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When the job has lost its appeal: Intentions to quit among direct care workers

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Abstract

Background—Previous research indicates that work stress contributes to intentions to quit among direct care workers (DCWs) who provide services to people with intellectual and developmental disability (IDD). Though resources can help DCWs cope and remain in a job, little is known about how various dimensions of work stress and resources (social and personal resources) are associated with intentions to quit.

Methods—A total of 323 DCWs from 5 community-based IDD organisations completed a self-administered survey. We conducted multiple regression analyses to examine main and interaction effects of work stress and resources (work social support and internal locus of control) on intentions to quit.

Results—Work overload was a significant stressor, and work social support (i.e., supervisory support) was associated with low intentions to quit. The association between locus of control and intention to quit depended on the levels of a stressor: DCWs' lack of participation in decision-making.

Conclusions—Supervisory support and an internal locus of control may assist DCWs in managing their stress.

Keywords

direct care worker; intention to quit; coping; work social support; locus of control

Introduction

Direct care workers (DCWs) who provide essential services for individuals with intellectual and developmental disability (IDD) in residential, community, and vocational settings experience high turnover, ranging from 30 to 86% (Hatton et al., 2001; Larson & Hewitt,

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2005). High turnover rates can lead to poor continuity of care (Hatton, 1999) and high organisational costs (Tai, Bame, & Robinson, 1998). Work stress is a major contributor to DCWs' intentions to quit (Hatton et al., 2001) and turnover (Pfefferle & Weinberg, 2008). Similar to other health and social services-related work, DCW work involves significant personal investments in relationships with service users in order to provide personable and continuous care. These investments can compound stress levels and necessitate adequate resources, such as workplace social support (e.g., coworker assistance with work) and inner control mechanisms (e.g., development of coping methods), for stress management (Innstrand, Espnes, & Mykletun, 2004; Robertson et al., 2005; Windley & Chapman, 2010). In the IDD service field, several studies have examined factors related to DCWs' intentions to leave their job (Hatton et al., 2001; Mascha, 2007; Robertson et al., 2005). Workers who intend to quit may be disenchanted with their jobs (Castle, Engberg, Anderson, & Men, 2007), have low productivity levels (Beehr & Gupta, 1978), and are likely to quit their job (Keaveney & Nelson, 1993; Razza, 1993). It thus is important to understand what types of work stress and resources contribute to DCWs' intentions to quit.

Various work stress dimensions have been shown to be associated with increased intentions to quit. Work overload has contributed to low job satisfaction, high intentions to quit, and high turnover rates among nurses and nursing assistants (Brannon, Barry, Kemper, Schreiner, & Vasey, 2007; Jolma, 1990). Having little or no role in organisational decision-making can make a job less appealing and can foster quitting intention. Similarly, role ambiguity has been indirectly related to intended turnover among IDD staff (Hatton et al., 2001). In a study of community residential staff in the IDD field, Ford and Honnor (2000) found that staff who were not included in decision-making were more likely to be dissatisfied than those who were included (Ford & Honnor, 2000). Feeling disrespected and undervalued, such DCWs may "vote with their feet" by leaving for a new employer (Parker, 1993).

Work social support can help foster employee satisfaction and retention and guard against IDD staff intentions to quit (Hatton et al., 2001; Mascha, 2007; Robertson et al., 2005). Through support from supervisors and colleagues, workers can develop their roles and identities within the organisation (Blumer, 1969). The literature indicates that certain types of support may be more important than others. In a meta-analysis of numerous occupations, perceived lack of supervisor support, rather than lack of coworker support, was associated with the intention to quit (Ng & Sorensen, 2008). Supervisory support may be important in that workers may view supervisors as representing general organisational supports available (Ng & Sorensen, 2008). Supervisors can guide the work processes, handle disagreements, and provide advice. They also can influence on-the-job promotions, which can impact a worker's exit plans and turnover (Donoghue & Castle, 2009; Price & Mueller, 1986; Tai et al., 1998).

Other studies have shown that support from colleagues has been inversely linked with intended turnover (Hatton et al., 2001). In studies of human and healthcare services, coworker support has been negatively associated with the intention to quit (Ducharme, Knudsen, & Roman, 2008), and absence of teamwork has shown positive associations (Estryn-Béhar et al., 2007). Coworkers who enjoy working with each other are likely to

support each other and stay in a job (Friedman, Daub, Cresci, & Keyser, 1999). Alternatively, workers who are mainly concerned with personal promotion prospects may provide limited support (Ferris & Kacmar, 1992). Poor quality of coworker support has been linked to increased intentions to quit among nurses (Estryn-Béhar et al., 2007).

One's locus of control, indicating perceptions of personal control within an environment, also can play an important role in whether or not one intends to quit a job (Ng, Sorensen, & Eby, 2006; Parker, 1993; Afzalur Rahim & Psenicka, 1996). Workers with an internal locus of control orientation demonstrate greater mastery and control within their work environment. Through self-advocacy, such workers are likely to foster a more manageable job environment (Lefcourt, 1976). In contrast, workers with an external locus of control orientation tend to believe that they have little control over job decisions (Rotter, 1966), and that quitting may be the only alternative.

Considering the various work stressors that DCWs experience, and that little information is available on resources, we aimed to explore what types of resources can help DCWs manage a variety of work stressors. Of particular interest were the roles of various resources, both external (i.e., work social support from supervisors and coworkers) and internal (i.e., locus of control). Using a conceptual model based on the work of Ensle and Lin (1991; 2004) and adapted for DCWs, we assessed main and interaction effects of work stress and resources on intentions to quit (see Figure 1). In those models, both the global and specific subdimensions of work stress and resources were examined. The main effects model addresses the question of whether resources are associated with lower levels of intent to quit regardless of the level of such stressors, and the interaction effects model examines whether the association between resources and intentions to quit depend on the stress levels that DCWs experience. Our specific research questions were:

1. Which dimensions of work stress and resources (i.e., work social support and locus of control) are associated with intentions to quit, when controlling for sociodemographic and work-related characteristics?
2. Is the association between resources (i.e., work social support and locus of control) and intentions to quit dependent on the level of work stress? If so, in what ways?

Method

Sample and procedures

A cross-sectional survey was administered to 323 DCWs from five community-based human service organisations that serve adults with IDD, and provide residential, vocational, and personal/respite/foster care services. We purposefully sampled these five organisations located in different geographic areas in Chicago, Illinois, United States (US), and its surrounding suburbs, to cover the main racial/ethnic groups residing in the city. Our expectations of racial and ethnic staff mix at each organisation were consistent with the descriptive demographic information on staff obtained from the organisations' human resources managers. We also selected those organisations based on their willingness to collaborate with us. To participate in the study, DCWs needed to be at least 18 years of age;

work as a direct support professional; provide non-medical direct care services to adults with IDD who are 18 years or older in residential, day and employment/vocational, respite, or personal care settings; and be fluent in written and spoken English. The study and accompanying survey and forms were approved by the Institutional Review Board of the University of Illinois at Chicago, US, both initially and at the annual renewal periods, as well as by the ethics review boards of three of the participating organisations.

Based on the preferences of the participating organisations, survey packets were distributed in one of the following three formats: (a) in person (P), with project staff present on site; (b) supervisor distribution (S), in which participants mailed packets back to the project office in pre-stamped envelopes when complete; and (c) mailed (M), in which survey packets were mailed to participants' homes and participants then returned them in pre-stamped envelopes when complete. In addition to the survey instrument, survey packets included information on study purpose and procedures; research participant rights, privacy, and confidentiality; and local and national mental health and health promotion resources.

The overall study response rate was 47%, which is comparable to similar studies' response rates ranging from 22 to 75% (Hatton & Emerson, 1995; Rose & Rose, 2005; Williams & Rose, 2007). A second set of survey packets to organisations with the lowest response rates was used to enhance participation (American Association for Public Opinion Research, 2008). The in-person mode of survey packet distribution (P) produced the highest survey completion response rate at 86%, with supervisor distribution at 34%, and mailed distribution at 62%. No significant sociodemographic differences were detected among the three distribution groups.

Measures

The survey included items on the study participants' sociodemographic and work-related information, as well as quitting intentions, work stress, sources of work social support, and locus of control orientation. Piloting the survey with IDD staff from various organisations (those sampled and not sampled) prompted minor changes to be made to wording, format, and question order.

Intentions to quit—We measured intention to quit with the Michigan Organizational Assessment Questionnaire (Camman, Fichman, Jenkins, & Klesh, 1983). This 3-item scale assesses the likelihood of looking for a new job, finding a new job with another employer, and considering quitting, with a 7-point Likert scoring format. An example item is "I often think about quitting." The total score is a sum of three items, with higher scores indicating a greater likelihood of intention to quit. The internal reliability coefficient for this instrument in the present study was .67.

Work stress—Five dimensions of work stress were assessed with a 5-point Likert scale, which was compiled for an IDD services setting and was based on preexisting instruments (Hester Adrian Research Centre, 1999): (1) work overload, as the quantity of work and overload, and perceptions of inadequate resources to finish work tasks within a set time frame (six items; Caplan, 1971); (2) role ambiguity, as unclear job specifications (five items; Rizzo, House, & Lirtzman, 1970); (3) role conflict, as conflicting demands from

management (four items; Rizzo et al., 1970); (4) lack of participation in decision-making, as an indicator of work-related authority (four items; Vroom, 1960); and (5) service user disability, as an indicator of individuals with greater support needs (seven items; Hester Adrian Research Centre, 1999). Examples of items include “I never finish work feeling I have completed everything I should” (work overload) and “I do things at work which are accepted by one person, but not by another” (role conflict). We developed five work-stress subdimension variables by summing items for each dimension. Global work stress was measured by the sum of all the work-stress related items, with higher scores indicating higher work-stress levels. The internal reliability coefficient for the total instrument in the present study was .87.

Work social support—Two sources of work social support were assessed: (1) supervisory support (six items), and (2) coworker support (four items). Using items from the Hester Adrian Research Centre (1999) survey, which were based on a previous study (West & Savage, 1988), we developed two work support variables by summing items for supervisory and coworker support. Global work social support was measured by the sum of 10 items on a 5-point Likert scale. The internal reliability coefficient for the total work social support instrument in the present study was .89.

Locus of control—Locus of control, ranging from external to internal control beliefs, was measured with Ross’s locus of control 5-point Likert scale of eight items (Ross & Mirowsky, 1989). An item example is “my misfortunes are the result of mistakes I have made.” Higher scores represented more internal control. The internal reliability coefficient in the present study was .67.

Analyses

A series of multiple regressions was conducted, starting with a baseline model with control variables (age, race/ethnicity, gender, education, marital status and living arrangement, home caregiving responsibilities, supervisory status, and organisational tenure). Four dummy variables of the five participating organisations modelled and controlled for organisational effects. To examine how work stress, work social support, and locus of control were associated with intentions to quit, we tested two main effects models: the first with global dimensions of work stress and social support, and the second with their subdimensions. As the focus of this study was to explore combinations of various subdimensions, we then examined potential interaction effects among subdimensions of work stress and resources.

The following general regression models were utilised:

Main effects model:

$$\text{Intention to quit} = a + b_1(\text{covariates}) + b_2(\text{work stressors}) + b_3(\text{resources}) + e$$

Interaction effects model:

$$\text{Intention to quit} = a + b_1(\text{covariates}) + b_2(\text{work stressors}) + b_3(\text{resources}) + b_4(\text{work stressors} \times \text{resources}) + e$$

In order to test the models, we generated the partial (unstandardised) regression coefficients, the directionality (negative or positive) and size of the regression coefficients, the significance of the relationship (p value), as well as the F statistic, R^2 , and adjusted R^2 .

Stepwise multiple regression then was run specifically to show the incremental change in R^2 for sets of independent variables entered sequentially (i.e., sociodemographic factors, work-related factors, work stressors, work social support, and locus of control) for each of the three main models. Detailed information on methodology and specific analyses in related studies is described in Gray-Stanley et al. (2010) and Gray-Stanley and Muramatsu (2011).

Results

Sample characteristics

Participants were mainly female (83%), and the racial/ethnic breakdown was 64% non-Hispanic African American, 19% non-Hispanic White, and 17% Hispanic and other (Table 1). In the sample, 67% had taken some college classes or other specialised training. The majority (53%) were 35 and older. Half of the participants reported being married or in a stable relationship, and most (87%) did not live alone. More than half (54%) indicated that they had home-based caregiving responsibilities, such as with a child or older parent. The mean organisational tenure, or time spent with a specific organisation, was slightly less than 5 years (58 months), and 14% of DCWs served as front-line supervisors.

Main effects

The main effects model with global measures of work stress and resources indicated that work stress was associated with higher intentions to quit (unstandardised coefficients, $b = .09$, $p < .001$) and that work social support was associated with lower intentions to quit ($b = -.07$, $p < .01$; see Table 2, Model 1). Locus of control was not a statistically significant predictor.

When all work stress and work social support subdimensions were simultaneously entered into Model 2, work overload was the only statistically significant stressor ($b = .11$, $p < .01$). Supervisor support was a significant predictor of lower intentions to quit ($b = -.09$, $p < .01$), but support from peers was not (Model 2).

All three models include demographic and work-related variables as controls. Among them, only higher age (35 years or older) was associated with lower levels of intention to quit ($b = -1.47$, $p < .01$; results not shown).

Interaction effects

Through our exploratory analysis, we examined potential interaction effects among subdimensions of work stress and resources. Significant low correlations between work stress and work support ($r = -.24$, $p < .001$) and between work stress and locus of control ($r = -.21$, $p < .001$) indicated no serious confounding effects of the work stress and resource measures in the examination of the interaction effects (Thoits, 1982).

We found a statistically significant interaction between low decision-making participation, which is a subdimension of work stress, and an internal locus of control orientation ($b = -.04, p < .01$; see Table 2, Model 3). This result is visually represented in Figure 2. Locus of control had a stronger inverse relationship with intentions to quit (steepest negative slope) among workers who perceived that they had less opportunity to contribute to work-based decision-making ($M + 1 SD, p < .01$). This relationship was not significant among workers perceiving more opportunities for participation. Specifically, among those perceiving limited participation in the decision-making process, those with internal locus of control orientation were less likely to intend to quit, whereas those with an external locus of control orientation were more likely. No other significant interaction effects were observed between the global or specific dimensions of work stress and resources.

Incremental change in R^2 for sets of variables

Stepwise multiple regression analysis demonstrated that there was minimal change in R^2 as sets of variables (i.e., sociodemographic and work-related controls, work stress, work social support, locus of control) were sequentially entered across the three models. Table 3 shows that only work stress, work social support, and the interaction effect accounted for a small yet significant amount of the variance in intention to quit.

Discussion

This study is unique in that we examined how global and specific dimensions of coping resources (work social support and locus of control) and work stress were associated with intentions to quit for DCWs in the IDD field. We also explored potential interaction effects among subdimensions of work stress and resources. Consistent with other studies, stressed workers were likely to intend to quit, and work social support was inversely related with intentions to quit.

Among subdimensions of work stress, only work overload was significant. Workers who reported higher levels of work overload were more likely to report intentions to leave their job. While all work stressors are problematic, being overwhelmed with work tasks and various work stressors can make coping challenging. Perceptions of a heavy workload are a disincentive for a worker to remain on the job.

Regarding work social support, perceptions of supervisor rather than coworker support were associated with low intentions to quit. DCWs may view supervisors as instrumental in delineating clear and realistic job responsibilities. This can include supervisors' response to workers' concerns and on-the-job problems, and managing conflicts among staff. This also can include granting workers more decision-making authority, which can help boost morale and, ultimately, organisational loyalty (Firth, McIntee, McKeown, & Britton, 1986; Parsons, Simmons, Penn, & Furlough, 2003). Such findings are consistent with other studies that found that DCWs who had positive views of their supervisors were less likely to leave (Brannon et al., 2007; Ng & Sorensen, 2008). Though other research has demonstrated the inverse effects of supervisory support on intention to quit through the mediating variable of job satisfaction (Decker, Harris-Kojetin, & Bercovitz, 2009; Dupré & Day, 2007), we found a direct association between supervisory support and low intentions to quit.

Most notably, our results showed that the association between locus of control orientation and intentions to quit was dependent on the extent of participation in decision-making. However, no interaction effects were demonstrated for work stress and work social support. DCWs' inner control beliefs influenced their intentions to quit, particularly those who perceived limited organisational decision-making authority. When staff feel that management does not consider their suggestions regarding care for people with disability, for example, they may emotionally divest from the organisation. Feeling frustrated and devalued, some may plan to exit the unsupportive environment (Karasek, 1979; Sharrard, 1992). Alternatively, workers with internal control orientations may find ways to manage such situations. For example, they are likely to utilise problem-solving strategies to defuse difficult situations and be creative in working with their peers (Hatton et al., 2001; Koeske & Kirk, 1995). Thus, despite limits to their job authority, they might find ways to make their jobs less stressful and more meaningful. Workers with internal, rather than external, control orientations are less likely to require immediate gratification for their efforts. Instead, they devote the time necessary to develop sustainable solutions to work-related problems (Schneider & Schmitt, 1986).

The sociodemographic characteristic of being 35 years or older was associated with lower levels of intention to quit. Mature as opposed to younger workers may be less likely to quit for a number of reasons. From an economic or family responsibility standpoint, they may have less flexibility to leave and change jobs. Life experience also may provide them with valuable perspectives for addressing work-related challenges as an option, rather than choosing to leave.

A few study limitations should be considered in interpreting the results. We made concerted efforts to improve the response rate through distribution of more survey packets to the organisations with lower response rates. Some organisations, however, did not allow participants to complete surveys on site, which affected our overall study response rate. Our cross-sectional data only allowed us to examine association, rather than causation. To reduce possible reverse causation, however, work stressors were assessed for the past 3 months of work, resources over the past month, and intention to quit within the past week. Furthermore, since DCWs who intend to quit may not actually quit (Larson, Lakin, & Bruininks, 1998), further research is necessary to examine this relationship.

Findings from this study help to expand the life stress model with respect to work stress and intentions to quit for DCWs in the IDD field, with implications for future research and practice. Further investigation can explore the separate pathways in which supervisory and coworker support affect intention to quit. Other questions may include examining factors that influence a worker with an internal locus of control to reconfigure the current job rather than to leave an organisation.

From a practice standpoint, those in managerial capacities should examine workloads for their manageability. Efforts to improve work social support networks, such as supervisory training and team building initiatives, may be beneficial. As clinical supervisors often do not receive management training in school (Pillemer & Johnson, 1997), providing such on-the-job training can be part of the work support system. This includes how to be a one-on-one

mentor, as well as how to lead groups (Larson & Hewitt, 2005). Work-based interventions may educate supervisors on provision of support and help DCWs develop their sense of control and coping skills (Schmitz, Neumann, & Oppermann, 2000). Training may also help DCWs develop more internalised control beliefs and ways to approach stressful work situations more proactively, though such beliefs do take time to change (Schieman & Turner, 1998).

Furthermore, providing DCWs with opportunities to contribute to organisational decision-making may help validate their expertise and experience. Such decision-making opportunities, as well as efforts to positively recognise staff and provide for career development (Larson & Hewitt, 2005), can be tested for their effects on DCWs' intentions to quit and turnover. Such actions may reduce turnover-related recruitment and training costs, and ultimately result in more satisfied staff and service users.

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Figure 1.

Study conceptual model. ^aThe sociodemographic and work-related factors serve as controls for all study research questions. A, B = main effects models; C = interaction effects model. Adapted from Gray-Stanley, J., & Muramatsu, N. (2011). Work stress, burnout, and social and personal resources among direct care workers. *Research in Developmental Disabilities*, 32, 1065 – 1074. Copyright (2011), with permission from Elsevier.

Figure 2.

Interaction between locus of control and low decision-making participation for the outcome of intention to quit. The association between locus of control and intention to quit was statistically significant when decision-making participation was at the low level ($M + 1 SD$, $p < .01$). Figure 2 is based on Model 3.

Table 1

Participant and organisation descriptive statistics

Variable	<i>n</i>	%
Gender		
Male	51	17
Female	243	83
Age		
34 years	152	47
35 years	169	53
Race/ethnicity		
Non-Hispanic African American	208	64
Non-Hispanic White	60	19
Hispanic & other	54	17
Education		
High school degree/GED or <	97	33
Partial college/specialised training or >	197	67
Married/in stable relationship		
Yes	161	50
No	161	50
Living alone		
Yes	41	13
No	282	87
Home caregiving responsibilities		
Yes	173	54
No	149	46
Organisation		
A	100	31
B	26	8
C	52	16
D	116	36
E	29	9
Supervisory status		
Yes	45	14
No	278	86
	<i>M</i>	<i>SD</i>
Organisational tenure, months (<i>M</i>)	58.27	57.93

Note. Reprinted from Gray-Stanley, J., & Muramatsu, N. (2011). Work stress, burnout, and social and personal resources among direct care workers. *Research in Developmental Disabilities*, 32, 1065 – 1074. Copyright (2011), with permission from Elsevier.

Table 2

Multiple regression model: Unstandardised coefficients (standard errors) for main and interaction effects

Independent variable	Model 1 Main effects global measures	Model 2 Main effects subdimension measures	Model 3 Interaction effects
Work stress	.09 ^a *** (.02)		
Work overload		.11 [*] (.06)	
Role ambiguity		.04 (.07)	
Role conflict		.11 (.08)	
Lack of participation decision-making		.15 (.80)	.55*** (.14)
Service user disability		.05 (.04)	
Work social support	-.07 ^{**} (.03)		-.08 ^{**} (.03)
Supervisor support		-.07 (.05)	
Coworker support		-.04 (.06)	
Locus of control	.01 (.06)	.01 (.06)	.44 [*] (.18)
Locus of control × Lack of participation decision-making			-.04 ^{**} (.01)
Adjusted R^2	.17	.16	.18
R^2	.22	.23	.22

Note. Models 1 to 3 include the following sociodemographic and work-related variables: age, race-ethnicity, education, marital and living status, home caregiving responsibilities, organisation, supervisory status, tenure in organisation.

^{*}
 $p < .05$.

^{**}
 $p < .01$.

^{***}
 $p < .001$.

Stepwise multiple regression showing incremental change in R^2 between sets of independent variables and intention to quit

Table 3

Independent variable	Model 1		Model 2		Model 3	
	R^2	R^2 change	R^2	R^2 change	R^2	R^2 change
Sociodemographic variables	.08***		.08***		.08***	
Work-related variables	.12***	.04	.12***	.04	.12***	.04
Work stress	.20***	.08***	.21***	.10***		
Lack of participation decision-making					.18***	.06***
Work social support	.22***	.02*	.22***	.01	.20***	.02**
Locus of control	.22***	.01	.23***	.01	.20***	.01
Locus of control $\times$ Lack of participation decision-making					.22***	.02**

* $p < .05$.

**

$p < .01$.

$p < .001$.