Factors Affect the Employment Longevity of Staff Working with Clients Possessing Intellectual Disabilities

Michael W. Firmin.
Cedarville University

Katlyn M. Orient
University of Memphis

Heather Steiner
Cedarville University

Ruth L. Firmin
Indianapolis University – Purdue University at Indianapolis

We report the results of an empirical, qualitative research study conducted with 28 direct care staff (DCS) of persons with intellectual disabilities (ID) from two Midwestern facilities. The research question involved exploring the dynamics of employment conservation with staff who work with a relatively challenging population. In-depth interviews were conducted and three primary extrinsic concerns were noted by DCS. These included level of pay and insurance benefits, staff relationships, and legal restrictions imposed on DCS job descriptions. The latter included both care plans and technical requirements. We discuss the results in light of the relatively high turnover rates among DCS working with persons possessing intellectual disabilities. While job turnover is important in all work settings, because of the psychological needs and limited development of individuals with intellectual disabilities, job turnover is a particular concern in this milieu. Giving voice to the perspectives of DCS is viewed as the first step toward potentially improving job tenure rates among this work population.

INTRODUCTION

Direct care staff (DCS) in long-term care facilities often face challenges which include working long hours, poor pay, receiving minimal benefits, and being prone to injury and depression (Malhotra, et al., 2012; Zimmerman et al., 2005). Despite these challenging factors and high turnover rates of DCS within mental health organizations (Bunger & McBeaht, 2012), little empirical research literature exists on the topic. DCS have a particularly important role when providing services for people with intellectual disabilities (ID). Thus, some research attention has been devoted to the roles, responsibilities, and working conditions of DCS in residential settings for persons with disabilities (Ford & Honnor, 2000).

The potential for burnout in DCS is a growing concern (Happell, Martin, & Pinikanhana, 2003). Burnout is defined as the emotional exhaustion that can be experienced in the field of public service,

which can lead to job dissatisfaction or quitting. Fish (2003) reported that the annual turnover rate for workers in treatment facilities is significantly higher than average turnover rates, in some cases around 23%. This rate is said to be mostly due to staff voluntarily quitting, not because of high rates of staff being fired or let go. In accordance with this finding, many studies report high levels of staff burnout and turnover in community residential programs (e.g., Zimmerman et al., 2005). A number of factors related to this phenomenon have been explored. Demographic data has shown that male workers, young workers, and workers who have been working in the field for less than two years generally report more stress related to their job. Burnout has also been related to the sense of failure that may result following the dissolution of the high expectations that some DCS possess upon entering the field. Feelings of powerlessness and hopelessness are also related to burnout (Beevers, 2011).

Another topic related to DCS and burnout is job satisfaction, which refers to individual's reaction to specific parts of their job as well as the experience as a whole (Van den Pol-Grevelink, Jukema, & Smits, 2012). Job satisfaction also has been described by Happell, Martain, and Pinikahana (2003) as a state which depends on employee interaction, personal characteristics, and the values of the organization. Further, factors such as the structure, organizational atmosphere, job tasks, pay, potential for advancement, leadership style, and personal satisfaction are major contributors to job satisfaction (Happell et al., 2003). When the highlighted factors meet with employees' expectations, job satisfaction will be higher. However, when these important aspects related to job satisfaction are not positive, then dissatisfaction may occur and lead to burnout and stress which may, in turn, increase turnover rates within a given profession. A study by Lee, Phelps, and Bato (2009) demonstrated this effect when participants identified pay as one of the most negative areas of job satisfaction, and it was identified as one of the main elements that led to high turnover rates in DCS and probation workers.

Ford and Honnor (2002) have also identified two factors that influence staff satisfaction: personal attributes of staff and characteristics of the organization in which staff work, such as employment policies, compensation, autonomy, skill utilization, advancement, co-worker and supervisor support, recognition, and involvement in decision-making. Blankertz and Robinson (1997) reported characteristics that were associated with low turnover rates with DCS. These characteristics included: clarity of job description, a pleasant physical work environment, competent and cohesive co-workers, staff input regarding decisions, and a culturally sensitive staff. As such, factors such as relationships with other staff, pay, administration, compensation, and freedom within a job may affect staff satisfaction depending on how the elements are perceived by staff.

In light of the high turnover rate with DCS and the various factors that contribute to this phenomenon, we sought in the present study to discover extrinsic factors which motivated DCS to continue working with an ID population. Administrators for organizations report difficulty in finding staff who maintain employment for a significant period of time, and the continual process of hiring new staff to replace those who leave can become expensive for an organization (Gallon et al., 2003). Thus, identifying factors that positively affect job satisfaction and integrating these elements into an organizations policy can be a valuable tool for administrators. One way to accomplish this objective is to divide attention and resources between compliance on regulations, program and behavioral plans, and competencies in order to meet the needs of DCS who are working with the ID clients and attempt to understand their motivation and needs as well (Gaventa, 2008). In the present study we sought to uncover some of these needs in hopes that they will help to positively impact working environments and possibly reduce DCS high turnover rates, which can be stressful for both organizations and patients with ID.

Slakind (2011) suggests that qualitative approaches to research can be especially useful when there is little previous knowledge about a proposed research construct. The present literature review has covered some of the studies that have surveyed the general dynamics related to job satisfaction and turnover in DCS who work with ID populations. However, there were no rich or thick descriptions (Leedy & Ormrod, 2012) of how these dynamics are perceived in DCS or how they affect perceived job quality and, in return, longevity. The present qualitative study seeks to help fill this gap of knowledge and present both an in-depth description of extrinsic factors identified by DCS as important to their job satisfaction as well as how these factors are perceived to affect longevity of staff.

In conclusion, the objective of the present study was to provide a phenomenological, qualitative research study that related the percepts and understandings of how DCS understand their roles in working with persons diagnosed with ID. We aimed to relate the themes that emerged in a systematized way, in accordance with standard and established qualitative protocol. By temporarily entering into the worlds of DCS through in-depth interviews, we endeavored to help relate to readers the challenging, extrinsic factors that affect the longevity of DCS who work with clients possessing ID.

METHOD

Participants for the current research study were obtained from two institutions that service persons with ID, located in medium sized Mid-west cities. These two organizations had no organic affiliation with one another; further, one of the organizations was state operated while the other was privately operated. These institutions were chosen in order to obtain a sample of DCS from both private and public sectors. Gaining full access to DCS from these two institutions was an important and necessary element when deciding where to obtain participants for the current study. Administrators from both institutions allowed the researchers full access to all DCS for interviews. The organizations had multiple facilities which serviced residents with a variety of needs, ranging from mild to profound ID. Given that institutions working with ID residents are relatively few and tightly knit, no additional demographic information (beyond what is presently reported) regarding the residents or employees will be shared in this study. This is to protect both the institutions' and participants' identities from those who may recognize or assume they recognize which facilities or DCS from which the sample in the present study was drawn. The objective is to protect the anonymity that was promised to the organizations and participants in the current study.

The most important information regarding the participants follows. Consistent with qualitative research protocol, a method of criterion sampling (Harsh, 2011; Liamputtong & Ezzy, 2009) was used in order to select participants in both residential facilities. Eight years of continual DCS to persons with ID was the minimum time criterion used to identify potential participants for the study. This number was generated after discussing the purpose of the study with administrators from their respective institutions. From this discussion, we believed that, given the DCS working at the organizations at the time of data collection, we could obtain sufficient participants from each institution in order to achieve saturation (this construct is addressed below).

We obtained the names of DCS who had worked with ID populations for seven or more years and then randomly selected individuals from these lists in order to participate in the study. Roughly half of the participants in the study came from each institution. Once a potential subject was identified based, on our criterion, he/she was contacted by phone and asked to participate in an in-depth interview about his/her perceptions of DCS. Everyone who was contacted agreed to participate in the study and provide an interview. Semi-structured interviews (Roulson, 2011) were used in order to explore the general constructs of reasons for entering the field of DCS, the perceived extrinsic and intrinsic benefits and disadvantages of DCS, the participant's reasons for staying in the field, and the extrinsic and intrinsic motivations for being in DCS. Semi-structured interviews allowed participants to share their ideas and perceptions without being limited by a rigid script which is a risk of structured, verbal surveys. The utilized method of interview allowed participants to deviate from the interview questions and share stories, illustrations, and direct the interview in ways that participants seemingly felt to be most effective in relating their thoughts and experiences.

We continued to select participants and complete interviews until saturation (Creswell, 2012a) occurred. In qualitative research, this refers to the practice of adding new participants to the study and continuing to gather information as long as these interviews revealed additional and new information about the general themes. When adding additional participants to the study no longer uncovered new, significant information, then saturation has occurred. The present study reached saturation after about 26 interviews were completed; thus, data collection ceased after 28 interviews. This is consistent with prior research (Creswll, 2012b) which suggests that a sample size of about 25 participants who experience the

same phenomenon being investigated is typically sufficient to reach saturation in a qualitative research study. In conclusion, following in the protocol of experts such as Guest, Bunce, and Johnson (2006) and Nueman (2006), we believe the sample size of 28 participants was sufficient for the intended design and purpose of the present research study.

Participants in our study had served as DCS in their current organization for an average of 15 years. This average is derived from the range of 8-24 years that participants served as DCS. The average number of years that participants had served as DCS at their current organization, as well as any other location, was 16 years, ranging from 8-27 years. The sample was approximately 60% female, and identified themselves as 86% percent Caucasian and 14% African-American. Seventy percent of participants possessed a high school diploma as their highest level of education, 18% had attended college for less than 2 years, 3% had a four year college degree, 3% had a two year college degree, 3% graduated from a beautician school, and another 3% did not graduate from high school. The age of participants ranged from 33-62 years old, with the average age being 50 years old. One middle-aged participant preferred not to identify her age in the present study. The names utilized in the article are pseudonyms and are used for the sake of reading clarity and anonymity.

Procedure

In accordance with Firmin's (2006a) protocol, interviews were conducted in two waves. In qualitative research this means that all participants were interviewed in the first wave. Interviews were tape recorded and later transcribed for analysis. The second wave interviews were used for clarification of original statements, and additional illustration and elaboration on certain points that were made in the original interviews of select participants. After transcribing the interviews, they were coded (Bereska, 2003) using line-by-line protocol (Chenail, 2012a) for reoccurring words, phrases, concepts, and constructs. At times, codes that seemed originally promising would be later discarded due to the lack of consistency across the participants' transcripts. Other times, codes were combined into broader categories in order to keep the analysis of the transcripts manageable. Constant-comparison analysis (Silverman, 2006) was used as, with each new transcript, codes were related back to previous transcripts, revealing the similarities of responses from the participants. Data analysis included asking key questions, utilizing organizational review, displaying the findings in a visual format, and concept mapping in accordance with Gay, Mills, and Airasian (2009).

NVIVO qualitative research software was utilized as a tool to augment the process of moving from coding data to generating themes. It was used in order to help organize the material content analysis. However, taking into account the limitations of this software described by Bazeley (2007), it was not used in a purely mechanistic way. We intentionally used the software only as an additional tool to enhance our efforts and not to replace the work that requires a human element to fully conceptulatize and discern in qualitative research (Lewins & Silve, 2007). Thus, human analysis, personal intuition, construct analysis, and past experience in qualitative research were all utilized in the coding process as well.

The themes that were generated from the transcripts, and are reported in the current study, represent the consensus of the participants. The themes were generated from an analysis of the transcript data. We utilized open-coding (Maxwell, 2012) strategies throughout the study. In qualitative research, this refers to the fact that we did not come into the research or data-analysis with any preconceived ideas about what we might find or what the results could mean. Thus, the themes drawn from the data were what we conceived to be the common perceptions of the participants, which were then summarized in a logical and methodical way. In this context, we are aware of the current debate in phenomenological and grounded theory qualitative research regarding the use of theory in analysis (Frost, et al., 2010). Essentially, some experts in qualitative research (e.g., McFarlane & O'Reilly-deBru, 2012) believe that theory can and should be used when framing a qualitative study and interpreting its results. In contrast, others (e.g., Raffanti, 2006), believe that theory should be intentionally left out of qualitative research design and interpretation because this role should belong to the reader, not the researchers. Obviously, this issue will not be resolved in the present article, but we do wish to explicitly note that our avoidance of theory in the study's design and interpretation are intentional rather than an oversight. This was done as the result of

long-standing commitment we have to a more traditional paradigm of qualitative research, which is both a scholarly and acceptable approach for the current study (Cresswell, 2012b).

Our intent was to generate an article that adhered to the high standards of internal validity for qualitative research (De Wet & Erasmus, 2005; Sin, 2010). One of the methods we used to achieve this standard was the utilization of internal validity checks. These included meeting with the other researchers while coding and analyzing the transcript in order to discuss potential codes and themes to ensure they represented the consensus of the participants. Despite this, we recognize that good research can be generated using only one researcher's perspective (Silverman & Marvasti, 2008). However, experts in qualitative research also generally agree that collaboration aides the research process. This advantage is reflected in the practices of discussion and debate about potential preconceived ideas or bias and alternative explanations of results. The use of multiple researcher's input in the coding process can also enhance the reliability, since the agreed upon themes reported in the present study represent the consensus of multiple researchers, rather than just one. Thus, the results reported in the study represent the agreement of all the researchers regarding what best represented the participant's consensus.

We also generated a data trail (Tracy, 2010) in order to enhance the internal validity of the current study. When using this technique, researchers create a document that shows how each of the findings from the study is grounded in sufficient evidence from the transcripts used to generate the study's themes, thus supporting the internal validity. NVIVO qualitative software is particularly useful in this process. The benefits of generating a data trail include reducing the likelihood of researcher fraud, adding confidence and evidence to the fact that the study represents participants consensus, and providing a guide or outline for future researchers who may wish to continue the study with a different sample.

The use of member checking (Carlson, 2010) also strengthened the internal validity of the present study. This process involved showing the findings of the study to most participants who provided the original interview data in order to ensure that the results being reported accurately and adequately represent the views that were expressed. Through this method, we were able to receive confirmation from the participants that our results, and the way they were communicated, reflected their general sentiments adequately.

Internal validity was also enhanced through the use of an independent researcher (Flick, 2006). Utilizing an independent researcher in qualitative research consists of inviting an expert who was not involved in the research process to review the transcripts and procedures of the study. The purpose is to ensure that internally valid conclusions are reasonably visible to an outside source, from transcript to conclusion. These conclusions should connect naturally and not be forced or based on factors outside of the data. Rather, the results should be aptly grounded and reflect a clear trace from conclusions to the transcripts and codes that produced the findings.

Finally, the use of low inference descriptors (Chenail, 2012b) when writing the manuscript enhanced the internal validity of the study. This means we used a wide variety of quotations as well as provided a reasonable depth of citations from the transcripts of participants' interviews. This grounds the report writing in order to insure that the authors are not imposing their own ideas or values on the research results.

RESULTS

The current study reveals three external factors that affect the longevity and job satisfaction of direct care workers who assist clients with intellectual disabilities. Participants first discussed both the positive and negative impact that pay and insurance benefits have on staff. The pay was not a positive aspect of the job by itself but, when combined with the benefits, participants considered this to be one of the more fortunate aspects of being a DCW. Second, participants discussed their interaction with other staff and the benefits and struggles that come from those relationships. They also expressed discontent with the "revolving door" phenomenon, relative to other staff, who cycle through their unit rapidly. Last, participants shared policy changes which resulted in restricting the interactions between persons with ID

and direct-care workers—and their overall dissatisfaction with such restrictions. This discontent was connected to the expressed sentiment of the participants that their clients were like family to them and staff felt as though they knew client needs and actions better than others, as a result of the amount of time spent together. This dynamic fostered a protective environment to which the new policy changes were not considered conducive. An additional theme of positive, intrinsic factors that affect DCWs exists, but it is reported elsewhere due to publication pagination limits.

Pay/Insurance

Participants in our study continually discussed their pay and insurance benefits, and how these affected their job satisfaction and decision to stay in their position. A few participants indicated that they did not consider pay to be a positive aspect of the job. As an example, Lisa succinctly described her mild frustration with pay: "And maybe the pay, it would be nice not to have to scrape working here." However this was not expressed as a major area of discontent; rather, most participants held a different, more positive view, especially when considering the medical insurance and benefits that were accessible to workers. Joseph aptly summarized these sentiments:

The job pays good. People don't think about the insurance, the UL pay, the sick pay, that all goes into the hourly pay and they don't think of that. So people complain about it but, if you put that all together, we are actually doing pretty good here.

When combined, pay and benefits overall were considered to be a positive aspect of participants experience as DCW's. These benefits also were said to increase the work longevity of DCW's who felt that having the insurance benefits made it worth staying at their job. Andrea reflected the participants' emphasis on the importance of this extrinsic factor when she identified insurance as her prime motivation to begin work as a DCW, as well as her most salient motivation to stay on the job:

Of course the health benefits package, that is what brought me here…my biggest factor is the health insurance because it is such a big thing. You have to have health insurance in order to survive out in the world these days. And it is the biggest thing and it is the only reason I have been here so long, because of the health insurance.

Although not all participants described insurance and pay as the most important factor with regards to their continued employment, the perceived superiority of the health care benefits and pay was cited as a factor in creating an overall more pleasant work environment. Paid sick time, flexibility, and vacation contributed to the feeling that DCW's were being taken care of by the organization. Amy summarized: "There is a lot of flexibility here, the benefits are excellent, the pay is not that bad…it is pretty programmed here, it is a fair place to work." Another participant, Mike, described how his specific medical condition has been treated and how the benefits of the job create a comfortable work environment which is not found everywhere:

They have been a good company to work for and I have Crohn's Disease and they are very understanding with that. I am on FMLA so there are jobs that won't accept me because of that and they have been really good and understanding. It is very nice.

Overall, participants described their pay and insurance as positive extrinsic factors that affect their job satisfaction. Further, the insurance benefits motivated some of the staff members to both start and continue their work as DCS for extended periods of time. Without this incentive, they expressed doubt that they would have stayed with the work for as long as they did.

Unwelcomed Policy Changes and Restrictions

Consistently, participants from both facilities voiced their overall frustration with the increasing restrictions regarding DCS' interactions with clients. Many of these particular changes in regulations were said to have been instated for the protection of persons with ID. However, participants in our sample felt that, instead, these restrictions severely limited the depth of meaningful interaction possible between DCS and clients. For example, Howard described the difficulty he now encounters when seeking to relate to clients because of increased restrictions:

Well, you have to have hands-on contact [when working with the ID population], you can't just sit here and talk to them like I am talking to you. [However], it is getting so anymore that, if you just touch them, then "Oh, that is abuse!" or the tone of your voice, that is abuse, too. I mean, they do need their rights and everything, but you need to relate to them and work with them daily. So it's getting tough to get things done.

Beyond limiting the personal contact that DCS can have with their clients, these regulations also were seen as an interference to completing staff's job responsibilities in an efficient and helpful way. Participants described encounters with participants where they felt they could not effectively do their respective jobs, precisely because of new rules and regulations which were not seen as helpful in these specific situations. Joseph described this feeling of frustration when confronted with regulations:

[I felt like quitting] a few times, usually when you are dealing with a behavior you can't get control of because your hands are tied because of the new regulations and rules. You don't have any concrete way you can go about dealing with it. You just have to walk around and look dumb.

Participants seemingly understood that most restrictions were instigated with the intent of increasing the protection of individuals with ID. However, DCS in our sample explained that abiding by these limitations consequently meant limiting their ability to invest personally in the worlds of the clients with whom they worked. Most individuals in our sample felt that these growing restrictions hindered them from truly connecting in the lives of their clients. Sarah, like most participants, shared the change in mind-set that she has been encouraged to adopt which better fits the "impersonal" work tactics she now feels pressured to adopt:

I wish I was still able to take the individuals out. We used to be able to do that on our own time, if we wished to but, because people thought they should get paid to do so, they put a stop to that. I used to take them to Thanksgiving at my house, and now we can't…I would like it to be more family-oriented [here], but they stress us to not get too personally involved. But how can you not? If you have the compassion, like you should, then it's impossible not to.

New regulations and restrictions were reported to negatively impact the amount of time that DCS could spend with clients and the positive investment staff could make through this personal time. Their job was reportedly less satisfying and fulfilling when this time was limited for the sake of fulfilling requirements that were seen as either unattainable or less important than enhanced quality, individual contact. Without this time to interact with clients, DCS did not feel they were able to aptly fulfill what should be an important aspect of the job. Carol described the situation that many DCS found themselves experiencing:

Also, [I wish] that we could do more things with them and do more one-on-one things with them without trying to meet a time schedule that administration expects us to do. I want to get to know the residents and invest in their lives rather than trying to meet a time schedule and just come in day after day, according to a schedule and not getting to know the residents like I should.

These frustrations were compounded by the fact that many participants expressed a sense of commitment to and protection of the residents. As an illustration of this point, Maria described the sentiment that many of her coworkers expressed when she explained how she felt about the clients: "Residents are, I know they don't like us to think that way, but they are almost like family." Throughout the interviews, longevity repeatedly was attributed to the family-like relationships that many DCS had with residents. Participants often referred to their clients as being similar to their children; they also described reciprocal relationships. Carol's story of a resident explained this dynamic relationship:

They are like family here! They are concerned for you as well. When I was pregnant with my first son, they were always asking how I was doing and would rub my tummy and talk to my son in there. They were very considerate!

The personal relationships between DCS and residents were described as one of the strongest factors in longevity of staff. When these relationships were perceived as being hindered through new regulations, participants expressed frustration and discouragement.

Issues with Fellow Staff

Participants regularly mentioned fellow staff members as a factor that affected their decision to stay or desire to leave their current position. On the positive side, many participants felt that fellow DCS were a support system for them in a high stress job. Although they do not always get along, their shared experiences allowed DCS to rely on one another when they were having difficulties or frustrations related to work. When describing longevity factors, Carol summarized the positive feelings that many DCS expressed for their coworkers: "Staff here really help you out but, of course, there are always times when you fight and bicker but, for the most part, they are great."

Despite the existence of some positive feelings and shared experience among the staff, many participants also expressed the negative aspects and frustration that comes from these relationships. Two sub-themes emerged within this study that related to negative effects of fellow staff: (a) troubled inter-staff relationships and (b) frustration with high turnover rates among staff. Participants did not always find fellow DCS to be helpful or have a positive impact on their work environment. Many felt that the staff much, more than the residents, contributed to job stress and dissatisfaction. Michael described this common feeling:

We come in here every day and the staff is a lot more difficult than the individuals [residents]. Oh yeah, believe me, and I just need to remember that I am not here for them [staff] and they get mad at me because I do remind them why we are here, for the individuals, not each other.

Participants regularly expressed their frustration with fellow staff in relation to residents. It seems that much of the stress and frustration of DCS came from inter-staff relationships, rather than working with the residents. One participant, Joseph, demonstrated the existence of this common frustration; while describing issues that affect longevity with DCS, Joseph remarked that "most of [the staff] have more problems than the clients that live here." Although frustrations seemed to frequently arise with inter-staff relationships, strong antagonism was not expressed. Thus, while these relationships may not be creating what would be considered a hostile work environment, a majority of participants expressed a desire for better or changed inter-staff relationships.

Participants uniformly expressed negative feelings about the "revolving door" phenomenon related to staff. The coming and going of DCS was a concern for participants. Linda aptly described these feelings:

Sometimes you get irritated with staff coming and leaving so quickly…Since I have been here, I have seen people come and go like crazy. They are gone before you even learn their names half the time. You get close to some of them, and you call them a friend, then they leave and you think, nope, that one is gone now.

The high level of stress and relatively low pay associated with DCS were seen as factors that contributed to this high turnover rate. New staff members who are not committed to the job are allegedly easily spotted by more experienced DCS and their lack of commitment is allegedly both an indicator of how long they would stay as DCS and a source of frustration for the participants of the current study:

Depending on who you work with, some people come and go and you see a lot of people that go. When you meet them you can kind of guess and see what ones will stick around for a while and the ones that really put forth the extra effort to spend time with them and not just sit here to be here. (Julie)

DISCUSSION

Results from the present study indicated that pay and insurance for DCS had a significant impact on their job satisfaction and longevity. The effects of pay were seen in two different lights, but participants from the two separate facilities consistently cited it as an important factor to consider in direct care work, thus identifying remuneration as a more universal area of concern. This emphasis on pay and insurance, as related to job satisfaction, was consistent with research by Lee, Phelps, and Bato (2009) which identified negative feelings toward pay as one of the most salient contributors to job turnover rates for DCS. However, unlike this prior research, we found in our present study that participants had mostly positive feelings toward their compensation, particularly when viewed in light of the insurance benefits. Although hourly pay was not considered to be a draw for DCS, the insurance was said to have made up

for this deficit for most DCS interviewed in the current study. Thus, giving attention that insurance benefits remain strong could be one area on which administrators should focus and for which they advocate on behalf of their staff. Benefits are particularly important because a number of DCS identified this domain as being one of the main reasons they stayed in their line of work for as long as they had. Naturally, competitive hourly wages (relative to the local market) are always a significant factor to all employees. If funding realties, however, do not allow for this, then reframing total benefit packages in a way that accentuates health insurance and other fringe benefits may be advisable.

Another extrinsic factor noted by our participants that significantly affected job satisfaction which, in turn, may increase turnover rates among staff, was unwelcomed policy changes and restrictions. Participants from both facilities consistently cited new restrictions and policies that allowed them less personal contact and time with residents as well as possessing less control to make decisions regarding residents' care to be a negative aspect of DCS' job. Beevers (2011) cited feelings of perceived powerlessness as one aspect pertaining to job satisfaction that potentially may be related to burnout. Thus, in order to keep DCS from succumbing to the high rates of burnout highlighted by Fish (2008), we would advise administrators and policy makers to revisit some of the limitations on DCS, where federal or state guidelines allow this to occur. Although we realize that many of these regulations are instituted for protection of residents and cannot be changed, the feelings of frustration and perceived powerlessness experienced by staff are a significant sacrifice. Creating genuine and applicable outlets for DCS to express their concerns about various policy changes and, affording opportunities to make suggestions regarding how policies might best be applied, could help to potentially relieve some frustration which, if unaddressed, can lead to potential feelings of burnout. Similarly, addressing the lack of personal contact allowed between DCS and residents in creative ways, such as sanctioned small group outings, might help reduce some of the powerlessness feelings that DCS may experience when faced with so many regulations. Obviously, we cannot speak for any particular regulation but, in principle, we believe it is in the administration's best interests to address the matter explicitly in helping DCS feel more fulfilled and satisfied in their jobs.

Staff relationships were another extrinsic factor that DCS identified as relating to their job satisfaction and work environment. Participants in the current study who had worked at their respective institutions for many years expressed frustration with the relatively high rate of new staff turnover. Gallon et al. (2003) reported that the processes of continually rehiring new staff can be expensive and difficult for administration. Results from the current study found that this dynamic also takes a toll on the long-term DCS. More selective up-front screening, work-shadowing prior to offering formal employment, the use of more sophisticated appraisal methods to select potential employees, hiring preferences for DCS with previous successful experience, state or national advertising (as well as local), and involving input from current DCS (as appropriate) when making new hires serves as an example of how administrators may take explicit steps of action to help reduce new employee turnover. Certainly, maintaining a detailed and meaningful exit interview system is important. Assessing potential patterns among those who choose to leave an agency is a key element to closing a (proverbial) revolving back door.

Relationships among the more long-term staff were also a cited factor that was important to participants. When functioning well and getting along, fellow staff have the potential to be a support system for one another. However, they can also be a source of frustration at times. Competent and cohesive coworkers are one of the characteristics previously reported to be associated with low turnover rates with DCS (Blankertz & Robinson, 1997). Thus, steps could be made within organizations in order to promote staff bonding through structured sharing times, group activities, or outings intended to promote cohesiveness. Additionally, administrators may wish to consider formal mechanisms within the organization for experienced DCS to provide peer-support to less experienced staff. Peer-mentoring programs empirically have been shown to be effective in a variety of employment contexts (Sloan, 2012) and the concept may be worth further exportation in a DCS context. Naturally, we are not suggesting that management has it within their power to make every DCS to get along perfectly or possess all levels of desired social support, but promoting positive work environments and encouraging respectful and friendly

staff interactions generally lead to a more positive work environment. Accomplishing this aim, in turn, may help reduce turnover rates and, essentially, address two significant extrinsic concerns with one move.

LIMITATIONS AND FUTURE RESEARCH

It is essential that good research recognizes limitations and reports them (Price & Murnan, 2004). The present study is limited in its external validity, as is true of all qualitative research. The findings are narrowed in their ability to be generalized to all DCS in the United States because, as with all qualitative research, the study is situated in context-specific agencies, reflecting the attitudes and beliefs of those surveyed. Qualitative research external validity involves several researchers studying similar populations in different settings and times (Firmin, 2006b). Thus, the current study provides a valuable contribution toward reaching that end as future researchers report results from similar studies.

As such, future researchers should consider replicating the present study with a variety of DCS populations. For example, the present study was conducted in the Midwest in two facilities located in mid-sized cities. DCS could be interviewed in different regions of the United States, as well as different settings, such as rural areas and large cities. The present study also utilized a cross-sectional research (Borderns & Abbott, 2005) design for data collection. Participants were interviewed in two waves at one point in their careers. Future research could utilize a longitudinal (Berg, 2012) study design which would follow a group of DCS over time, including at various points in time when institutional policies change. Thus, they could track the changing attitudes and beliefs of DCS over time, perhaps in reference to changing policies.

We also believe the findings from the current study can contribute to quantitative research that addresses the issue of DCS longevity. For example, the study's results could be used in national surveys of DCS as quality improvement initiatives are initiated at the staff and administration levels. Finally, projects that aim to improve turnover rates for DCS could utilize the findings from the present research study in order to target particular areas which may be challenging or beneficial for morale enhancement of DCS and focus on changing or improving these areas.

REFERENCES

Bazeley, P. (2007). *Qualitative data analysis with NIVIVO*. Thousand Oaks, CA: Sage.

Beevers, C. G. (2011). Identifying processes that maintain depression: Strategies and suggestions. *Clinical Psychology: Science and Practice*, *18*, 300-304.

Bereska, T. (2003). How will I know a code when I see it? Qualitative Research Journal, 3, 60-74.

Berg, B. L. Qualitative research methods for the social sciences (6th ed.). Boston: Allyn & Bacon.

Blankertz, L. E., & Robinson, S. E. (1997). Turnover intentions of community mental health workers in psychosocial rehabilitation services. Community of Mental Health Journal, 33, 517-529.

Bordens, K. S., & Abbott, B. B. (2005). Research design and methods (6th ed.). Boston: McGraw-Hill.

Bunger, A. C., Chuang, E., & McBeath, B. (2012). Facilitating mental health service use for caregivers: Referral strategies among child welfare caseworkers. Children and Youth Services Review, 34, 696-703.

Carlson, J. A. (2010). Avoiding traps in member checking. The Qualitative Report, 15, 1102-1113.

Chenail, R. (2012a). Conducting qualitative data analysis: Reading line-by-line, but analyzing by meaningful qualitative units. The Qualitative Report, 17, 266-269.

Chenail, R. (2012b). Conducting qualitative data analysis: Managing dynamic tensions within. The Qualitative Report, 17, 1-6.

Creswell, J. W. (2012a). Educational research: Planning, conducting, and evaluating quantitative and qualitative research (4th ed.). Upper Saddle River, NJ: Pearson.

Creswell, J. W. (2012b). Qualitative inquiry & research design: Choosing among five approaches (3rd ed.). Thousand Oaks, CA: Sage.

De Wet, J., & Erasmus, Z. (2005). Toward rigor in qualitative research. Qualitative Research Journal, 5, 27-40.

Firmin, M. (2006a). Using interview waves in phenomenological qualitative research. In P. Brewer & M. Firmin (Eds.), Ethnographic & Qualitative Research in Education (Vol. 1; pp. 175-181). New Castle, UK: Cambridge Scholars Press.

Firmin, M. (2006b). External validity in qualitative research. In M. Firmin & P. Brewer (Eds.), Ethnographic & qualitative research in education (Vol. 2; pp. 17-29). New Castle, UK: Cambridge Scholars Press.

Fish, T. (2008). Burnout of direct care staff and leadership practices in residential treatment centers for children and adolescents. Dissertation Abstracts International Section A, 69.

Ford, J., & Honnor, J. (2000). Job satisfaction of community residential staff serving individuals with severe intellectual disabilities. Journal of Intellectual & Developmental Disability, 25, 343-362.

Frost, N., Nolas, S. M., Brooks-Gordon, B., Esin, C., Holt, A., Mehdizadeh, L., & Shinebourne. P. (2010). Pluralism in qualitative research: The impact of different researchers and qualitative approaches on the analysis of qualitative data. Qualitative Inquiry, 10, 441-460.

Flick, U. (2006). An introduction to qualitative research (3rd ed.). Thousand Oaks, CA: Sage.

Gallon, S. L., Gabriel, R. M., & Knudsen, J. R. W. (2003). The toughest job you'll ever love: A pacific northwest treatment workforce survey. Journal of Substance Abuse Treatment, 24, 183-196.

Gaventa, W. C. (2008). Rekindling commitment: Reflections from a pastoral educator enmeshed in direct support professional workforce development and person centered supports. Journal of Intellectual Disability Research, 52, 598-607.

Gay, L. R., Mills, G., & Airasian, P. (2009). Educational research (9th ed.). Upper Saddle River, NJ: Pearson.

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. Field Methods, 18, 59-82.

Happell, B., Martin, T., & Pinikahana, J. (2003). Burnout and job satisfaction: A comparative study of psychiatric nurses from forensic and a mainstream mental health service. International Journal of Mental Health Nursing, 12, 39-47.

Harsh, S. (2011). Purposeful sampling in qualitative research synthesis. Qualitative Research Journal, 11, 63-75.

Lee, W., Phelps, J. R., & Beto, D. (2009). Turnover intention among probation officers and direct care staff: A statewide study. Federal Probation, 73, 28-39.

Leedy, P., & Ormrod, J. E. (2012). Practical research (9th ed.).Upper Saddle River, NJ: Pearson.

Lewins, A., & Silver, C. (2007). Using software in qualitative research. Thousand Oaks, CA: Sage.

Liamputtong, P., & Ezzy, D. (2009). Qualitative research methods (3rd ed.). New York, NY: Oxford University Press.

Malhotra, C., Malhotra, R., Østbye, ,., Matchar, D., & Chan, A. (2012). Depressive symptoms among informal caregivers of older adults: Insights from the Singapore Survey on Informal Caregiving. International Psychogeriatrics, 24, 1335-1346.

Maxwell, J. A. (2012). Qualitative research design (3rd ed.). Thousand Oaks, CA: Sage.

McFarlane, A., & O'Reilly-de Brun, M. (2012). Using a theory-driven conceptual framework in qualitative health research. Qualitative Health Research, 22, 607-618.

Neuman, W. L. (2006). Social research methods: Qualitative and quantitative approaches. (6th ed.). Boston: Allyn & Bacon.

Price, J. H., & Murnan, J. (2004). Research limitations and the necessity of reporting them. American Journal of Health Education, 35, 66-67.

Raffanti, M. (2006). Grounded theory in educational research: Exploring the concept of "groundedness." In M. Firmin & P. Brewer (Eds.), Ethnographic & qualitative research in education Vol 2. (pp. 61-74). New Castle, UK: Cambridge Scholars Press.

Roulston, K. (2011). Working through challenges in doing interviews. International Journal of Qualitative Methods, 10, 348-366.

Silverman, D. (2006). Interpreting qualitative data (3rd ed.). Thousand Oaks, CA: Sage.

Silverman, D., & Marvasti, A. (2008). Doing qualitative research. Thousand Oaks, CA: Sage.

Sin, S. (2010). Considerations of quality in phenomenological research. International Journal of Qualitative Methods, 9, 305-319.

Sloan, M. M. (2012). Unfair treatment in the workplace and worker well-being: The role of coworker support in a service work environment. Work and Occupations, 39(1), 3-34.

Tracy, S. J. (2010). Qualitative quality: Eight 'big tent' criteria for excellence in qualitative research. Qualitative Inquiry, 16, 837-851.

Slakind, R. J. (2011). Exploring research (7th ed.). Upper Saddle River, NJ: Pearson.

Van den Pol Grevelink, A. A., Jukema, J. S., & Smits, C. M. (2012). Person□centered care and job satisfaction of caregivers in nursing homes: A systematic review of the impact of different forms of person□centered care on various dimensions of job satisfaction. International Journal of Geriatric Psychiatry, 27(3), 219-229.

Zimmerman, S., Williams, C. S., Reed, P. S, Boustani, M., Preisser, J. S., Heck, E., Sloane, P. (2005). The Gerontologist. 45, 96-105.