



# Work engagement and job burnout within the disability support worker population



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## ARTICLE INFO

### Article history:

Received 27 May 2013

Received in revised form 2 August 2013

Accepted 5 August 2013

Available online 9 September 2013

### Keywords:

Disability support workers

Work engagement

Burnout

Demands

Resources

## ABSTRACT

The aim of this study was to explore work engagement and job burnout within the disability support worker (DSW) population, using the job demands–resources (JD–R) model as a guiding theory. The research measured a set of work-related demands and resources related to working within the disability sector in order to assess which demands/resources account for a significant portion of unique variance when used to model DSW engagement and burnout. This study sampled 258 DSWs from across Australia who completed an online or paper questionnaire that included measures of engagement, burnout and the demands/resources of interest. With regard to demands, role ambiguity was significantly associated with the three engagement scores and the three burnout scores. It also accounted for the most unique variance in the three engagement scores (vigour [VI], dedication [DE] and absorption [AB]), and the personal accomplishment (PA) burnout score. With regard to resources, job feedback was significantly associated with two of the engagement scores (VI and DE) and all three burnout scores. It accounted for the most unique variance in VI and DE, and PA. In conclusion, this research adds to the existing disability workforce literature as it represents one of the first comprehensive investigations of work engagement within this population. Improved job descriptions, on-the-job feedback and the creation of specialist support workers are offered as recommendations to improve the psychosocial health of DSWs.

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## 1. Introduction

The psychosocial health of disability support workers (DSWs) has received substantial attention within the disability literature. Two possible reasons may exist for this trend. First, DSWs are the frontline workers who support people with disabilities to live their day-to-day lives, e.g., providing support to attend to personal/health needs, and supporting social interaction and engagement in the community (Hewitt & Larson, 2007). Given their role, they are integral to the quality of services used by people with disabilities. Second, poor psychosocial work outcomes such as burnout and stress experienced by DSWs (and other direct care professionals) has been linked to (1) adopting poor methods of providing care, e.g., negative expressed emotion, lack of positive interactions with clients and emotionally withdrawing (Dennis & Leach, 2007; Lawson & O'Brien, 1994; VanYperen, 1995), (2) absenteeism (Harvey & Burns, 1994), and (3) intention to leave employment (Kim & Stoner, 2008; Kozak, Kersten, Schillmöller, & Nienhaus, 2013; Lawson & O'Brien, 1994; Schwartz, 2007; Thanacoody,

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Bartram, & Casimir, 2009). Disability service organisations aim to provide high quality person-centred care to the people they support, and issues such as poor quality care severely obstruct this intention, and in turn, the quality of life of people with disabilities.

The research literature on DSW psychosocial work outcomes is large and informative but hampered by several weaknesses. First, the evidence base contains many correlational studies that report a wide variety of factors related to a wide variety of poor work outcomes (e.g., burnout, stress, anxiety, depression). These include: (1) client-related factors like challenging behaviour (Chung & Harding, 2009; Hatton, Brown, Caine, & Emerson, 1995), emotional reactions to challenging behaviour (Mitchell & Hastings, 2001; Rose, Home, Rose, & Hastings, 2004) and poor client skill (Dyer & Quine, 1998; Hatton et al., 1997), (2) organisation-related factors like role ambiguity (Aitken & Schloss, 1994; Blumenthal, Lavender, & Hewson, 1998; Dyer & Quine, 1998), bureaucracy (Hatton et al., 1997), workload (Aitken & Schloss, 1994; Blumenthal et al., 1998; Devereux, Hastings, Noone, Firth, & Totsika, 2009), resources (Hatton et al., 1997; Prosser et al., 1997), control over one's work (Blumenthal et al., 1998; Hatton et al., 1997), support within the workplace (Hatton et al., 1997; Ito, Kurita, & Shiya, 1999) and low job status (Hatton et al., 1997), and (3) staff-related factors such as coping (Devereux, Hastings, Noone, Firth, et al., 2009; Mitchell & Hastings, 2001) and self-confidence (Gil-Monte & Peiró, 1998). But, this type of research does not address the question around which of these variables are more important when modelling poor DSW work outcomes. However, a recent study by Vassos and Nankervis (2012) implied that role ambiguity, low job status and challenging behaviour could be the most important factors related to burnout in the DSW population. They found that for a sample of 108 DSWs, these variables accounted for a significant portion of unique variance when used to model DSW burnout scores.

Second, the DSW evidence base has relied heavily on investigating the presence of negative work outcomes as opposed to the presence of positive work outcomes. The most studied outcome within the DSW literature is job burnout, which is said to consist of: (1) high emotional exhaustion (EE), i.e., overwhelming exhaustion, (2) high depersonalisation (Dp), i.e., negative and cynical attitude towards care recipients, and (3) low personal accomplishment (PA), i.e., work achievement and productivity (Maslach, Schaufeli, & Leiter, 2001; Schaufeli & Buunk, 2003). Based on scores from the Maslach Burnout Inventory (MBI: Maslach, Jackson, & Leiter, 1996), Skirrow and Hatton (2007) concluded that moderate EE ( $M = 17.4$ ), moderate PA ( $M = 33.8$ ), and low levels of Dp ( $M = 5$ ) are prevalent in the DSW population.

Job satisfaction is the most researched positive outcome within the DSW literature. The small evidence base shows the positive opposites of the factors related to negative work outcomes are associated with high job satisfaction, e.g., positive client interactions (Bell & Espie, 2002; Ford & Honnor, 2000; Mascha, 2007), colleague and supervisor support (Chou & Roberts, 2008; Hatton et al., 1999; Kemper et al., 2008; Mascha, 2007); low work demands (Chou & Roberts, 2008; Dyer & Quine, 1998; Graffam, Noblet, Crossbie, & Lavelle, 2005), high control over one's work role (Delp, Wallace, Geiger-Brown, & Muntaner, 2010; Graffam et al., 2005; Hatton et al., 1999), role clarity (Hatton et al., 1999; Mascha, 2007), minimal stress related to low job status (Hatton et al., 1999; Petrovski & Gleeson, 1997), and improved access to training (Kemper et al., 2008; Parialis, 2011).

One positive work outcome gaining prominence in the organisational psychology literature is *work engagement*. Work engagement is a distinct construct on its own, and consists of three components closely related to the positive opposites of the three components of burnout (Bakker, Schaufeli, Leiter, & Taris, 2008; González-Romá, Schaufeli, Bakker, & Lloret, 2006). The three components are: (1) vigour (VI), i.e., high level of energy at work, (2) dedication (DE), i.e., sense of enthusiasm and high levels of involvement in one's work role, and (3) absorption (AB), i.e., being engrossed within one's work (Bakker et al., 2008). To the authors' knowledge, only one study has examined correlates of work engagement within the DSW population. Durán, Extremera, and Rey (2004) found that the emotional intelligence factors of emotional clarity (the ability to identify the emotions one is experiencing) and repair to moods (the ability to control and repair emotional experiences) were positively associated with VI, DE and AB.

Examining the research literature from a related direct care profession (nursing), the small evidence base reveals that the correlates of poor work outcomes and job satisfaction within the DSW population are also related to work engagement in nurses. For example, heavy workloads, stress related to client care, lack of resources leading to a feeling of being undervalued, and a lack of control over one's workload are related to low levels of work engagement (Freney & Tiernan, 2009; Jenaro, Flores, Orgaz, & Cruz, 2011; Laschinger, Grau, Finegan, & Wilk, 2012), whereas colleague and supervisor support are related to high levels of work engagement (Freney & Tiernan, 2009; Jenaro et al., 2011; Othman & Nasurdin, in press).

Third, in a recent review article, Devereux, Hastings, and Noone (2009) stated that the work stress research conducted in the disability field is lacking due to: (1) the minimal use of well validated and accepted work stress theories to explain associations, and (2) the lack of research that tests whether these work stress theories apply to the DSW population. The job demands–resources (JD–R) model of burnout was specifically recommended as a work stress theory that may apply to the DSW population (Devereux, Hastings, & Noone, 2009). The JD–R model (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001) states that working conditions can be categorised as either a job demand or resource. Job demands are the physical, social and organisational aspects of the work role that require one's physical/mental effort on a daily basis, whereas job resources are the work aspects that assist one to do their work (Bakker, Demerouti, Taris, Schaufeli, & Schreurs, 2003). The model posits that high or unfavourable demands are positively related to the exhaustion component of burnout (e.g., EE within the MBI) whereas resources are negatively related to the disengagement component of burnout (e.g., Dp within the MBI). Demerouti et al.'s initial work supports the JD–R model as a plausible explanation of burnout within three categories of workers (human services, industry and transport). Two reviews by Bakker and Demerouti (2007) and Demerouti and Bakker (2011) also demonstrate that the two pathways of the JD–R model have been supported across several work populations.

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