

For this sample of sponsored family day care providers, training hours and boundary clarity accounted for 36% of the 60% of the variance explained in predicting job satisfaction ($R^2 = .36$, F=9.9, p=.000) by these variables. Both, however, were negatively correlated with job satisfaction.

Hypothesis 5. Boundary clarity and job satisfaction will be lower for providers whose primary reason for providing family day care is to stay home with their own children than for providers who are primarily motivated to work with children, help working mothers or who are looking for improved working conditions and pay.

This hypothesis was contradicted by the data. T-test analysis of the Attitude Scale, the Boundary Subscale and satisfaction level all indicated that providers motivated primarily to stay home with their own children scored higher on the Attitude Scale (t(68)=4.49, p=.000), the Boundary Subscale (t(70)=4.49,p =.000) and satisfaction level (t(52)=2.88,p=.006). (See Table 6.)

DISCUSSION

The data were consistent with the expectation that providers' attitudes towards their relationships with their clientele would reflect their ethnic orientations. However, the theoretical expectation that this congruency would impact on job satisfaction was not supported for this sample. A possible explanation for the failure to find links with job satisfaction and attitudes is that there was such a small percentage of relatively dissatisfied providers and no truly dissatisfied providers. As members of a sponsored day care system, they automatically had access to formal support, training opportunities and a guaranteed market, all recognized as important resources for stable and presumably contented providers.

The finding that a professional attitude towards day care was only positively correlated with training during the first five years suggests that the impact of training on professionalism of family day care providers may level out once providers are well-established in their family day care systems. The lack of correlation between boundary clarity and professionalism may indicate that these are separate phenomena and that providers who consider their clientele as extended kin do not feel any less professional than those who clearly differentiate between their nuclear families and their client families.

The finding that providers with small children of their own present have more clearly defined boundaries may reflect a greater need on the part of these providers to establish boundaries to protect their own children. It is possible that children may experience the intrusion of the family day care system as threatening and express their fears in negative behavior. This, in turn, might alert the providers to the need to reinforce the child's sense of belonging to his nuclear family in a special way. The reactions of providers' children to their mothers and to the day care children in their homes during the time that family day care systems are being established warrants further study.

The negative correlation with training and job satisfaction emphasizes the ambiguous feelings many providers have expressed about the need for specialized training. Seventy percent of the providers claimed they felt that specialized training was necessary, but 70% also indicated that personal experience was the best preparation for the job. It further appears that professionalism, which was found to be predicted by training in the National Day Care Home Study, does not necessarily imply job satisfaction.

Black providers living the cultural norm of extended kin relationships with their clientele seemed to be happier as family day care providers than those who attempt to set up more defined system boundaries. A larger sample of more diversified white providers may be required to establish whether or not clear boundaries will contribute to job satisfaction for this group.

The connection established between motivation to stay home with one's children and boundary clarity may reflect the attitudes of the larger proportion of white providers who had their children home with them in this sample. Job satisfaction may be higher for this group because they are accomplishing two goals simultaneously: performing useful, remunerative work for the community and spending more time with their own children during their early years.

The finding of a negative relationship between job satisfaction and training is provocative. Further study needs to be done on the content of training and its appropriateness over time.

This study has shown that there are very diverse attitudes, motivations and client interactions among providers even when they have a common base of sponsorship. Some of this diversity may reflect ethnic values and family patterns that have been described in the literature on family boundaries. The implication is clear that it is important to acknowledge that quite different client-provider relations can be functional and to, therefore, not assume a universal, ideal model for training purposes.

References

Aschenbrenner, J. (1978). Continuities and variations in Black family structure. In D. B. Shimkin, E. M. Shimkin, & D. A. Frake (Eds.), *The extended family in Black societies.* The Hague: Morton.

Buckley, W. (1967). *Sociology and modern systems theory.* Englewood Cliffs, NJ: Prentice-Hall.

Divine-Hawkins, P. (1981). *Final Report of the National Day Care Home Study: Executive Summary.* (DHHS, Pub. No. 80-30287) Washington, DC: US Government Printing Office.

Fosburg, S. (1981). *Final Report of the National Day Care Home Study: Volume I.* (DHHS, Pub. No. OHDS 80-30282) Washington, DC: US Department of Health & Human Services.

Kontos, S. (1988, April). Job satisfaction and career development in family day care. Paper presented at the annual meeting of the American Educational Research Association, New Orleans.

McAdoo, H. P.(1980). Black mothers and the extended family support network. In L. Rodgers-Rose (Ed.), *The Black woman.* Beverly Hills: Sage.

Minchin, S. (1974). *Families and family therapy.* Cambridge: Harvard University Press.

Pence, A. & Goelman, H. (1987). Who cares for the child in day care? An examination of caregivers from three types of care. *Early Childhood Research Quarterly, 2*, 315-334.

Peterson, G. W. & Peters, D. F. (1985). The socialization values of low-income Appalachian white and rural black mothers: A comparative study. *Journal of Comparative Family Studies, 16*(1), Spring.

Phillips, S. & Howes, C. (1987). Indicators of quality in child care: Review of research. In D. A. Phillips (Ed.),*Quality in Child Care: What does research tell us?* Washington, DC: NAEYC.

Stack, C. B. (1974). *All our kin: Strategies for survival in a Black community*. New York: Harper & Row.

Wandersman, L. P. (1978). An ecological study of the interaction of caregivgers' own and day care children in family day care homes. *Cornell Journal of Social Relations, 13*(1), 75-90.

Table 1

Sample Characteristics

Ethnic Group		
White	33	37%
Black	47	52%
Other	5	4%
Neighborhood		
Rural	10	11%
Urban	35	39%
Suburban	34	38%
Presence of Provider's Own Children in Care		
Children Present	27	30%
No Children Present	63	70%
Providers Having in Care:		
Infants	22	24%
Toddlers	46	51%
Preschoolers	73	81%
School-age Children	26	29%
Major Reason for Providing Care		
Stay Home for Own Children	32	36%
More Money	1	1%
Better Working Conditions	5	6%
Help Working Mothers	23	26%
Work With Children	26	29%
Other	2	2%
Amount of Time Provider Was Satisfied		
Always	27	30%
Most	47	52%
Half the time	9	10%
Sometimes	4	4%
Willingness to Change Job		
No Exchange for Other Work	53	59%
Exchange for Better Job	29	32%
Exchange for Equal Money	2	2%
Exchange for Anything Else	3	3%

ERIC
Full Text Provided by ERIC

Table 2

Family Day Care Provider Attitude Scale

	True	False
1. Considers self a child care professional.	77%	9%
2. Consider children's parents as extended family.	44%	52%
3. Consider parents as customers.	61%	29%
4. Treat day care children as their own.	94%	4%
5. Same rules for day care and own children.	83%	13%
6. Consider licensing not necessary.	13%	81%
7. Feel get more respect as licensed provider.	66%	33%
8. Consider self as small business owner.	60%	37%
9. Feel providing important service to community	91%	9%
10. Good idea to have small business license.	50%	46%
11. Shares own problems with day care parents.	83%	13%
12. Spouse considers her working full-time.	68%	13%
13. Uses small business in home tax advantages.	24%	61%
14. Considers part of home as day care facility.	74%	22%
15. Established working hours only during weekdays.	80%	18%
16. Expect own children to treat day care children as siblings.	49%	38%
17. Feel day care children use home as their own.	84%	13%
18. Don't mind caring for children on weekends.	2%	94%
19. Keep some toys separate for own children.	44%	46%
20. Plan special activities for own family.	5[illegible]	32%
21. Only contact with families about day care.	54%	33%
22. Listed with child care referral service.	72%	24%
23. Written contracts with all families.	74%	22%
24. Verbal arrangements with families..	17%	71%
25. See need for special training for providers.	70%	26%
26. Feel personal experience is best preparation.	78%	18%
27. Feel close to day care children/parents.	94%	2%
28. Find it easy to discuss problems with parents.	88%	11%
29. Find it hard to discuss problems with parents.	9%	84%
30. Would ask parents to remove disruptive child.	48%	38%
31. Spouse does not think she has a regular job.	8%	78%
32. Encourages families to share problems so she can better help children.	46%	52%
33. Wants more time to talk to parents.	48%	49%
34. Prefers professional relationship with parents.	71%	24%

(Apparent discrepancies in the percentages on individual items are due to providers either responding both true and false or not responding at all.)

Table 3

Ethnic Differences

Variable	N	M	SD	T-value	df	p-value
Whole Sample						
Attitude Scale						
Whites	33	21.0	3.5	3.53	70	.001
Blacks	47	18.1	3.6			
Boundary Subscale						
Whites	33	4.1	1.7	4.13	65	.000
Blacks	47	2.5	1.6			
Less Than 5 Years Experience						
Professionalization Subscale						
Whites	15	5.3	1.0	2.66	34	.012
Blacks	21	4.3	1.3			
More Than 5 Years Experience						
Attitude Scale						
Whites	17	21.1	3.7	3.78	31	.001
Blacks	21	16.8	3.0			
Boundary Subscale						
Whites	16	4.6	1.2	4.15	17	.001
Blacks	19	2.6	1.1			
No Provider's Children Present in Day Care						
Attitude Scale						
Whites	19	21.0	3.8	3.00	35	.005
Blacks	36	17.8	3.6			
Boundary Subscale						
Whites	19	3.8	2.1	2.58	28	.015
Blacks	36	2.4	1.5			

Table 4

Correlations With Job Satisfaction

	Rho	p-value
Whole Sample		
Attitude Scale Score	-.34	.001
Boundary Subscale	-.27	.006
White Providers		
Attitude Scale Score	-.34	.028
Boundary Subscale	-.52	.001
Black Providers		
Attitude Scale Score	-.27	.031
Boundary Subscale	.01	n.s.

Table 5

Differences by Presence/Absence of Providers' Own Children

Variable	N	M	SD	T-value	df	p-value
Attitude Scale						
No children	63	18.5	4.0	-2.46	42	.018
Children	21	20.6	3.2			
Boundary Subscale						
No children	63	2.8	1.8	2.00	47	.005
Children	21	3.9	1.3			

Differences By Length of Experience

Variable	N	M	SD	T-value	df	p-value
Professionalization Subscale						
5 Years or Less	37	4.8	1.2	2.00	67	.05
More Than 5 Years	35	4.1	1.5			

Table 6

Differences by Reason For Providing Care

Variable	N	M	SD	T-value	df	p-value
Attitude Scale						
Stay home	32	21.2	3.4	4.45	68	.000
Other	57	17.8	3.6			
Boundary Subscale						
Stay home	32	4.0	1.5	4.49	70	.000
Other	57	2.5	1.7			
Satisfaction Level						
Stay home	31	2.2	.8	2.38	52	.006
Other	55	1.7	.7			