

Challenging, Intrinsic Factors that Affect the Longevity of Direct Care Staff Who Work with Clients Possessing Intellectual Disabilities

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The present phenomenological, qualitative research study reports four challenging, intrinsic factors that affect the longevity of direct care staff (DCS) who work with clients possessing intellectual disabilities (ID). The sample of 28 DCS was drawn from two Midwestern residential facilities. First, participants detailed the potent effects of burnout and the ever-present threat that this tendency poses. Participants also described the importance of managing stress and its impact on burnout potential. Second, participants shared policy changes which resulted in restricting the interactions between clients with ID and direct-care staff—and their overall dissatisfaction with such restrictions. Additionally, participants reported three frustrations they experienced relating to management. DCS shared perceptions that administrative staff did not value their work, did not value their input, and that expectations held by management were not grounded in reality. Finally, participants shared three character traits necessary for successful long-term direct care work: flexibility, patience, and dedication.

INTRODUCTION

Direct care staff (DCS) in long-term care facilities often face a challenging milieu. Many work long hours, are poorly paid, receive minimal benefits, and are prone to injury and depression (Malhotra et al., 2012; Zimmerman et al., 2005). Little empirical research literature exists regarding intended turnover within mental health organizations, even though high rates of turnover have been reported (Bunger & McBeaht, 2012). DCS have a particularly important role when providing services for people with intellectual disabilities (ID). Colton and Roberts (2006) reported that, in England, over 54% of administrators experienced difficulties in retaining residential child care staff. Colton and Roberts predict that a high turnover rate among children's services staff who work among residential child care also exists

in America. Recently, 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).

Happell, Martin, and Pinikahana (2003) reported a growing concern about stress and burnout among DCS. The term “burnout” is used to describe the emotional exhaustion experienced in the public service. A primary cause relates to organizational factors and burnout tends to be a process rather than a fixed state. Happell et al. believe that the individual and the environment both tend to be contributors and result from negative experiences that lead to staff turnover. Gallon et al. (2000) reported that an annual 25% turnover rate is common among treatment agency staff, and the turnover rate mostly is not because staff are fired but, rather, because they voluntarily quit.

A number of studies have identified high levels of staff turnover and burnout for DCS providers in community residential programs (e.g., Zimmerman et al., 2005). Demographic data have shown that male workers, younger workers, and those working for 1 to 2 years generally report having experienced more stress. Burnout can result from people entering their work with high goals and expectations, then feeling as though they have failed. Sentiments of powerlessness and hopelessness, often lead to eventual burn out (Beevers, 2011). Additionally, data suggests that DCS often quit, not because they are dissatisfied with their jobs. Experiencing job satisfaction offers no guarantee that workers will remain in the service either (Colton & Roberts, 2007).

Job satisfaction refers to an individual’s reaction to specific dimensions of a job, as well as the job experience as a whole (Van den Pol-Grevelink, Jukema, & Smits, 2012). Also, job satisfaction has been described, according to Happell et al. (2003), as an affective state that depends on the interaction of employees, their personal characteristics, and values or expectations with the work environment and the organization. Job dissatisfaction occurs often as a source of and an outcome measure of stress and burnout. Research by Happell et al. has shown that the structure, organizational atmosphere, job tasks, pay, potential for advancement, personal recognition, leadership style, and perceived effectiveness are major factors that often impact job satisfaction. When people have not reached the job satisfaction they wanted or intended, burnout, stress, and job turnover rates many increase. Whittington and Burns (2005) has concluded that staff beliefs and feelings about their work are likely to impact their experiences of work stress, the possibility of burnout, and the involvement in interventions by professionals such as clinical psychologists. Not only can burnout be caused by heavy workloads, poor pay, low status of the work and poor supervision (Colton & Roberts, 2007), but it also is influenced by the tension or conflict between the different ways of understanding and responding to patients’ challenging behaviors. Colton and Roberts have found similar factors that contribute to high turnover rates, such as low status at work, poor salary levels, insufficient training, and the difficulties experienced in coping with challenging people. The difficulties of balancing work and family life also have been known to impact high turnover rates.

The present study addresses the longevity factors related to DCS, garnering their perspectives regarding what motivates them to continue working with this population. Administrators of facilities for persons with ID find it challenging to locate, hire, and retain quality DCS. Treatment administrators have reported that they annually spend significant amounts of money and time in replacing departed staff (Gallon et al., 2003). Consequently, a potential benefit of the present study is that, as administrators better understand the perspectives of DCS, they ultimately can improve the services offered to persons with ID by hiring and retaining the best quality DCS possible. Hiring replacement staff can be very challenging for both the employees and the persons with ID. Consequently, reducing DCS turnover may have direct bearings on enhancing the quality of life for many persons with ID.

Salkind (2011) suggests that qualitative approaches can be highly useful for studies where little depth of understanding is known regarding a proposed research construct. The present current research literature has focused on surveying various dynamics related to job satisfaction and turnover with DCS who work with persons with ID. However, there are no rich or thick descriptions (Leedy & Ormrod, 2012) regarding how DCS come to understand these dynamics or in what manners these factions impact perceived job quality and, consequently, longevity. Our present qualitative research approach helps to rectify this gap in the present research literature.

In sum, 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 conceptions in a systematized means, 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 challenging, intrinsic factors which affect the longevity of DCS who work with clients possessing ID.

METHOD

Participants

Participants for the present research study came from two organizations located in medium-sized Midwest cities that provide services to persons with ID. The facilities are located in the same and have no organic affiliation with one another. We selected one institution that was state operated and another that was privately operated (i.e., not state-run) in order to provide sampling from DCS in both public and private sectors. Obtaining ready access to the employees in both institutions was a salient factor when selecting these particular two organizations. That is, the administration allowed us full and unrestricted approval for interviewing any and all DCS in their respective institutions. Both organizations operated multiple residential facilities and serviced a full range of residents: mild, moderate, severe, and profound ID. We recognize the reality that the world of ID work is somewhat of a small and tight-knit circle. Consequently, in order to maximize the privacy of the facilities and the confidentiality of the research participants, we deliberately are choosing not to share additional demographic information regarding the respective organizations (e.g., number of clients the organizations served, number of employees in the organization, etc.). Some administrators likely would be able to guess or figure out the names of the residential facilities—if we shared additional information—and others might guess or assume inaccurately, making potential incorrect inferences about the organizations. In sum, we believe it best to share minimal data relating to the facilities where the participants worked.

More importantly, information regarding the participants follows. Consistent with recognized qualitative research protocol, we utilized criterion sampling (Harsh, 2011; Liamputtong & Ezzy, 2009) as the basis for selecting individuals in both the residential facilities. We used the criterion of 8 years of continual DCS to persons with ID as the minimal number of years needed in order to participate in the present study. This number was derived from discussing the objectives of the study with the administrators of the respective institutions. Given the personnel working at the organizations at the time of data collection, we believed that there likely would be ample numbers of participants available in each setting in order to reach saturation (this construct is discussed below).

The administrations provided the names of DCS who served ID populations for 7 years or longer and we began randomly selecting individuals from these lists. Roughly half of the total sample used in the present study came from both organizations. When identifying a potential subject, he/she was contacted by phone and invited to participate in an in-depth interview, discussing his/her perceptions of DCS. Each potential interviewee agreed to participate in the study—with no attrition. We utilized semi-structured interviews (Roulston, 2011), exploring the general constructs of reasons for entering the field, perceived intrinsic and extrinsic benefits and liabilities of DCS, the participants' reasons for staying in the field, and intrinsic and extrinsic motivations for being in DCS. Semi-structured interviewed were used in order to provide the participants with opportunities for sharing their percepts and ideas without rigid scripts, as sometimes occurs with structured, verbal surveys. As such, participants were free to deviate from the questions being asked and share stories, illustrations, and take the interview in directions that seemingly best help the participants to relate their inner-worlds and ideas.

We continued selecting names and conducting interviews until saturation (Creswell, 2012a) occurred. In qualitative research conceptualization, this means that we continued adding new participants to the study's sample as long as new individuals were adding additional, novel information to the overall potential themes. Saturation occurs when adding new people to the research sample no longer provides new, meaningful data. This occurred in the present study at around 26 or so interviews. Consequently, we

stopped data collection with 28 interviews. Creswell (2012b) indicates that a sample size of about 25 or so individuals, all who experience the same phenomenon under investigation, often produces saturation in qualitative research studies. In sum, following the protocol of experts such as Guest, Bunce, and Johnson (2006) and Neuman (2006), we believe the sample size utilized in the present study was adequate for the intended design and purpose.

The average number of years that individuals in our sample served in DCS at their respective organizations was 15 years. The number of years served ranged from 8-24 years. Additionally, the average total number of years that the individuals served in DCS, either at their present locale or previous DCS with ID populations, was 16 years—ranging from 8-27 years. Approximately 60% of the total sample was female. Eighty-six percent of the sample was Caucasian and 14% identified themselves as African-American. Seventy percent of the sample possessed high school diplomas as their highest educational attainment, 18% attended college for less than 2 years, and 3% of the sample had a four year college degree, 3% had a two year college degree, 3% graduated from a beautician school, and 3% did not graduate from high school. The average age of the individuals in our sample was 50 years old. The ages ranged from 33-62 years old and one middle-aged individual preferred not to state her numerical age. Naturally, the names used in the present article in order to enhance reading clarity are pseudonyms.

Procedure

Following Firmin's (2006a) protocol, interviews occurred in two waves. In qualitative protocol, this means that all participants were interviewed during the first wave. All interviews were tape recorded and transcribed for later analysis. Selected participants were selected for follow-up, second-wave interviews, based on needs for clarification, elucidation of original interview statements, and the addition of illustrations to elaborate further particular points that were made. The transcripts were coded (Bereska, 2003), using a line-by-line protocol (Chenail, 2012a) for reoccurring words, phrases, concepts, and constructs. Some codes that initially seemed promising were later discarded due to lack of consistent support across the participants' transcripts. In other places, codes were combined or collapsed into major categories in order to keep the analysis of all the transcripts manageable. A constant-comparison analysis (Silverman, 2006) consisted of relating each new transcript codes with the previous transcripts, observing similarities among the responses by the participants. Following Gay, Mills, and Airasian (2009), data analysis often involved asking key questions, conducting organizational review, visually displaying the findings, and concept mapping.

The use of NVIVO qualitative research software enhanced the process of moving from coding the data to generating themes. It assisted with the organization of the material content analysis. However, consistent with caveats by Bazeley (2007), we did not use the software in purely mechanistic means. That is, we were careful not to let the software replace our own human factors analysis, applying our own intuition, conceptualization, logic, and experience to the coding process. As such, the qualitative software helped to enhance our due efforts and not to replace the work that only the human element can see and report in qualitative studies (Lewins & Silver, 2007).

The themes generated and reported in the present study represent the consensus of the study's participants. These themes were generated inductively from analyzing the transcript data. As such, we utilized open coding (Maxwell, 2012) strategies throughout the project. In qualitative terms, this means we did not begin with any pre-conceived categories for analysis. Rather, we drew from the data what we perceived to be the common perceptions among the participants and related those to the reader in a systematic manner. Also, we are well aware of the debate in phenomenological and grounded theory qualitative research regarding the potential role of theory (Frost, et al., 2010). That is, some qualitative experts (e.g., McFarlane & O'Reilly-deBru, 2012) argue that theory should be used when framing a study and interpreting its results. Others (e.g., Raffanti, 2006), in contrast, believe that theory should be bracketed—deliberately held at bay—and not incorporated into research design or interpretation, since that is the reader's role—not the researcher's. Obviously, we are not going to settle the issue in the present article, but we do explicitly note that our avoidance of theory—both in the study's design and discussion of the results is deliberate and not an oversight. It follows a long-standing commitment we

have to a more traditional paradigm of qualitative research, which is scholarly acceptable and a viable approach for this type of study (Cresswell, 2012b).

Our intent was to generate an article that achieved high standards for rigor in the qualitative research tradition (De Wet & Erasmus, 2005; Sin, 2010). Toward that aim, we built into the study elements that were designed to enhance its internal validity. One included meetings among the researchers (authors) when coding and analyzing the transcript data. Discussions of potential codes and how those eventually translated into themes that aptly represented the consensus of the participants in the study were invaluable. Obviously, good qualitative research results can be generated from a sole researcher's perspective (Silverman & Marvasti, 2008). At the same time, however, experts also generally share a consensus that the collaborative process aids in qualitative research process. Discussion, debate, and examination of potential preconceptions or biases, considering alternative explanations, are examples of how the group analysis process often aids qualitative analysis in proactive ways. The findings also may be considered generally more reliable since the reported themes represent the agreement of multiple researchers—rather than one individual's narrow perspective. The results reported in the present study are the ones that all members of the research team agreed represented the participants' consensus.

Internal validity also was enhanced through generating a data trail (Tracy, 2010). This is a qualitative research process where authors create a document, showing how each of the findings reported in a study are grounded in sufficient transcript data in order to show adequate validity of the findings. The use of the NVIVO software is particularly useful toward this end. Benefits of generating a data audit include reducing the likelihood of researcher fraud, providing confidence that the reported results represent the consensus of the research participants, and aiding future researchers with a potentially useful structure when replicating and/or furthering the research study with other samples.

The use of member checking (Carlson, 2010) also enhanced the study's internal validity. This process involves presenting the findings of a study with the various participants who provided the original interview data. The process helps to ensure that the results being reported adequately represent the actual percepts and sentiments of the participants. Consistently, we found that interviewees reported that they concurred with the reported findings and that the manner that we communicated the results represented the gist of what they intended to relate.

Internal validity also was enhanced through the use of an independent researcher for this study (Flick, 2006). This is qualitative research process of utilizing an expert who was not involved in the data collection or analysis to review the transcripts and procedure followed in the study. The general idea is that internally valid conclusions reasonably should be visible, following the data trail data, from transcripts to conclusions—by someone who was outside of the data collection process. Natural connections should be apparent, without forcing conclusions or imposing biased perceptions on the data. Rather, the results should be grounded such that a reasonable trace can be naturally seen from the conclusions drawn to the transcripts and codes that produced the findings.

And finally, internal the study's internal validity was strengthened through the use of low inference descriptors (Chenail, 2012b) when writing the manuscript. In qualitative research terms, this means we used both a wide variety of quotes as well as provided a reasonable depth of citations from the participants' transcripts. This grounds the reported findings so that it helps insure authors are not imposing their own percepts onto the research results.

RESULTS

The present study reports four challenging, intrinsic factors that affect the longevity of DCS who work with clients possessing ID. First, participants detailed the potent effects of burnout and the ever-present threat that this tendency poses. Participants also described the importance of managing stress and its impact on burnout potential. Second, participants shared policy changes which resulted in restricting the interactions between clients possessing ID and direct-care workers—and their overall dissatisfaction with such restrictions. Additionally, participants reported three frustrations they experienced relating to management. DCS shared perceptions that administrative staff did not value their work, did not value

their input, and that expectations held by management were not grounded in reality. Finally, participants shared three character traits necessary for successful long-term direct care work: flexibility, patience, and dedication. Two additional themes also were found in the data but, due to pagination limitations for the present article, will be reported in other, future journal articles: positive, intrinsic factors that affect DCS' longevity and extrinsic factors that affect DCS' longevity.

The Potency of Burnout

Participants in our study repeatedly affirmed the cogent force of burnout as it contributes to the depletion of needed DCS for persons with intellectual disabilities. Most DCS in the study described burnout as the point at which an individual no longer enjoys his/her work. David, for example, candidly described the negative effects of burnout on one's job:

Oh, yeah, [the potential for burnout definitely exists], and I see it a lot. I see it where people really don't care and they just go through the motions. And I think, "Why are they even here?" Sometimes I wish they would leave. It sounds mean, but I don't like to work with those people that just do it and do what they have to do and then they are done. No interaction at all. That's burnout, and that's when I think...if you don't have compassion then it is time for you to go look for something else.

In addition to describing the typical outcomes of burnout, participants further explained that the potential for burnout was high. DCS's emotionally related the various dynamics of their work that loaded into their tendencies toward experiencing burnout, emphasizing the seeming inevitability of this phenomenon. Rebecca, for example, explained that the potential for burnout was something that she and her colleagues faced daily. Another participant similarly affirmed the encompassing effects of burnout that most DCS in our study reported: "Just about everyone gets burned out sooner or later, so we see it every day."

Additionally, participants related specific occasions when burnout tends to increase. DCS we interviewed explained that particular clients were more challenging to assist than were others. Consequently, individuals who worked in these especially stressful environments seemed more prone to burnout. Tara, for example, explained: "Burn-out, yeah, definitely. Especially working full time and coming and working with the same thing every day. Especially if you work at a home with more aggressive clients or something like that, there is more potential there." DCS in our sample also explained that particular days, weeks, months, or times of the year tend to vary relative to difficulty. Burnout seemingly correlated with these difficult intervals in the eyes of our participants. Megan aptly summarized the outlooks of her fellow DCS in this regard:

I think that there is burnout, simply because you get frustrated after a while and you have to kind of rejuvenate. That is one of the benefits we have, we have a lot of leave time, which gives you that extra time for getting away, so you can come back with a new relaxed feeling. There is a potential for burnout, especially if you are having a bad year. Like, a lot of our folks passed about two years ago, which was a really hard time.

In addition to describing the dangers of burnout, participants also detailed their efforts to overcome these tendencies. Overall, DCS in our sample explained that avoiding the factors which typically contribute to burnout seemed near impossible. Instead, as Dan phrased it: "It's all how you deal with things." On a day-to-day basis, participants shared that stress was simply a part of their job. Responding appropriately to stress-related aspects of their work seemed to be key, in the eyes of our participants, to successfully overcoming burnout. Helen, for example, summarized most DCS as she reflected on necessary response patters: "This job does [have the potential for burnout], if you let it. You have to be responsible and considerate to yourself sometimes. If things get a little heated, you need to learn to step away and go somewhere else and take a deep breath. You need to clear your mind because this can get very stressful!"

DCS we interviewed also described the importance of a positive outlet after regularly handling such high stress levels. Seemingly, failure to properly handle work-related stressors significantly contributes to burnout experienced by DCS. Sarah further explained:

You are really confined in here and you have no place for an outlet, and you are always surrounded by the individuals [residents]. And it can get to you quick, and I think a lot of young people have trouble finding out how to release it in a productive way instead of just getting mad and wanting to leave. Everyone can frustrate you at times, and there is no place to go [when you're here], and you are just stuck in these walls for 8 hours with no outlet.

Consequently, participants explained that, as stress builds, often it was necessary to “get away” temporarily from their work environment. These DCS further clarified that vacation time often functions as a powerful antidote to burnout. Chris, like most participants, summarized the perceived need for regular vacation time in response to stressful job dynamics: “Yep, you do experience burnout! In fact, I just got through a phase where I was tired of laundry, tired of this and that, but you get over it or you get burned out—and that is when you need a vacation!” Additionally, DCS in our sample described perceptions that the nature of their job merited the need for time-off. Participants further viewed vacation time not as a benefit but, rather, as a necessity. Laura, for example, explained this perception shared by most DCS in our sample, when reflecting on the perceived stress she regularly faced while working:

On third shift, we do get interaction with them also, and we usually have 2 or 3 that are up all night. And of course we got laundry to do and get breakfast ready for the morning and then do room checks, and bathroom checks for each individual. So, we *always* have something to do...[and] there is potential for burnout! But that is what vacation and paid time is for. They understand for the most part that we need time off at times, because it does get stressful!

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 were 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, James 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 MR 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.

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 rigid limitations consequently meant limiting their ability to invest personally in 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. Amanda, like most participants, shared the change in mind-set she has been encouraged to adopt that better fits the “impersonal” work tactics she now feels required 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.

Frustrations with Management

Participants in both facilities also shared three major frustrations they experienced related to their administrative staff. First, DCS in our sample felt that management, overall, did not respect those (line staff) working beneath them. Repeatedly, participants described the lack of respect they perceived was shown to them by management, emphasizing the demeaning nature of such administrative attitudes. Kathy summarized most participants in this regard: "What frustrates me the most is that sometimes I feel we are not appreciated because we are the underdogs, we are the caregivers....I think a lot of it is feeling just unappreciated by the higher up." Participants in our study further described their perceptions of maltreatment when receiving instruction from management. DCS explained that their desire was not to disrespect management. Rather, participants seemingly found it difficult to support management wholeheartedly while administration seemingly belittled the knowledge and experience DCS had acquired over the years. Kate aptly illustrated most participants' sentiments when describing personal attitudes toward administration:

I find myself most frustrated by management. Sometimes you feel that they want to tell you do things that you kind of already know how to do, and you don't feel like you get the respect that you should get. You just kind of feel like they are your boss, and their way is right—and it doesn't matter what you say, *this* is how we are going to do it! The main thing is to make sure the residents are taken care of, but sometimes it's hard to do when management steps in and tries to act like they know what's best.

Second, participants also described frustrations related to the amount of influence they perceived DCS held in relation to administrative staff. Participants seemingly were not reacting to their supervisors' authority or to being told what to do. Rather, participants felt that, because DCS regularly interacted and cared for clients more than administrative staff, the perceptions of DCS regarding the needs of clients naturally were more accurate. Consequently, participants, such as Hannah, explained the desire of most DCS in our sample to have a stronger voice when it came to administrative decisions that impacted residents: "I would change things so we were listened to more, as to the client's needs, when we are the ones working with them all the time, and we know more than [the administration] what they [the clients] are anticipating us to achieve with them."

Participants further shared perceptions that little communication perceived to exist between administration and DCS in regards to best serving the clients. Resultantly, DCS in our sample felt as though they had little, if any, say in the decision making process as it related to clients with ID. Emily, like most DCS in our sample, voiced her frustration with these policies: "I guess to feel like you are appreciated for what you do and have more say in things around here...maybe if we had more power to try and get things done, we could write something up where it could go to someone higher to where things will be getting done about that." Additionally, participants felt that their insight significantly would help administration make *better* decisions and policy changes. Individuals in our sample explained that, working with clients directly, 8 hours a day, naturally provided them with potentially valuable insight. Angie explained:

It's so frustrating when you know something is wrong with the individual [resident] but the administration won't listen to you. The administration never listens to you, and they need to because *we* are with these individuals all the time and we get a feel for what they need and want! I think we should have more say. I mean, we can work with the administration to help with their program goals, and [still] work directly with residents.

The third set of frustrations that participants in both facilities shared related to the perceived expectations held by administrators. DCS in our sample felt that management's expectations were difficult, if not impossible, to reach. Julie, for example, described this disconnect between her perceptions

of management's expectations and the difficult reality she faced when working with residents and trying to implement some programs:

It's not so much the individuals [residents] that are frustrating, as much as it is what management thinks we should do. I don't know, they have so many rules and expectations that just can't be reached. They live somewhere where we don't want, and it is hard for us to do what they [administrators] want us to do with them. The individuals are not the problem. I mean, they can get a little tedious and a little out of hand, but that's life, that's family, that's nothing, you know? But management expects so much!

One recurring explanation for the disconnect between management's expectations and the perceptions of DCS was the vantage point from which both groups viewed residents. Participants felt that, because they worked day in and day out with the residents, and the administrators did not, DCS' perceptions of attainable goals were more accurate than the goals set by administrators. Anthony further summarized most participants' sentiments in this regard:

I am most frustrated by management! They act like they know these individuals and act like they can write the programs for them—and they haven't spent one minute with them! If you are going to write a program or prescribe medication for them, you need to work with them and get to know the person on that kind of level. Also, management expects us to get all this stuff done with a little chunk of time, and it is nearly impossible, because every day is different for these people.

Traits Necessary for Long-Term Direct Care Work

Finally, participants shared three traits they deemed necessary for future DCS' to possess if aiming to continue such work for the long-term. First, individuals in our sample detailed the importance of flexibility when working with populations of individuals with intellectual disabilities. Participants further shared that, due to the nature of their work environment, managing and embracing change became necessary skills of DCS. Ashley further illustrated the importance of such flexibility:

You have to learn to be adaptable, to change. In this field, there are always changes, whether it is management or direct care staff, there is constant change. For example, when the staffing changes, the whole dynamic of the house changes, and the individuals' attitudes and behaviors change, too. So you have to adapt. And the most important thing is to make them [the residents] feel that everything is going to be OK, despite all of these changes.

Further, participants explained that flexibility is also important because it is linked with a selfless perspective. That is, DCS who were not able to adapt easily to the ever-changing needs of residents, likely were not individuals who also stuck with direct-care work as a long-term position. Olivia, for example, summarized the sentiments of most participants when describing the perspective needed to work with the population at hand: "You have to have patience and learn to adjust to their schedule, not yours. You can't have anything on a time frame, it is their time, their house, their way. And you're not going to change that, so you just have to do what they want sometimes (laughs)."

In addition to flexibility, patience seemed to be a recurring character quality our participants deemed necessary for successful, long-term interactions with residents who possess intellectual disabilities. Specifically, participants explained that if DCS were not ready to demonstrate liberal amounts of patience, then working with such populations likely would not be enjoyable, especially long-term. Peter, for example, summarized the necessary patience described by most participants:

It gets tough around here sometimes, but you just have to try and get over the hump, just like anything else you experience, and it takes patience. Patience is a strong thing you need around here, and understanding! Just because, when you deal with our type of people, you get overwhelmed sometimes. So, learn to take a break and take it easy.

DCS in our sample also explained that patience was necessary when forming expectations regarding residents' behavior. Additionally, participants explained the necessity of holding adequate expectations regarding residents' progress. That is, were DCS to hold unrealistic expectations in this area, patience with residents quickly would wear thin. Christina explained:

You need to know that it is going to take longer to achieve goals that are set up for each individual because of their limitations, and you can't accomplish as many goals sometimes, and it takes a longer time to do so. You have to have a certain personality, and you have to be giving and open for anything. You have to be flexible and be able to turn your feelings on and off like a switch of a light—because you can't hold nothing against the residents. You need to encourage, love, and nurture people.

Finally, participants explained that long-term DCS needed to have an internal sense of dedication to their work and to the residents. Participants explained that dedication is what caused some DCS to stick with such work, while many others moved on. Stacie further described the importance of dedication, especially when work-situations seemed discouraging:

Make sure this is what you want to do, because it is demanding. It is just not here, when you go out of here, you take it with you. You need to be really dedicated. If you are dealing with three or four [residents] that are all having a bad day, it gets rough, and you need to be prepared for that. You need to care for this job and what you're doing.

Participants also explained that DCS who were dedicated to their work focused on the residents and on helping others, rather than the temporary emotions of discouragement they periodically encountered. Most individuals in our sample identified their own personal dedication as key to remaining long-term care providers. Andrew illustrated these sentiments:

You have to have it in your heart to want to care for these people and be there for them and be their care taker. If you are able to do that, then you will be here for a long time. If you think about them, rather than yourself, then it will be OK and you will get through each day wanting to come back and continue to work here. It helps to seek help from other staff, and to try as best as possible to walk in that door with a good attitude, and know that you will make a difference each day.

DISCUSSION

Results from the present study indicate that participants internalized significant levels of dissatisfaction with administrative staff. We believe these negative sentiments likely impact the overall success of direct care services—and that improving the perceptions of DCS regarding management is in the best interest of administrators. Although job satisfaction cannot guarantee employees will remain in a particular career (Colton & Robert, 2007), low morale among DCS naturally should be avoided when possible. Participants in our sample directed most of their frustrations toward administrative staff since they felt disempowered. Congruent with existing research literature, reviewed earlier in this article, the leadership style, structure, and the organizational atmosphere that comprise a particular institution significantly impact employees' overall job-satisfaction (Happell et al., 2003).

As administrators seek to improve the sentiments of present DCS regarding management, one factor involves giving attention to the selection process when hiring administrative staff. We suspect that administrators who “rise in the ranks,” working their way up from direct care work, likely may gain greater respect from the DCS they supervise, because of past, shared experiences, than would someone who had no previous DCS background. That is, because participants felt administration did not value or understand their work, management who once themselves were DCS, likely would better understand the vantage point of their line staff. However, fresh perspectives brought from external hiring holds countering merit. Nonetheless, if these individuals previously held direct care positions, at other facilities,

this would be optimal. Administrators with grounding in past direct care of persons with ID seemingly would connect the best with present DCS—assuming everything else being equal.

Furthermore, because participants desired their administrators to empathize and understand the vantage point of DCS, simulating this shared experience also could prove beneficial. Specifically, governing boards for ID facilities may wish to integrate formal policies where all managers and administrators spend a particular number of annual days working direct care with clients. Spending, say, 10 or so days spread throughout the year working directly with clients, side-by-side with DCS, might help to increase respect for the administrators in the eyes of the DCS, and give the administrators a fuller appreciation for the insights DCS have to offer. Such regular exposure to direct care work also potentially would provide administrators who lack recent experience with fresh insights when developing and implementing facility programs. Additionally, such policies would keep administrators attuned to reality-based needs and the actual conditions of expectations when forming the expectations against which they hold DCS. The annual experience of direct care work could be accrued when DCS take vacation days, sick days, periodic emergency times or during other scheduled occasions.

When examining the management-related frustrations, we note that parallel concerns rose among DCS in multiple facilities. We do not intend to suggest that every direct care facility working with individuals with ID struggles with low staff morale toward administrators. Nonetheless, we do note that particular frustrations reported by our participants were not isolated concerns. That is to say, we did not interview participants who all shared the same frustrations because they worked under the same administration. Our sample was generated from individuals who worked under multiple administrators at two separate facilities. Had our information been skewed by dynamics relating to an atypical administrator, then likely these same findings would not have resurfaced at a separate institution. However, because the findings our participants reported showed little variation, we felt comfortable attributing the frustrations shared by our participants to the actual role of the larger administration rather than the particular managers to which our participants referred. In short, we suspect a systematic problem exists—rather than an individual, personnel issue.

Another significant factor impacting the longevity of DCS in our sample was the potential for burnout. Zimmerman et al. (2003) documented these same patterns of increasing instances of burnout among DCS. Similarly, Whittington and Burns (2005) noted the association between high stress levels and burnout. We believe that management working in such facilities should be highly motivated to lower instances of burnout among their direct care staff. Consequently, discovering the root causes of DCS' frustrations, which potentially may lead to burnout, is an important skill set administrators should develop. While helping prevent burnout among DCS does not guarantee their retention, fostering optimal work environments likely will increase the effectiveness of DCS' work. Colton and Roberts (2007) found that burnout often is caused by heavy workloads, poor pay, perceptions that work was low-status, and poor supervision. Consequently, addressing such issues seems a likely requisite to fostering positive work environments and reducing the likelihood of burnout among direct care staff. Administrators and employers, therefore, should be highly attuned to such issues, given their potential negative impact and the potency of burnout among DCS. In contrast, Blanertz and Robinson (1997) reported that clear job descriptions, pleasant working environments, competent and cohesive co-workers, and the availability for staff to provide input on decisions all contribute to low turnover rates among DCSs.

In light of present findings, administrators of direct care facilities for individuals with ID may wish to initiate mentoring programs for new DCS. Individuals who have worked long-term as DCS possess valuable skill sets, necessary for success at their jobs. By pairing incoming DCS with veteran workers, individuals with greater experience can help newer workers through the adjustments that accompany personal learning curves—potentially expediting this process and any other needed transitions. Furthermore, having gained valuable experience as DCS, individuals naturally acquire a repertoire of information from which incoming DCS might profit as they develop perspectives and gain their bearings. That is, rather than forcing incoming DCS to “learn the hard way,” guiding them through the learning process with experienced and successful DCS would help set their job compass on due north.

Finally, social support seemed to play a cogent role influencing DCS' job satisfaction. Resultantly, administrators may wish to formalize these already-present dynamics for the purpose of promoting dynamics which seem to foster positive work environments. That is, DCS seem naturally to rely on social support when coping with the stresses of their work. Further, social outlets, if harnessed to generate constructive feedback, likely could prove to be useful potential tools. For example, setting formalized times and locals for regular sharing among DCS seemingly would promote shared connections among coworkers. Ideally, these meetings would serve as venues for meaningful interaction among DCS where they can share constructive ideas, let out steam, and provide encouragement and support for one another. Participants in our study repeatedly expressed perceptions that their "voice" was not heard. Establishing settings in which DCS have opportunities to voice concerns and suggestions would provide these individuals with the desired opportunity to provide feedback to administrators responsible for client programming. In turn, such programs also could provide administrators with timely feedback concerning policies, programs, as well as general staff morale. A circulating feed-back loop cycle for information sharing and continuous improvement is foundational for any healthy organization (Milakovich, 2006).

LIMITATIONS AND FUTURE RESEARCH

All good research recognizes limitations in a study and reports them (Price & Murnan, 2004). As with all qualitative research, the present study suffers limitations in external validity. That is, the degree to which the present findings are generalizable to all DCS in the United States is limited. In that sense, all qualitative research is context-specific and reflects the perceptions and viewpoints of the individuals studied. Ultimately, qualitative external validity is achieved as multiple researchers study similar populations in differing locales, contexts, times, and milieu (Firmin, 2006b). Meta-analyses that tie-together the findings from multiple qualitative studies on a particular subject typically generate external the most significant level of external validity. We believe that the present study presents a significant research piece that will contribute to that ultimate end.

Future research should follow, studying DCS in regions of the U.S. that are outside of the Midwest. East and West coast populations, for example, might show somewhat different perceptions from the DCS in our present study—as might also DCS in, say, the northern or southern regions of the country. Similarly, we collected data from two mid-sized cities and future researchers should consider following the present one, studying DCS in both large cities as well as more rural regions of the United States.

Essentially, we employed a cross-sectional research (Bordens & Abbott, 2005) design relative to data collection for the present study. That is, we interviewed participants in two waves at one general point in their careers. Future researchers should consider longitudinal (Berg, 2012) qualitative studies that follow DCS over time. Interviews that routinely occur at particular intervals in DCS' careers might show individual changes over time and how staff tend to cope with particular challenges as they move through their respective careers.

And finally, we believe that the findings from the present study can enhance future quantitative research that appraises DCS longevity. The findings from the present study could be incorporated into national surveys of DCS across the country as total quality improvement initiatives are instituted at the staff and administrative levels. Additionally, grant-funded pilot projects aimed at improving the turn-over rates among DCS may find the results of the present research valuable in targeting potential challenging areas for morale and worker improvements.

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