

Occupational Satisfaction, Strain, and Intention to Quit among Direct Care Providers Assisting Individuals with Developmental Disabilities

Abstract

This study assessed employment variables that may predict intention to quit among direct care providers assisting individuals with developmental disabilities. A sample of 96 direct care providers completed a brief questionnaire that measured (1) specific occupational characteristics of providers, (2) frequency of adaptive and maladaptive behaviours displayed by clients, (3) the quality of providers' work group, and (4) providers' level of occupational strain and job satisfaction. Direct care providers who expressed lower job satisfaction demonstrated higher intention to leave their employment. Lower job satisfaction was influenced by higher ratings of occupational strain, work group dysfunction, and years of education. The results suggest that reducing employment strain among direct care providers and increasing work group cohesion may be beneficial to both providers and agencies that assist individuals with developmental disabilities.

Direct care providers who assist individuals with developmental disabilities are critical in facilitating optimal client progress and ensuring quality of care. Organizations that employ these providers, however, typically report high levels of employment turnover (Hewitt & Larson, 2007; Lakin, Larson, Salmi, & Scott, 2009; U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy, 2006). Employment withdrawal among direct care staff may result in disruption of staff-client relationships, deterioration of program integrity, and increased administrative workload due to frequent recruitment and training of new staff (Baumeister & Zaharia, 1987; Woltmann et al., 2008). Ideally, a greater understanding of occupational withdrawal among direct care providers may aid organizations in their efforts to recruit and retain qualified and committed staff.

Investigation of occupational withdrawal among staff who provide direct care to individuals with developmental disabilities has demonstrated that broad labour-market factors as well as specific organizational, provider, and client characteristics may interact to determine frequency of provider turnover. Large scale cross-comparison studies have shown that higher rates of provider turnover are related to lower pay and greater availability of other employment opportunities, urban locations, newer programs, smaller residences, greater client per staff ratios, shorter employment tenure, higher education, and assisting clients with fewer adaptive

Authors

Jeffrey M. McKillop,¹
Patricia Minnes²

¹ Private Practice,
London, ON

² Department of
Psychology,
Queen's University,
Kingston, ON

Correspondence

jeff.mckillop@rogers.com

Keywords

direct care providers,
burnout,
job satisfaction,
work group functioning,
turnover

skills (Hastings, 2002; Lakin & Larson, 1992; Larson, Hewitt, & Anderson, 1999; Larson & Lakin, 1999; Larson, Lakin, & Bruininks, 1998).

Occupational satisfaction and strain, as well as quality of workplace support have also been identified as important mediators of occupational withdrawal among direct care providers (Hastings & Horne, 2004; Hatton & Emerson, 1993, 1998; Hatton et al., 2001; Lawrence, Glidden, & Jobe, 2006; Neben & Chen, 2010; Razza, 1993). Regression models have demonstrated that job satisfaction may represent a critical factor in providers' turnover or intention to seek other employment (Hatton et al., 2001; Lawrence et al., 2006; Razza, 1993). Similarly, occupational strain (Razza, 1993) and the presence of a non-supportive work environment (Hatton et al., 2001) tends to be strongly associated with job satisfaction and thereby may indirectly influence occupational withdrawal among staff.

The purpose of the current exploratory study was to evaluate those variables that may be associated with the intention to quit among a sample of direct care providers employed in agencies assisting individuals with developmental disabilities in the province of Ontario. Consistent with the prior literature, we acknowledged that providers' decision to leave their employment is most likely a multidimensional process and may involve a wide array of provider, client, organizational, and extra-organizational factors. In the current study, however, we attempted to focus on those variables that were within reasonable control of either direct care providers or their organizations. In particular, the current study assessed through questionnaire format whether direct care providers' intention to leave their employment was influenced by (1) providers' education and experience, (2) the type and frequency of client contact, (3) the quality of providers' work group functioning, and (4) providers' level of occupational strain and job satisfaction.

Method

Procedure

Four community agencies located in the province of Ontario that provided service to individuals with development disabilities were contacted and asked for permission to survey

direct care providers employed by their organizations. Three of the four agencies agreed to participate. Two agencies were located in Western Ontario (Agency A and B) with the third agency located in Eastern Ontario (Agency C). Each agency that was surveyed operated at least 10 residential community facilities and employed more than 125 full and part-time direct care providers.

A total of 185 questionnaires were distributed to the Western Ontario agencies with Agency A receiving 140 questionnaires and Agency B receiving 45 questionnaires. Agency C in Eastern Ontario requested 137 questionnaires. All questionnaires were delivered to direct care providers through each agency's internal mail system. All respondents were aware that their participation was voluntary and gave informed consent for the use of questionnaire information for research purposes. Ethics approval for this study was granted by the Psychology Research Ethics Committee at Queen's University.

Participants

One hundred and four direct care providers returned questionnaires of which 96 contained complete information. The overall response rate was 30 percent. The specific response rates for Agencies A, B, and C were 26, 29, and 34 percent respectively. Participants' mean age was 29 years and ranged from 19 to 54 years. Eighty-three of the 96 participants (86 percent) were female.

Measures

The measures used in this investigation consisted of an employment characteristics questionnaire, a frequency of client behaviour scale, the Maslach Burnout Inventory (Maslach & Jackson, 1981), and scales measuring direct care providers' ratings of the quality of their immediate work group, level of job satisfaction, and providers' likelihood of leaving their employment in the near future (Seashore, Lawler, Mirvis, & Cammann, 1982). In order to reduce the time commitment required by participants and ideally increase compliance, the scales used in the current study were selected based on their brevity as well as their optimal psychometric properties.

Employment characteristics. Employment characteristics of participants were measured by asking participants to list their years of education, length of employment at their current agency, hours worked on average per week, and the number of clients to which respondents provided service.

Frequency of client behaviour. Frequency of client behaviour was assessed through a scale adapted from Bersani and Heifetz (1985). Bersani and Heifetz (1985) identified specific client adaptive behaviours that may serve as a source of direct care provider satisfaction in addition to maladaptive or challenging behaviours that may serve as a source of provider stress. In the current study, 13 adaptive and 5 maladaptive behaviours as described by Bersani and Heifetz (1985) were placed in a questionnaire format. Participants were asked to indicate how many of their clients displayed each behaviour using a 5-point anchored scale where 1 equalled "none," 2 equalled "less than half," 3 equalled "roughly half," 4 equalled "more than half," and 5 equalled "all."

Occupational strain. We used the Maslach Burnout Inventory (MBI) as a measure of direct care providers' current occupational strain (Maslach & Jackson, 1981). The Maslach Burnout Inventory contains 22 items designed to assess burnout or employment strain among human service professionals. Inventory items reflect participants' level of emotional exhaustion, tendency to depersonalize those clients that participants are assisting, and absence of personal accomplishment.

Work group quality. Work group quality was measured by the Work Group Functioning scale (Seashore et al., 1982). This scale contains 12 items and determines participants' perceptions that members of their work group share common goals, implement shared decision making, and are receptive to new ideas or viewpoints.

Job satisfaction. Job satisfaction was assessed by the Job Satisfaction scale (Seashore et al., 1982). This scale contains three items and assesses participants' general satisfaction with their current employment.

Intention to quit. Intention to quit was measured by the Intention to Turn Over scale (Seashore et al., 1982) which contains two items that evaluate participants' intention to leave their employment organization.

When completing the Maslach Burnout Inventory, Work Group Functioning, Job Satisfaction, and Intention to Turn Over scales, participants were asked to indicate their level of agreement or disagreement with items contained in these scales based on a 7-point anchored scale where 1 equalled "Disagree Strongly" and 7 equalled "Agree Strongly."

Analyses

Data analyses were separated into two sections. In the first section, descriptive analyses were conducted on participants' employment characteristics and the measures of client contact, work group quality, burnout, job satisfaction, and intention to quit. In the second section, multiple regression analyses were performed on participants' employment characteristics, frequency and type of client contact, work group quality, burnout, job satisfaction, and intention to quit.

Results

Descriptive Analyses

The means and standard deviations for participants' employment characteristics are provided in Table 1. Participants' mean post-secondary school education was two years with approximately 85 percent of the participants possessing at least one year of post-secondary education. Participants' average length of employment with their present agency was three years and 11 months and their mean length of employment in the developmental disability field was six years. On average, participants in this study provided service to five adult clients with developmentally disabilities and worked approximately 36 hours per week.

The means, standard deviations, and range of all measurement instruments are presented in Table 2. In general, participants expressed moderate intention to leave their employment, high levels of job satisfaction, moderately low levels of occupational strain or burnout, and moderately high ratings of the functioning of their immediate work group. Participants reported that those clients they assisted displayed few adaptive skills as well as few maladaptive behaviours.

Table 1. Participants' Employment Characteristics by Agency

	<i>Years post-secondary</i>		<i>Hours per week</i>	
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>
Agency A (n = 37)	2	1.19	36	10.96
Agency B (n = 13)	3	1.61	36	12.48
Agency C (n = 46)	2	1.42	33	11.42
Total	2	1.39	35	11.34

	<i>Number of clients</i>		<i>Months employed</i>	
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>
Agency A (n = 37)	5	2.42	38	31.51
Agency B (n = 13)	6	1.88	30	32.79
Agency C (n = 46)	5	1.01	59	54.29
Total	5	1.83	47	45.27

Table 2. Descriptive Statistics of Measurement Scales by Agency

<i>Scales</i>		<i>Agency</i>			<i>Total</i>
		<i>A</i>	<i>B</i>	<i>C</i>	
	<i>Scale Range</i>	<i>Mean (SD)</i>	<i>Mean (SD)</i>	<i>Mean (SD)</i>	<i>Mean (SD)</i>
Adaptive behaviour	15-75	44.41 (12.21)	38.89 (16.26)	28.18 (7.07)	35.90 (13.12)
Maladaptive behaviour	7-35	17.73 (5.31)	15.92 (2.75)	14.67 (3.48)	16.07 (4.42)
Maslach burnout inventory	22-154	58.35 (17.10)	55.92 (10.95)	56.30 (15.35)	57.04 (15.50)
Work group functioning	12-84	58.11 (12.76)	64.62 (8.32)	58.30 (12.84)	59.08 (12.37)
Job satisfaction	3-21	17.08 (3.62)	18.46 (1.90)	17.48 (3.10)	17.46 (3.19)
Intention to turn over	2-14	7.08 (3.51)	7.62 (3.31)	5.87 (3.30)	6.57 (3.42)

Multiple Regression Analyses

A multiple regression analysis was performed on participants' intention to quit with participants' employment characteristics, frequency of client adaptive and maladaptive behaviour, quality of work group functioning, burnout, and job satisfaction serving as predictor variables. Participants' intention to quit was significantly predicted by job satisfaction ($\beta = -.48, p < .001$). Specifically, those participants reporting lower job satisfaction were more likely to indicate a greater intention to leave their employment. Although the number of hours worked per week by participants approached significance ($\beta = .17, p = .05$), no other variable increased prediction of participants' intention to leave their employment.

Due to the strong influence of job satisfaction on participants' intention to quit we performed a second regression analysis that focused on

predictors of job satisfaction excluding intention to quit. In this analysis, job satisfaction was significantly predicted by burnout ($\beta = -.61, p < .001$), quality of work group functioning ($\beta = .26, p < .01$), and years of education ($\beta = -.20, p < .01$). Those participants who reported higher rates of burnout, lower quality of work group functioning, and possessed more years of education, were more likely to report lower satisfaction with their employment. Results of the multiple regression analyses with intention to quit and job satisfaction as outcome variables are presented in Table 3.

Discussion

The purpose of the present study was to better understand occupational withdrawal among direct care providers who assist individuals with developmental disabilities. Using a ques-

Table 3. Regression Analyses of Providers' Intention to Quit and Job Satisfaction

	B	t	p
<i>Intention to quit (R² = .46, p < .001)</i>			
Education	.11	1.26	.21
Employment tenure	-.12	-1.37	.18
Hours per week	.17	2.02	.05
Number of clients assisted	.07	0.78	.44
Client adaptive behavior	.03	0.34	.73
Client maladaptive behavior	.02	0.20	.84
Work group functioning	-.00	-0.00	.99
Burnout	.18	1.46	.15
Job satisfaction	-.48	-3.67	.00
<i>Job Satisfaction (R² = .63, p < .001)</i>			
Education	-.20	-2.89	.00
Employment tenure	.04	0.54	.60
Hours per week	-.06	-0.91	.37
Number of clients assisted	.13	1.86	.07
Client adaptive behavior	.04	0.51	.61
Client maladaptive behavior	-.05	-0.72	.48
Work group functioning	.26	3.60	.00
Burnout	-.61	-7.97	.00

tionnaire format, we measured the occupational characteristics and attitudes of a sample of direct care providers employed within agencies in the province of Ontario. Our results indicated that job satisfaction represented the most critical predictor of direct care providers' intention to leave their current employment. Specifically, providers who expressed lower job satisfaction demonstrated higher intention to leave their employment. Lower job satisfaction, in turn, was best predicted by higher occupational strain or burnout, poorer work group quality, and among those providers with more years of education. In the current study, direct care providers' employment characteristics, excluding years of education, and the frequency and type of client behaviour had no influence on direct care providers' job satisfaction or intention to quit.

In general, the results of the current study are consistent with prior studies that have investigated both intended and actual employment turnover among direct care providers assisting individuals with developmental disabilities. In particular, intention to quit among direct care providers is directly influenced by dissatisfaction with employment and indirectly influenced by provider strain or burnout (Hatton & Emerson, 1993; Hatton et al., 2001; Razza, 1993). As a consequence, it is reasonable to assume that any effort to increase providers' employment satisfaction and reduce or moderate employment strain may prove beneficial to both providers and agencies that assist individuals with developmental disabilities (see, for example, Innstrand, Espnes, & Mykletun, 2004).

The results of our study also suggest that the relationship between direct care providers and their immediate work group may be of considerable importance. Direct care providers' perception of their work group's quality and its capacity to move toward shared goals represents a source of significant employment satisfaction. Assessing and altering the specific dynamics that exist within direct care providers' immediate work group may be of practical benefit and may provide another method toward improving providers' job satisfaction and employment commitment beyond the more traditional strategies that have focused on either individual or larger organizational behavior.

Also mirroring prior research (Hatton & Emerson, 1993), our results indicate that education was related to providers' job satisfaction. Unfortunately, those providers with more years of education were less likely to be satisfied with their current employment. Lower job satisfaction among providers with greater years of education is problematic for agencies and may reflect a sub-optimal use of providers' skill set and knowledge within their current work environment.

Direct care providers have been idealized as critical in the creation and maintenance of adequate quality of life in community care settings and as important agents in promoting optimal client progress (Riddle, 2009). By recognizing the importance of direct care providers, it is also important to acknowledge those stressors and strains under which these providers must work. Clearly, the problem of reducing employment turnover among direct care providers may be best answered in consideration of the concerns and issues of the providers themselves. An important direction for future research may be greater focus on the manner in which the specific employment setting operates; the way in which it mediates reward and punishment for performance, its inherent constraints, and whether an informal and effective support network among providers exists within the employment environment.

Limitations of the current study included refusal of one agency to participate and a modest response rate of 30 percent to the questionnaire. As a consequence, the results of the current study may not sufficiently generalize to all direct care providers employed within agencies in Ontario. Despite these limitations, it is our hope that the results of our current study may provide potentially useful information to agencies that employ direct care providers and assist those agencies in their efforts to retain qualified and committed staff.

Key Messages from This Article

People with disabilities: When staff are not stressed, get along with each other, and feel that they are able to use what they learned in school, staff feel more happy in their jobs. When staff are more happy, they will stay in their jobs longer.

Professionals: Direct care providers who report lower job satisfaction also report greater intention to leave their employment. Lower job satisfaction is best predicted by higher occupational strain, poorer work group quality, and among those with more years of education.

Policy makers: Improving the quality and cohesiveness of direct care providers' work groups may indirectly reduce employment turnover.

References

- Baumeister, A. A., & Zaharia, E. S. (1987). Withdrawal and commitment of basic-care staff in residential programs. In S. Landesman & P. M. Vietze (Eds.), *Living environments and mental retardation* (pp. 229-267). Washington, DC: American Association on Mental Retardation.
- Bersani, H. A., & Heifetz, L. J. (1985). Perceived stress and satisfaction of direct-care staff members in community residences for mentally retarded adults. *American Journal of Mental Deficiency, 90*, 289-295.
- Hastings, R. P. (2002). Do challenging behaviors affect staff psychological well-being? Issues of causality and mechanism. *American Journal on Mental Retardation, 107*, 455-467.
- Hastings, R., & Horne, S. (2004). Positive perceptions held by support staff in community mental retardation services. *American Journal on Mental Retardation, 109*, 53-62.
- Hatton, C., & Emerson, E. (1993). Organizational predictors of staff stress, satisfaction, and intended turnover in a service for people with multiple disabilities. *Mental Retardation, 31*, 388-395.
- Hatton, C., & Emerson, E. (1998). Organizational predictors of actual staff turnover in a service for people with multiple disabilities. *Journal of Applied Research in Intellectual Disabilities, 11*, 166-171.
- Hatton, C., Emerson, E., Rivers, M., Mason, H., Swarbrick, R., Mason, L. et al. (2001). Factors associated with intended staff turnover and job search behaviour in services for people with intellectual disability. *Journal of Intellectual Disability Research, 45*, 258-270.
- Hewitt, A., & Larson, S. (2007). The direct support workforce in community supports to individuals with developmental disabilities: Issues, implications, and promising practices. *Mental Retardation and Developmental Disabilities Research Reviews, 13*, 178-187.
- Innstrand, S. T., Espnes, G. A., & Mykletun, R. (2004). Job stress, burnout and job satisfaction: an intervention study for staff working with people with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities, 17*, 119-126.
- Lakin, K. C., & Larson, S. A. (1992). Satisfaction and stability of direct care personnel in community-based residential services. In J. W. Jacobson, S. N. Burchard, & P. J. Carling (Eds.), *Community living for people with developmental and psychiatric disabilities* (pp. 244-262). Baltimore, MD: John Hopkins University Press.
- Lakin, K. C., Larson, S., Salmi, P., & Scott, N. (2009). *Residential Services for People with Developmental Disabilities: Status and Trends Through 2008*. Minneapolis, MN: University of Minnesota, Research and Training Center on Community Living.
- Larson, S. A., Hewitt, A., & Anderson, L. (1999). Staff recruitment challenges and interventions in agencies supporting people with developmental disabilities. *Mental Retardation, 37*, 36-46.
- Larson, S. A., Lakin, K. C., & Bruininks, R. H. (1998). *Staff recruitment and retention: Study results and intervention strategies*. Washington, DC: American Association on Mental Retardation.
- Larson, S. A., & Lakin, C. (1999). Longitudinal Study of Recruitment and Retention in Small Community Homes Supporting Persons with Developmental Disabilities. *Mental Retardation, 37*, 267-280.
- Lawrence, E. R., Glidden, L. M., & Jobe, B. M. (2006). Keeping them happy: job satisfaction, personality, and attitudes toward disability in predicting counselor job retention. *Education and Training in Developmental Disabilities, 41*, 70-80.
- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behavior, 2*, 99-113.

- Neben, J., & Chen, C. (2010). Impact of aggressive behaviour on burnout and quality of support. *Journal on Development Disabilities, 16*, 94-102.
- Razza, N. J. (1993). Determinants of direct-care staff turnover in group homes for individuals with mental retardation. *Mental Retardation, 31*, 284-291.
- Riddle, H. (2009). Bridges to community: The challenges and necessity of building a quality direct support workforce. *North Carolina Medical Journal, 70*, 552-555.
- Seashore, S. E., Lawler, E. E., Mirvis, P., & Cammann, C. (1982). *Observing and measuring organizational change: A guide to field practice*. New York, NY: Wiley.
- U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy. (2006). The supply of direct support professionals serving individuals with intellectual disabilities and other developmental disabilities: Report to Congress. Retrieved from <http://aspe.hhs.gov/daltcp/reports/2006/DSPsupply.htm>
- Woltmann, E. M., Whitley, R., McHugo, G. J., Brunette, M., Torrey, W. C., Coots, L., et al. (2008). The role of staff turnover in the implementation of evidence-based practices in mental health care. *Psychiatric Services, 59*, 732-737.