



Work stress, burnout, and social and personal resources among direct care workers[☆]

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ABSTRACT

Work stress is endemic among direct care workers (DCWs) who serve people with intellectual and developmental disabilities. Social resources, such as work social support, and personal resources, such as an internal locus of control, may help DCWs perceive work overload and other work-related stressors as less threatening and galvanize them to cope more effectively to prevent burnout. However, little is known about what resources are effective for coping with what types of work stress. Thus, we examined how work stress and social and personal resources are associated with burnout for DCWs.

We conducted a survey of DCWs ($n = 323$) from five community-based organizations that provide residential, vocational, and personal care services for adults with intellectual and developmental disabilities. Participants completed a self-administered survey about their perceptions of work stress, work social support, locus of control, and burnout relative to their daily work routine. We conducted multiple regression analysis to test both the main and interaction effects of work stress and resources with respect to burnout.

Work stress, specifically work overload, limited participation decision-making, and client disability care, was positively associated with burnout ($p < .001$). The association between work social support and burnout depended on the levels of work overload ($p < .05$), and the association between locus of control and burnout depended on the levels of work overload ($p < .05$) and participation in decision-making ($p < .05$). Whether work social support and locus of control make a difference depends on the kinds and the levels of work stressors.

The findings underscore the importance of strong work-based social support networks and stress management resources for DCWs.

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1. Introduction

Direct care workers (DCWs) have played a crucial role in maintaining the health and well-being of adults with intellectual and developmental disabilities (ID) in a variety of settings, such as nursing facilities, group residences, and home care. This

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has included caring for adults with intellectual and developmental disabilities (ID) by administering medication; assisting with hygiene, grooming, dressing, and oral health care; and managing challenging behaviors. DCWs also have supported their clients' professional and social development through vocational training and by facilitating their inclusion in the community-at-large (Hatton, 1999). Stressors resulting from heavy workloads, client behavioral and health problems, and limited job autonomy have been shown to be prevalent in DCW work. Such stressors, if not managed appropriately, can contribute to burnout and diminish the effectiveness of care delivery (Hatton, 1999; Skirrow & Hatton, 2007).

Burnout is commonly recognized as exhaustion from and reduced interest in tasks or activities (Maslach, 1993). Various types of job-related stressors, such as work overload, role ambiguity, role conflict, limited job autonomy, and client demands have been shown to contribute to burnout (Devereux, Hastings, Noone, Firth, & Totsika, 2009; Kowalski et al., 2010; Peiro, Gonzalez-Roma, Tordera, & Manas, 2001; White, Edwards, & Townsend-White, 2006). The individual experiences stress and, without adequate resources for coping, may face strain, exhaustion, and attitudinal and behavioral changes indicative of burnout (Maslach, 1982).

Several studies have indicated that social resources, such as support from supervisors or colleagues, are associated with low levels of burnout among DCWs in the ID field (Devereux, Hastings, & Noone, 2009; Devereux, Hastings, Noone, Firth, et al., 2009; Dyer & Quine, 1998; Innstrand, Espnes, & Mykletun, 2004; Skirrow & Hatton, 2007; Thomas & Rose, 2010). (See Devereux, Hastings, Noone, Firth, et al. (2009) for a review.) However, we know little about how work social support interacts with work stress to reduce burnout among DCWs in the ID field. We have identified two studies that involve interaction effects of work stress and work social support with this population in the United Kingdom, which yielded somewhat inconsistent results. Devereux, Hastings, Noone, Firth, et al. (2009) found no significant interaction effects between perceived work demands and work social support in a study of 96 DCWs. However, Dyer and Quine (1998) found significant interaction effects between work social support and some stressors (i.e., work overload), but not others (i.e., non-participation in decision-making) for 80 DCWs. Research on the role of personal resources, specifically locus of control orientation, for burnout with DCWs in the ID field is even more scant. A U.S. study of mental health professionals indicated that individuals with an internal locus of control were more likely to approach work stressors with a problem-solving, proactive focus, and adapt to problems, whereas those with an external locus of control were more likely to succumb to the effects of stress: A significant interaction between an internal locus of control and work stress was found (Koeske & Kirk, 1995). Similarly, an internal locus of control orientation has been demonstrated to reduce levels of work stress (e.g., work overload), which in turn mitigates burnout among German nurses (Schmitz, Neumann, & Oppermann, 2000). However, to our knowledge, no study has examined whether the association of locus of control and burnout is dependent on level of work stress among DCWs caring for adults with ID. Furthermore, most studies on burnout and resources for DCWs in the ID field have been conducted in Europe and have used relatively small samples. Appropriate resources needed to help reduce burnout for such workers may be specific to the types of work they do, as well as the work contexts. Further research is needed to examine the relationships among various types of work stress, social and personal resources, and burnout among DCWs caring for ID populations in other social and cultural contexts, such as in the United States.

Thus our aim was to examine what types of work stress are related to DCW burnout, and how social and personal resources, such as work social support and locus of control, contribute to lower burnout for DCWs caring for adults with ID in a large US Midwestern metropolitan area. Guided by a conceptual model (see Fig. 1) inspired by Ensel and Lin life stress models (1991, 2004), we addressed two research questions: (1) How are work stress and resources, such as locus of control and work social support, associated with burnout when we control for sociodemographic and work-related characteristics? (2) Is the association between resources and burnout dependent on the level of work stress, and if so, how? We examined the main effects of work stress and resources on burnout to address the first question and the interaction between resources and work stressors (specifically, work overload and low levels of participation in decision-making) on burnout to address the second.

2. Method

2.1. Participants and procedure

We surveyed 323 DCWs employed at five organizations that provide residential, vocational, and personal care services for adults with ID. We selected a purposeful sample of five ID community service organizations from five different locations in a large city. These organizations employed DCWs from a variety of racial and ethnic groups. Eligible survey participants were direct support professionals providing non-medical direct care services to adults with ID, were fluent in both written and spoken English, and were at least 18 years of age.

We distributed surveys in three ways: (1) in-person, where project staff were present on-site to answer questions while the survey was completed; (2) supervisor distribution, where participants mailed packets back to the project office in pre-stamped envelopes when complete; and (3) mailed, where participating organizations sent survey packets to staff at home, and participants then returned completed surveys back to the project office in pre-stamped envelopes when complete. Although we attempted to distribute surveys in person to maximize response rates, some participating organizations' situations did not allow for DCWs to complete the survey on site. In an effort to improve the response rate further, we distributed a second round of survey packets to the organizations with the lowest response rates. This improved the study response rate by 5% (American Association for Public Opinion Research, 2008). As expected, the in-person mode of survey

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