

Workplace Stress, Burnout and Coping: A Qualitative Study of the Experiences of Australian
Disability Support Workers

Megan J. Judd BPsych MPsych¹, Kate P. Dorozenko BPsych(Hons) PhD² and Lauren J.
Breen BSc(Hons) GradCertEd PhD¹

¹School of Psychology and Speech Pathology, Curtin University, Perth, Western Australia,
Australia

²School of Occupational Therapy and Social Work, Curtin University, Perth, Western
Australia, Australia

Abstract

Disability support workers (DSWs) are the backbone of contemporary disability support services and the interface through which disability philosophies and policies are translated into practical action. DSWs often experience workplace stress and burnout, resulting in a high turnover rate of employees within the non-professional disability service workforce. The full implementation of the National Disability Insurance Scheme in Australia is expected to intensify the current challenges of attracting and retaining DSWs. The purpose of this study was to explore disability support workers' perceptions of sources of stress and burnout and the strategies they use to cope when these issues arise. Twelve disability support workers providing support for adults living with intellectual and physical disabilities were interviewed. Thematic analysis revealed a superordinate theme of 'Balance' comprising three sub-themes: 'Balancing Negatives and Positives', 'Periods of Imbalance', and 'Strategies to Reclaim Balance'. Participants spoke of the rewarding and uplifting times in their job such as watching a client learn new skills and being shown appreciation. These moments were contrasted by challenging and emotionally and physically draining aspects of their work, including challenging client behaviour, earning a low income and having limited power to make decisions. Participants described periods of imbalance, wherein the negatives of their job outweighed the positives, resulting in stress and sometimes burnout. That is, positive factors appeared to negate or 'buffer' the negative aspects of disability support work. Participants often had to seek support actively (rather than their organisation providing support to them) and tended to rely on their own strategies, such as debriefing with colleagues, to manage stress and burnout. The findings have implications in providing stress and burnout education and training interventions for disability support workers to retain them

in the workforce and enable them to provide quality services for people with intellectual and physical disabilities.

Keywords

Disability support workers; staff stress; service provision; staff training; qualitative

What is known about the topic

- Disability support workers are a group at risk of high levels of workplace stress and burnout.
- The National Disability Insurance Scheme will intensify the challenges of attracting and retaining this workforce.
- Client behaviour (including how this behaviour is interpreted) and organisational factors contribute to workplace stress and burnout.

What this paper adds

- Participants described negative aspects of their work (e.g. lack of decision-making power, challenging client behaviour) and positive rewards (e.g. assisting clients to achieving their goals).
- Positive aspects have the potential to negate the negative aspects of disability support work, and may help to limit their experience of workplace stress and burnout.
- Interventions that support DSWs to cope with workplace stress are needed.

Introduction

Launched in 2013, the National Disability Insurance Scheme (NDIS) holds the promise of revolutionising disability services in Australia. Underpinned by a human rights approach and guided by person-centred principles, the NDIS will enable people with permanent and significant disability (and their families and carers) to access individualised support to assist them to pursue their goals and aspirations (Commonwealth of Australia 2013). The success of the NDIS, however, depends largely on having a workforce that is sustainable and appropriately skilled to implement the scheme and fulfil the vision of the NDIS. Disability support workers (DSWs, also called direct care workers) are the backbone of contemporary disability support services and the interface through which disability philosophies and policies that champion social inclusion are translated into practical action (Harries *et al.* 2015; McConkey & Collins 2010). People living with a disability often receive the assistance they require in the form of informal support from family and a considerable proportion also receive formal support from a government organisation, a private non-for-profit organisation, or a private commercial organisation (Breen *et al.* 2011a; Australian Bureau of Statistics 2013). Non-professional employees, such as DSWs, represent the majority of the disability services and fulfil a wide range of tasks to support people with disabilities in core areas of everyday living and facilitate social inclusion (McConkey & Collins 2010).

The NDIS will require a substantial expansion of the disability sector workforce. It is anticipated that the workforce will need to more-than-double in size between now and the full implementation of the scheme in 2019-20 (Commonwealth Department of Social Services 2015). The role of DSWs is also expected to transform under the individualised and consumer-led funding model of the NDIS (Commonwealth Department of Social Services 2015; Harries *et al.* 2015). The skill set of DSWs will need to be expanded to include

brokering, planning and advocacy, and DSWs will have less defined responsibilities (Commonwealth Department of Social Services 2015; Harries *et al.* 2015). Further, more people with disabilities are likely to elect to receive support in their home, which will involve DSWs working in less controlled and more isolated environments (Harries *et al.* 2015).

There is a high turnover rate of employees within the non-professional disability service workforce and it is suggested that staff leave the disability sector because of stress and burnout, for financial reasons, or because there are limited career pathways (Harries *et al.* 2015; Productivity Commission 2011; Kozak *et al.* 2013). Additionally, it has been noted that women employees dominate the sector; feminised workforces tend to be undervalued and underpaid (Cortis & Meager 2012) and the low wages common in this sector contribute to low morale among the workforce and problems attracting and retaining employees. Given the current challenges of attracting and retaining DSWs are set to intensify as the NDIS rolls out (Commonwealth Department of Social Services 2015), it is imperative to understand and mitigate their experiences of stress and burnout so that they can continue to offer quality services for people living with disability.

Demands of Disability Support Work

DSWs are an occupational group at risk of high levels of burnout (Harries *et al.* 2015). Burnout is a psychological response to workplace stress and is a common occurrence among people who work within health and community services. The most-cited theoretical conceptualisation of burnout is that advanced by Maslach (1982), who described burnout as a combination of emotional exhaustion (feeling drained and worn out without the resources to ‘reload’), depersonalisation (having a detached and negatively-tinged response to clients), and a reduced sense of personal accomplishment (feelings of inadequacy and the thought they are no longer achieving anything meaningful in the workplace). In their systematic review of the literature, Skirrow and Hatton (2007) reported that DSWs experience moderate emotional

exhaustion and personal accomplishment and low depersonalisation. A study of Australian DSWs showed that they scored slightly higher on the emotional exhaustion and personal accomplishment components and lower on the depersonalisation element (Vassos *et al.* 2013).

There is an abundance of research on the factors associated with DSWs' experiences of stress and burnout. Challenging client behaviours, such as aggression, self-harm, sexual behaviours, are typically associated with the workers' experience of stress (Robertson *et al.* 2005; Dilworth *et al.* 2011; Hensel *et al.* 2012). However, other studies have shown that client behaviour alone is not a significant factor attributable to stress and burnout (Mutkins *et al.* 2011; Kozak *et al.* 2013); instead, a key factor may be the way in which the client behaviour is perceived by the worker (Rose *et al.* 2013). Employees whose attitudes towards their clients reflect criticism, hostility, or emotional over-involvement also display depersonalisation (Dennis & Leach 2007; Langdon *et al.* 2007).

Several studies have investigated the role of organisational factors in contributing to workplace stress. Organisational factors associated with stress and intentions to quit include workplace demands, limited resources, and a lack of workplace support from supervisors (Robertson *et al.* 2005; Langdon *et al.* 2007). Similarly, there is considerable evidence to suggest that organisational support is an important aspect of managing stress and preventing burnout among DSWs (Mutkins *et al.* 2011; Gray-Stanley & Muramatsu 2011; Rose *et al.* 2013; Gray & Muramatsu 2013). Additionally, allocation of funding to disability services often results in employees working unpaid overtime to manage their large workload (Breen *et al.* 2011b). Consequences of these workload demands include increased job turnover, stress, and burnout (Loan-Clark *et al.* 2010; Gray & Muramatsu 2013).

More recently, researchers have attempted to determine which of these known variables is most predictive of DSWs' stress and burnout. One study examined individual

(e.g., lack of resources and staff support), interpersonal (e.g., clients' challenging behaviours), organisational (role conflict, role ambiguity, low job status) and demographic (e.g., male gender, higher work hours) predictors of burnout in 108 Australian DSWs and reported that all four elements contributed to burnout, with organisational variables accounting for the greatest proportion of variance (Vassos & Nankervis 2012). Similarly, a recent Australian study by Harries et al. (2015) reported that DSWs considered aspects of their work conditions, not their clients, relevant to burnout experienced. In this study, higher burnout was associated with higher job demands and role conflict, and lower job control, support and role clarity. Another study of 258 Australian DSWs showed that role ambiguity and low levels of performance feedback accounted for the greatest proportion of variance in burnout scores (Vassos *et al.* 2013). These findings are particularly relevant given the NDIS is likely to create working conditions for DSWs which are characterised by greater role ambiguity and conflict. A significant limitation of the literature in this area is a tendency to focus on negative stressors and outcomes, rather than those factors that moderate DSWs experiences of burnout, such as prosocial motivation (Hickey 2014).

DSWs provide an essential service for people living with a disability. Their work is undervalued, but increasingly important given the introduction of the NDIS. Without knowledge of how DSWs' experience their work, including those aspects that support them in their work, it will be difficult to assist them to manage stress and prevent burnout. It is important to understand how to reduce the turnover of DSWs to prevent the potential shortage of personnel and to promote quality care. We aimed to investigate the research question: What do DSWs perceive as sources of stress and burnout and what helps them to cope?

Methods

Research Design

This research was qualitative and based on semi-structured interviews with DSWs. A qualitative approach was well suited to this research as it enables the lived experience of the social world to be captured, and provides an in-depth, contextualised account of personal experiences (Liamputtong 2009).

Interview Materials and Procedure

The study was approved by the Curtin University Human Research Ethics Committee. Interviews occurred in quiet, mutually-suitable locations. All participants received a participant information sheet and signed the consent form. Participants were not provided with any incentives for their contribution to the study.

A semi-structured interview guide was developed and included a range of questions designed to explore the enjoyable and challenging aspects of disability support work as well as the sources of work stress and burnout. Additional questions were incorporated to investigate the participants' perceptions of aspects inside and outside of their work environment, that they found supportive when feeling stressed or burnout. The guide contained a range of specific probes that were designed to guide the interviewer when pressing the participant for more information about a particular topic. Each interview was digitally recorded and then transcribed verbatim as soon as practicable. The transcripts were labelled using a numerical code (ranging from P1 to P12) to protect the identity of the participants.

Analysis

Data collection and analysis occurred concurrently to allow for further exploration of emerging ideas in the subsequent interviews. Thematic analysis was chosen to analyse the transcripts (Braun & Clarke 2006). The analysis was inductive in nature; that is, themes were

drawn from the data regardless of whether they fit theoretical underpinnings. The transcripts were manually coded by the first author and checked by the second author. This process entailed familiarisation with the data, generating codes, searching for themes, reviewing themes, and defining and naming themes. The interviews continued until both authors agreed that data saturation at the theme level had occurred. At the time of the study, the first author was employed as a DSW on a part-time basis while the second author has never been employed in the disability sector. This dynamic of an insider and outsider perspectives to the research facilitated a rigorous approach to data interpretation (Mauthner & Doucet 2003).

Findings

Twelve participants (six men and six women) were recruited for the study. Participants were recruited using a combination of sampling strategies (Draucker *et al.* 2007). We emailed local disability services employing DSWs to ask them to distribute an attached flyer to their DSWs. One service agreed to display the flyer in their staffroom and this strategy yielded three participants. The remaining participants were recruited by snowball sampling from these participants and the first author's own contacts in the field. All of the participants worked for disability services that provided supported employment for people living with intellectual and physical disabilities. The experiences of DSWs in the area of supported employment is particularly topical, given the increased demand for supported employment and diverse employment options that is expected to accompany the roll out of the NDIS (National Disability Services 2013). On average, the participants had five years of experience as a DSW, ranging from 10 months to 11 years. The mean age of the participants was 30 years of age ranging from 22 to 48 years (Table 1).

(Insert Table 1 here).

An analysis of the interviews with DSWs uncovered a superordinate theme, 'Balance', that was reflected in all participant interviews. This theme captured their efforts to

focus on equilibrium in both the workplace and between work and life and was therefore central to their employment experience. 'Balance' comprised three sub-themes: 'Balancing Negatives and Positives', 'Periods of Imbalance' and 'Strategies to Reclaim Balance'. Each sub-theme is presented below.

Balancing Negatives and Positives

The participants spoke of the rewarding, uplifting, and joyous times in their job. These were times when the DSW received commendations from their colleagues and management and appreciation from their clients. Other rewarding times included the variety of activities, feeling empowered, learning life lessons and making a difference. One participant thought that the most rewarding aspect of her job was when the client showed an appreciation for the work she had done for them.

One of the most rewarding things for me personally is when you're with a client and then they know you and they know your name and it's like at the end of the day they say, "Oh thanks for a lovely day." That's one of the most rewarding things that I get from the job. (P9)

Other positive experiences were when the DSW could watch their clients learn new skills and achieve their goals. One participant remarked that seeing the client in a state of happiness was a positive experience. He also explained that for him:

Making them happy and getting them to do things they wouldn't usually do on a day-to-day focus...[to] put a smile on their face puts a smile on mine... that's generally how it goes... The money is poor but money is not everything in the world; I'd rather be happy than have lots of money. (P3)

Despite these positives, each participant described stressful, challenging and emotionally and physically draining aspects of their work. Negative aspects of their work included communication barriers with the clients, lack of power to make decisions, earning a

low income, conflicting priorities between DSWs and management and client behaviour (e.g., violence, continuous crying and screaming). In particular, some participants described the hardest times being those when a client passes away. A participant explained that watching a client's health decline and coping with their death was the most difficult aspect of her work.

When you get close to certain clients and, um, they might deteriorate quite badly and you see that happen before your eyes and sometimes you might lose them, and obviously that's been the hardest for me to accept that and deal with that, you know sort of inevitable but it's still difficult. (P2)

A number of participants reported that an aspect of disability support work involves a high degree of duty of care for the client. One explained that sometimes this involves "having eyes in the back of your head." Ensuring that the client is safe requires a significant input of physical and mental energy. Another participant who had been employed as a DSW for 10 years described a situation where a client was injured.

I have been in situations where people have been run over and those kinds of things. So if you are not concentrating or you make the wrong decisions someone can actually die, someone could get injured, a big fight could go down, something can happen; you have to be very really, really vigilant all the time... You always have to be aware of everything, have a plan, know where you're going, what's your next step. (P6)

The participants also spoke of times where their safety was compromised because of their client's behaviour.

There's also like dealing with violent behaviours. With your job, things can just turn really quickly. It can go from this really happy environment to someone, you know, is on the floor trying to strangle you. (P7)

A common concern of the participants was the amount of knowledge required to navigate the day-to-day challenges of the job. Some participants explained that having a lack of experience and knowledge about the client they are supporting can lead to stress. A participant commented that over the years he has continued to gain knowledge about his job and the clients he works with. He believed that because of his wealth of knowledge he experiences less stress.

I know the job back-to-front now so I really don't have stress levels like that anymore. (P4)

However, other participants spoke of being burdened by ample knowledge and experience. This was because they were often called to provide advice and assistance to other staff and relied upon to work with challenging clients.

And sometimes what can be stressful is that you're actually working with a client and staff who know that you have handled situations are coming to you all the time, when really they should be going to team leaders or management staff. They fall back on the staff [who] are already busy...and there are times I've been with groups I've had three or four clients in a group with two staff. And we could be helping other staff because of shortage of staff...and missing out on giving to your own client. (P12)

A number of the participants agreed that finding a balance between the positive and negative times and a balance between work hours and personal hours helped to make life less stressful.

I did have a break where I did have a couple of clients during the week where I had the break. A heavy day, a light day, and it could break it up so it gave it an up-and-down, up-and-down [pattern], you know, and it gave you the weekend to get over it. (P1)

Periods of Imbalance

Despite attempts to find the balance, the participants explained that periods of imbalance, wherein the negatives outweighed the positives, were common occurrences. During times of stress the participants described physical reactions of feeling hot, sweaty and tense. Some of the participants explained that stress at work results from a build-up of negative events that eventually tip the day out of balance. A participant who had worked as a DSW for four years believed that stress developed when unexpected events compounded throughout the day. She explained that these events have an impact on time management.

We would have a certain amount of time with a client or picking a client up and you've only got an hour and traffic or they've had a seizure or whatever and now you're running late and it's, it's stressful trying to get them back because you know even if you give them to someone else then their day is behind. And you know and it's a chain reaction it continues. (P11)

The participants also spoke of having racing thoughts and a lapse in concentration when they feel stressed at work. Others spoke of losing their patience with clients and feeling withdrawn. A participant explained that at one point in her career she was so overwhelmed with stress that she made a medication error.

I actually was so stressed I had a medication error myself. I actually forgot to give, give medication...because I was just so stressed and had so much stuff to do. (P9)

A number of participants who had experienced burnout explained that having an imbalance between work and life (e.g., working six days a week) and having an overload of demanding and challenging tasks (e.g., working numerous days with clients who displayed challenging behaviours) resulted in their burnout. Participants who had not experienced burnout supported this idea when they considered colleagues who they knew experienced

burnout. When reflecting upon the experiences of her colleagues, a participant considered that it is the DSW, who have children and work full-time are prone to experiencing burnout.

The people who work full-time in there I think are susceptible to burnout... and it's to do with behaviour quite strongly of copping a lot of negatives and criticism and that sort of thing and never getting the positives and the thanks and or gratitude. (P2)

The participants who had experienced burnout describe feeling tired, thinking negatively, not wanting to go to work, losing passion for their role and lacking patience for their client. One participant, who had been employed as a DSW for the past eight years, had experienced burnout three times. She said that for her, burnout occurred when she was overloaded with work.

I didn't want to talk to anyone, and I didn't want to talk about work, so that was definitely a sign for me, it's not my normal personality. I am very proud to talk about my work normally, but I didn't want to talk about work...and I have had probably three occasions where that had been like that over the eight years. (P1)

The least experienced participant, who had not experienced burnout, reflected on what it was like for colleagues who had experienced burnout. She explained that colleagues affected by burnout lose passion for their job, which in turn affects the way the client is supported.

If you've lost your passion in this, you don't you can't look at the clients in the same way anymore. And they become more of a hassle and more of a job whereas if you come in and you're passionate about what you do and you love the clients like they are your friends or your family even then it's not really a job. You're here to just support them in their day-to-day life and

if you love them like they're your family, you do that for your family so why wouldn't you do it for them? (P8)

Strategies to Reclaim Balance

The participants predominantly described what they do as individuals to manage stress and burnout, rather than what their organisation did or could do to support them. This focus on their personal strategies of stress management appeared to be due to an absence of formalised workplace stress management strategies. Overwhelmingly, however, the participants agreed that the support of their colleagues helped to reduce their experiences of stress. The participants explained that talking with a colleague or a member of management gave them the opportunity to debrief and ask for advice or help when coping with a challenging situation. A participant who had been employed in disability services for five years explained that having the time to debrief with a colleague about a stressful situation was helpful.

I find generally the people in this field are very empathetic and gentle people so generally you get the support of your fellow support workers they will generally show a lot of support of any incident happening. (P2)

A number of the participants explained that their position does not allow for a lunch break. However, in times of stress, the participants spoke of leaving their client with a colleague so that they could take a short break. It was common for the participants to use short breaks to find a quiet place, take a few breaths, and try and put the situation into perspective.

If I'm feeling stressed in work at that moment, sometimes I take a 10 minute break or just get out of the situation go out and gather my thoughts. (P10)

The participants were divided as to whether it was beneficial to raise problems with management. Some participants said that after raising an issue with management it was never adequately resolved. Others felt uncomfortable to ask for help, while some expressed concerns about a lack of privacy when they raised an issue. One spoke of initially feeling ashamed to ask management for help, but found that it was a positive experience.

I didn't know how to do a particular thing and I was getting a little bit worried. They gave me a step-by-step procedure in how to overcome the particular problem, and yeah, it was good. (P5)

The majority of the participants said that having other interests outside of their work, helped to reduce stress and balance work and life. The participants spoke of exercising, studying higher education, finding hobbies and being in nature. One participant, who spends much of his time outside of work training for marathons, prioritised finding a balance in his life.

I find that, that's what I want to find in life, so I only work three-and-a-half days a week in this field because I see people burn out. I started off doing more shifts [but] I couldn't keep that up – I tried – and so with work, going out and socialising, with my exercise, relaxing at home, I try and find an even balance, so I stay human [laughs]. (P10)

Discussion

The aim of this study was to explore DSWs' perceptions of sources of stress and burnout and the supports they use to cope when these issues arise. This research is important as disability services transform to fulfil the vision of the NDIS and meet the challenges of attracting and retaining DSWs and providing quality, person-centred services. The participants described a number of negative aspects of their work, including a lack of decision-making power, earning a low income, lack of management insight into the high

expectations for care and constant pressures due to staff shortages, challenging client behaviour, and the death of clients, reinforcing previous literature (Robertson *et al.* 2005; Rose *et al.* 2010; Dilworth *et al.* 2011; Gray-Stanley & Muramatsu 2011; Mutkins *et al.* 2011; Hensel *et al.* 2012; Rose *et al.* 2013; Gray & Muramatsu 2013; Kozak *et al.* 2013; Vassos *et al.* 2013). In spite of the negative work experiences, the participants spoke of many positive rewards, ranging from simply putting a smile on the client's face to assisting them in achieving their goals. The data suggest that these positive factors have the potential to negate the negative aspects of disability support work. That is, the easy and enjoyable times were crucial to lightening the impact of challenging times and were a 'buffer' against the impact of negative factors.

All of the participants spoke of experiencing stress and a few described experiencing burnout (Maslach 1982), with both outcomes occurring when the negative aspects of disability support work were perceived to outweigh the positives. This is an important finding because it suggests that stress and burnout among DSWs is a complex problem that cannot be explained by factors in isolation and is underpinned by each worker's subjective perception and interpretation of the positive and negative factors. This finding echoes the research that it is the worker's *interpretation* of challenging client behaviour, rather than the behaviour alone, that contributes to stress and burnout (Rose *et al.* 2013).

The participants described experiencing difficulty performing to their full potential when stressed. Sometimes the effects were minor, such as feeling withdrawn or lacking the motivation to socialise with clients. However, there was the possibility for major incidents to occur when stressed, such as making an error with a client's medication. The participants in this study often had to seek support actively (rather than their organisation providing support to them) and tended to rely on their own strategies to manage stress and burnout. The participants agreed that support from their colleagues and management helped them to cope

when they were feeling stressed or burnt out. This finding corresponds with current literature, which recognises that support from colleagues and social networks is valuable in managing stress and preventing burnout (Gray-Stanley & Muramatsu 2011; Mutkins *et al.* 2011; Rose *et al.* 2013). The participants reported that obtaining a short break, acquiring help when working with particular clients or a difficult task, and time to debrief and vent concerns relieved a stressful situation. Outside of work, the participants engaged in activities such as exercise, study, and hobbies to try to achieve some work-life balance and reduce stress.

Implications

The study highlights the complexity of disability support work and the provisions required to manage stress and prevent burnout. It is evident that there are negative aspects to employment as a DSW; however in spite of these, the participants in this study explained that there are many positive rewards that keep them returning to work each day. It is evident that DSWs require support for themselves in order to perform the job well. This study suggests that helping DSWs to perceive positives experiences outweighing the negative will help to limit their experience of workplace stress and burnout. Surprisingly, despite the concern for DSWs and their workplace stress (Skirrow & Hatton 2007; Hensel *et al.* 2012), and the development of our understandings of workplace stress and predictors of burnout in DSWs (Vassos & Nankervis 2012; Vassos *et al.* 2013; Hickey 2014), there appears to be few interventions aimed at assisting DSWs to manage difficult client behaviour or to cope with workplace stress.

The DSWs in this study were very committed to their job yet reported having to actively seek support or use their own stress management strategies, rather than these being offered by their organisations. Workplace-based programs may be a fruitful avenue to pursue. One study of a resilience workshop showed the intervention had no effect on burnout scores (Ingham *et al.* 2013). Another study reported that a stress management workshop based on

acceptance and mindfulness did reduce psychological distress and perceived work stressors; however, burnout was not measured (McConachie *et al.* 2014). Formal supervision or mentoring could be useful way of supporting DSWs as they work increasingly in less controlled and more isolated community settings (Harries *et al.* 2015). Additionally, organisations would likely benefit from regularly monitoring and addressing the wellbeing of DSWs as a priority (Harries *et al.* 2015). The development and testing of further interventions aimed at preventing burnout is an area for further research.

Limitations and Future Directions

The study's design facilitated an in-depth analysis of the DSWs' experience of workplace stress and burnout and the coping strategies used to mitigate these. The focus on positive factors associated with staff engagement and retention, as well as the predictors of negative outcomes, is a strength of the study, with some researchers critical that the latter garners the most attention in the recent literature (Vassos *et al.* 2013; Hickey 2014). However, all of the participants in this study were employed at agencies providing supported employment services for adults with intellectual and developmental disabilities. DSWs are employed across a range of settings and there are differences between these settings in terms of client needs, duties, hours of work and rate of pay. In that respect, the results of this study may not be transferable to those populations. Future research should sample from across the sector. Additionally, research is needed to explore thoroughly the positive aspects of disability support work and investigate the strategies to increase these rewards.

Conclusion

DSWs play an integral role in supporting people living with a disability. There are positive and negative aspects to disability support work and, when the negatives outweigh the positives, stress and burnout may result. It is essential that DSWs are not suffering from high levels of stress or burnout because it is likely to affect their work quality. The implementation

of the NDIS will require a significant expansion of the disability services workforce and the reshaping of existing disability support worker roles. However, given that there is a high exit rate from this sector, it may be difficult to attract and retain workers necessary to support the scheme's operation. DSWs are a fundamental part of the movement to extend the rights of people living with a disability and it is more important than ever to understand what can be done to support them.

Source of Funding

This project received no institutional, private, or corporate financial support.

Conflict of Interest

The authors report no declarations of interest.

References

- Australian Bureau of Statistics. (2013) *Disability Aging and Carers Australia: Summary of Findings, 2012* (No 4430.0). Canberra, ACT.
<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4430.0>
- Braun V. & Clarke V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* 3, 77-101. doi:10.1191/1478088706qp063oa
- Breen LJ, Wildy H, Siggers S, Millsteed J. & Raghavendra P. (2011a) In search of wellness: Allied health professionals' understandings of wellness in childhood disability services. *Disability and Rehabilitation* 33, 862-871. doi:10.3109/09638288.2010.520799
- Breen LJ, Wildy H. & Siggers S. (2011b) Challenges in implementing wellness approaches in childhood disability services: Views from the field. *International Journal of Disability, Development and Education* 58, 137-153. doi:10.1080/1034912X.2011.570500
- Commonwealth Department of Social Services. (2015) *National Disability Insurance Scheme Integrated Market, Sector and Workforce Strategy*.
http://www.ndis.gov.au/sites/default/files/NDIS%20Integrated%20Market%20Sector%20and%20Workforce%20Strategy%20June%202015_0.pdf
- Commonwealth of Australia. (2013) *National Disability Insurance Scheme (Supports for Participants) Rules 2013*. <https://www.comlaw.gov.au/Details/F2013L01063>
- Cortis N. & Meager G. (2012) Recognition at last: Care work and the equal remuneration case. *Journal of Industrial Relations* 54, 377-385. doi:10.1177/0022185612442278
- Dennis AM. & Leach C. (2007) Expressed emotion and burnout: The experience of staff caring for men with learning disability and psychosis in a medium secure setting. *Journal of Psychiatric and Mental Health Nursing* 14, 267-276. doi:10.1111/j.1365-2850.2007.01073.x

- Dilworth JA. Phillips N. & Rose J. (2011) Factors relating to staff attributions of control over challenging behaviour. *Journal of Applied Research in Intellectual Disabilities* 24, 29-38. doi: 10.1111/j.1468-3148.2010.00570.x
- Drauker CB. Martsof DS. Ross R. & Rusk TB. (2007) Theoretical sampling and category development in grounded theory. *Qualitative Health Research* 17, 1137-1148. doi: 10.1177/1049732307308450
- Gray JA. & Muramatsu N. (2013) When the job has lost its appeal: Intentions to quite among direct care workers. *Journal of Intellectual and Developmental Disability* 38, 124-133. doi: 10.3109/13668250.2012.760728
- Gray-Stanley JA. & Muramatsu N. (2011) Work stress, burnout and social and personal resources among direct care workers. *Research in Developmental Disabilities* 32, 1065-1074. doi: 10.1016/j.ridd.2011.01.025
- Harries J. Ng KYY. Wilson L. Kirby N. & Ford J. (2015) Evaluation of the Work Safety and Psychosocial Wellbeing of Disability Support Workers. *Australasian Journal of Organisational Psychology* 8, 1-13. doi: 10.1017/orp.2015.9
- Hensel JM. Lunskey Y. & Dewa CS. (2012) Exposure to client aggression and burnout among community staff who support adults with intellectual disabilities in Ontario, Canada. *Journal of Intellectual Disability Research* 56, 910-915. doi: 10.1111/j.1365-2788.2011.01493.x
- Hickey R. (2014) Prosocial motivation, stress and burnout among direct support workers. *Journal of Applied Research in Intellectual Disabilities* 27, 134-144. doi: 10.1111/jar.12058
- Ingham B. Riley J. Nevin H. Evans G. & Gair E. (2013) An initial evaluation of direct care staff resilience workshop in intellectual disability services. *Journal of Intellectual Disabilities* 17, 214-222. doi: 10.1177/1744629513494642.

- Kozak A. Kersten M. Schillmöller Z. & Nienhaus A. (2013) Psychosocial work-related predictors and consequences of personal burnout among staff working with people with intellectual disabilities. *Research in Developmental Disabilities* 34, 102-115. doi: 10.1016/j.ridd.2012.07.021
- Langdon PE. Yaguez L. & Kuipers E. (2007) Staff working with people who have intellectual disabilities within secure hospitals: Expressed emotion and its relationship to burnout, stress and coping. *Journal of Intellectual Disabilities* 11, 343-356. doi: 1177/1744629507083584
- Liamputtong P. (2009) *Qualitative Research Methods* (3rd ed.). Oxford University Press, Melbourne.
- Loan-Clark J. Arnold J. Coombs C. Hartley R. & Bosley S. (2010) Retention, turnover and return: A longitudinal study of allied health professionals in Britain. *Human Resource Management Journal* 20, 391-406. doi: 10.1111/j.1748-8583.2010.00140.x
- Maslach C. (1982) *Burnout: The Cost of Caring*. Prentice Hall, Englewood Cliffs, NJ.
- Mauthner NS. & Doucet A. (2003) Reflexive accounts and accounts of reflexivity in qualitative data analysis. *Sociology* 37, 413-431. doi: 10.1177/00380385030373002
- McConachie DAJ. McKenzie J. Morris PG. & Walley RM. (2014) Acceptance and mindfulness-based stress management for support staff caring for individuals with intellectual disabilities. *Research in Developmental Disabilities* 35, 1216-1227. doi: 10.1016/j.ridd.2014.03.005
- McConkey R. & Collins S. (2010) The role of support staff in promoting the social inclusion of persons with an intellectual disability. *Journal of Intellectual Disability Research* 54, 691-700. doi: 10.1111/j.1365-2788.2010.01295.x

Mutkins E. Brown RF. & Thorsteinsson EB. (2011) Stress, depression, workplace and social supports and burnout in intellectual disability support staff. *Journal of Intellectual Disability Research* 55, 500-510. doi: 10.1111/j.1365-2788

National Disability Services. (2013) *NDS Submission: National Disability Insurance Scheme Bill Regulatory Impact Statement (RIS)*.

<http://www.nds.org.au/publications?s=NAT&c=&e=113>

Productivity Commission. (2011) *Disability Care and Support*.

<http://www.pc.gov.au/projects/inquiry/disability-support/report>

Robertson J. Hatton C. Felce D. Meek A. Carr D. Knapp M. Hallam A. Emereson E. Pinkney

L. Caesar E. & Lowe K. (2005) Staff stress and morale in community-based settings for people with intellectual disabilities and challenging behaviour: A brief report.

Journal of Applied Research in Intellectual Disabilities 18, 271-277. doi:

10.1111/j.1468-3148.2005

Rose J. Madurai T. Thomas K. Duffey B. & Oyeboode J. (2010) Reciprocity and burnout in direct care staff. *Clinical Psychology and Psychotherapy* 17, 455-462. doi:

10.1002/cpp.688

Rose J. Mills S. Silva D. & Thompson L. (2013) Client characteristics, organisational variables and burnout in care staff: The mediating role of fear of assault. *Research in Developmental Disabilities* 34, 940-947. doi:10.1016/j.ridd.2012.11.014

Skirrow P. & Hatton C. (2007) Burnout amongst direct care workers in services for adults with intellectual disabilities: A systematic review of research findings and initial normative data. *Journal of Applied Research in Intellectual Disabilities* 20, 131-144. doi: 10.1111/j.1468-3148.2006.00311.x

Vassos MV. & Nankervis KL. (2012) Investigating the importance of various individual, interpersonal, organisational, and demographic variables when predicting job burnout

in disability support workers. *Research in Developmental Disabilities* 33, 1780-1791.

doi: 10.1016/j.ridd.2012.04.016

Vassos M. Nankervis K. Skerry T. & Lante K. (2013). Work engagement and job burnout

within the disability support worker population. *Research in Developmental*

Disabilities 34, 3884-3895. doi: 10.1016/j.ridd.2013.08.005

Table 1

Demographic Characteristics of the Sample

Participant	Age (years)	Sex	Length of time working as a DSW (months)	Employment status
1	51	F	96	Full time
2	52	F	60	Full time
3	28	M	96	Full time
4	29	M	84	Full time
5	21	M	10	Part time
6	33	M	120	Part time
7	24	F	72	Part time
8	19	M	10	Part time
9	27	F	30	Part time
10	26	M	27	Part time
11	22	F	54	Part time
12	28	F	57	Full time