Economic changes impacted job satisfaction for health care professionals working in services for people with intellectual disability.

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Abstract

This research was conduct to gain an in depth inside on how recent economic changes have impacted on health care professional job satisfaction working with people with an intellectual disability. Data had been collected using the method of semi structured individual and group interviews. The main aim was to attain close up insight on the effect and impact economical and organisational implementation under the aspect of changes in services, professional identity, support network and job satisfaction have in relation of the diverse range of healthcare professionals working within services for people with intellectual disability. This research finds that the area of services provided have been significantly impacted by cutbacks. It was highlighted health care professionals felt as much impacted by organisational implementations of limitations and reveal a number of factors contributing to low job satisfaction.

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1 Introduction

Over the past years Ireland experienced significant changes resulting of the economic crisis worldwide. With the end of the Celtic tiger and the beginning of the recession many changes have affect the public sector providing short and long term care and services to people with intellectual disabilities. While funding went towards improving and supporting new services to facilitate the demand such as inclusive school projects, employment agents, work experience workshops and social clubs (Towards 2016, 2006, p.32) most areas have been affected by the cut backs announced by the budgets over the recent years.

On one side a non-profit organisation is compelled to ensure governmental changes will be implemented and economic saving targets have been met, on the other side resources are needed to continue the high standard of care expected by the Health Information and Quality Authority (HIQA).

This study will provide an overview on influential factors in social care settings as well as legislations and economic changes affecting services for people with intellectual disability. Further literature will be examined with references to job satisfaction, dissatisfaction and on theories of job satisfaction.

The purpose of this study will explore the literature with particular focus on job satisfaction referencing to the diversity of health care professional working within non-profit organisations providing a wide range of services.

The author of this study is employed in a day service setting of a non-profit organisation for several years. She is in regular contact with a multiplicity of health care professionals and has the knowledge of the structure and function within the organisation.

1.1 Changes in Social Care settings

Due to shortages of service provided and disability rights movement organisations across Ireland have changed from a medical model provided in large institutions to a community based holistic social model. This change included the formation of multi professional staff teams on the frontline as well as providing access to various professionals (e.g. Speech and Language, Occupational, Physiotherapist) within the organisation. An important aspect of the social model is all professionals are working together to achieve the best outcome with the service user in their care, rather working in a hierarchical setting, making decisions for service user. It became more apparent to implement the person centred approach equally all professionals within the team structure have equal responsibilities of making decisions regarding the person they key working for (McDonnell 2010).

This meant nurses, social care worker and care assistants forming the team structure, without medical trained staff being the single decision maker on the floor. While Nurses had the main responsibility and were the solely decision makers regarding the care for service user, care assistants on the other hand were mainly untrained staff supporting and obtaining daily care beside nurses within an institution.

In 1970 the first Social care workers were trained and established within an organisation providing residential care for children in Kilkenny. With a more persons focused approached demanded by disability rights activists it highlighted the need for social care worker to support service user in all aspects of their life (Gilbert, 2011).

Furthermore the change in legislations and the implementation of the Disability Act 2005 urged to implement a multi-professional structure in the human sector. With the abolition of

workshops towards a meaningful training support network within the community grew the demand on social care worker. Because of clear definition and lack of professional grouping the regulation of social care workers remains uncertain (Share and Lalor 2009). The Health and Social Care Professionals Council (CORU) was set up under the Health and Social Care Professional Act 2005 to regulate the Health and Social Care Professions. Further it states Social Worker are the first profession to be regulated, however it remains in the stage of stage two and three to open registration of social care workers and implement regulations of other profession within the health and social care sector (CORU, 2014)

A formed Committee on social care practitioners in 2001 defined social care work as followed:

"Social Care is the professional provision of care, protection, support, welfare and advocacy for vulnerable or dependent clients, individually or in groups. This is achieved through the planning and evaluation of individualised and group programmes of care, which are based on needs, identified in consultation with the client and delivered through day-to-day shared life experiences. All interventions are based on established best practice and in depth knowledge of life-span development."

(Joint Committee, 2001, p.10)

On the contrary the national council of nurses defines its profession:

"Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people.

Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles."

(National Council of nurses, 2010)

The profession care assistant has been defined by Carerspaortal.ie:

"Assist elderly or disabled adults with daily living activities at the person's home or in a daytime non-residential facility. Washing, ironing, changing beds dressing and undressing can all become too much for these people. A Care worker is there to help these people to get on with life by doing the chores for them. The Care workers can be found working in Nursing Homes, Day Care Centres and Hospitals. Sometimes they will also do house visits and may even live-in. Feeding and washing people may also be a part of the Care assistants duties." (www.carersportal.ie 2013)

With the shift from medical model to social model towards inclusion disability organisation faced a structural change too. Large institutions had to shift into small community based units to fulfil the rights of service user. Within this movement more services became available for people with disabilities. Some of the community based services are residential settings for a long term/permanent stay, respite services for short term stay and afternoon weekend social clubs.

1.2 Legislations and economic changes

Since the recession was officially announced by the Irish government in 2008, unemployment rate rose from under 5% in 2007 up to 15.51% at it´s peak in 2012 to fewer than 15% in 2013, many changes have been made in the Irish health service (CSO 2013). In 2010 the government announced the Croke Park Agreement (CPA) 2010 – 2014 for the Public sector to ensure economic savings within the public health sector. The key objects of CPA are reductions of employees working in the public health service, significant redeployment of public employees across the public sector with the aim of protection of frontline service on reduced staffing numbers and reconfiguration of delivering public service, greater efficiency, increased productivity and improvement of services provided. One organisation providing a range of services for people with intellectual disability published in its annual report the financial difficulties resulting from the implementation of CPA and government budget cutbacks. Over the past five years, this organisation experiences a reduction in funding by 11.2 million Euros and a saving of over 1.0 million Euros. Further the report highlights reductions in employment across the organisation. From 2011 to 2012 staffing levels were lowered by 14% in children service and Training and Employment by 30% (SMH 2012).

A Moratorium on Recruitment within public services, voluntary redundancy and Health Service Executive (HSE) early retirement programme led to a total of 160 posts gone since 2009.

In 2013 the Irish government called for reconsideration on its proposed Croke Park 2 Agreement and forwarded the Haddington Road Agreement (HRA). A summery outlines an increase in working hours from 35 to 37 hours per week, changes in Overtime Rates,

Payment Increments freeze for a period of three years, Redeployment and public servant sick leave policy (HSE 2013).

The Haddington Road Agreement was due to be implemented by July 2013. However to non-consulting of trade unions and organisation across the board, discussions between organisations, employees and trade unions have opened up. Parts of HRA have been agreed on and will be implemented throughout the public sector early 2014 (Impact 2013).

1.3 Job Satisfaction/Dissatisfaction

Firstly exploring the literature it emerged its emphasis on looking at aspects like how service providers are impacted by staff satisfaction. On the other hand over recent years research tries to understand and evaluate the affects of frontline and clinical staff. Industrial/Organisational Psychology defines Job satisfaction:

> *'...consists of the feeling and attitude one has about one´s job.'*

> *(Riggio 2003 p.214)*

Jex (2002) characterised satisfaction or dissatisfaction as subjective. People tend to evaluate by looking at their work experiences from a perspective of liking or disliking and developing emotions and feelings of satisfaction or dissatisfaction towards their job or organisation. However there are many factors that can influence an individual appraising her or his ethos of vocation and the individual employee´s attitude towards her or his work. In search of an explanation of the development of job satisfaction researchers have taken three common

perspectives; job characteristics, social information process and dispositional into account (Jex 2002).

Job characteristic considers aspects like work conditions for high level of motivation, satisfaction resulting in performance (Hackman & Oldham 1980). Developed out of those aspects Hackman and Oldham (1980) suggested five essential characteristics; skill variety, task identity, task significance, autonomy and feedback. Furthermore four personal and work outcomes have been defined as: internal work motivation, growth satisfaction, general satisfaction and work effectiveness.

Social Information process has been explained by Jex (2002) the interaction and the dynamic of employees within a team structure to process implemented organisational changes and information given. He argues a worker will look at the attitude of her or his co-workers, if the attitude is positive he or she will be more likely to be satisfied him/herself and vice versa if the employee receives negative attitude he or she is more inclined to be less satisfied. Aamondt (2009) stated:

> *"...generally the research on social information processing theory supports the idea that social environment does have an effect on employees' attitudes and behaviours..."*

(Aamondt, 2009, p. 374)

The dispositional perspective is the youngest method trying to explain job satisfaction. It established that some employees, no matter what the job or the work environment is, inclined to be satisfied or dissatisfied with their job (Jex 2002). This depends on the mental mindset of the individual, in other words if the person has always had a positive mindset therefore his or

her attitude towards this person will be more prompt to be positive. On the other side if the person always had a negative mindset he or she is more likely to dissatisfy.

Recent research has outlined positive employees prone to engage in Organisational Citizenship behaviour, have broader view of what their job entails but be more willing to go beyond those, while negative employees are more associated with high levels of absenteeism, higher turnover and tend to be poorer performers (Riggio 2003).

Funder (2010) descried five personality traits which have been relevant to characteristics of workers. The most closely associated with job satisfaction traits are extraversion, neuroticism and conscientiousness. While agreeability and openness remain factors to influence job satisfaction it seem they do not play a dominant role. Further the core self evaluation of one´s belief about their function in the world consists of variables such as self-esteem, emotional stability, self-efficacy and locus of control (Sirgy, 2012).

In conjunction it is important to not underestimate the importance of aspects outside of the individuals work life. Even though the person may be satisfied with their job it has been considered by researchers that life events can effect job satisfaction and job performance.

Further it crystallised two approaches: the global staff satisfaction which refers to the overall job satisfaction of an employee. The most commonly studied area regarding job satisfaction, global overall view of job satisfaction, referring to employee´s evaluation and feelings about their work. Gregory (2011) pointed out it is within the company´s control and good management practice which could enhance employees job satisfaction.

The second approach of researchers taking in consideration the facet approach referring to specific elements of the employment such as salary, benefits and the relationship amongst co-workers, considering those individually (Mueller, Kim, 2008). Miller (2002) highlighted, significant changes on organisational level requires the change of people´s way conducting their work and behave within an organisation. During the implementation of changes within an organisation, employees can experiences level of uncertainty, stress and anxiety even in managerial or higher positions (Innstrand, Espnes, Mykletum, 2004). More though major increase in uncertainty concomitants changes are associated with rises in stress levels (appearing in heavy workloads, difficult work relationships, lack of resources and time, huge administration duties and staff shortages) which can result in decreased satisfaction and commitment of the individual (Hui, Lee, 2000).

During periods of changes, either resulted by economic climate or legislation changes, research has shown the significant of employee´s recognition by management in the work they do as well as support provided on higher level to frontline staff (Chou & Robert 2008). The importance of adequate information given to employees, training and supervision came to light when researching specific areas in the health sector (Gilberts 2013, Parlalis 2011, Chou & Robert 2008).

However Pugh, Groth and Henning-Thurau (2010) highlighted Job satisfaction through the link between emotional dissonance and employee well-being working in the health, social environment. It was concluded the cohesion of emotional labour through cognitive dissonance and the recognition from the employer of the emotional strain and impact it has

on frontline employees. Further it has been suggested, providing training, could improve the productivity and satisfaction of the employee long term.

An increasing stream of research is starting to look at organisational elements which influence employee´s commitment. At present a number of studies that looked into job satisfaction, organisational commitment, and ethical climate in the literature.

Based on research undergone by Parlalis (2011) it concludes a clear view on the influence of organisational changes and staff satisfaction within a non-profit organisation. The findings highlight the importance of communication between staff and organisational management in regards to changes, implementation of changes and induction of changes to increment employee´s satisfaction. While Parlalis looks at the direct affect of economical changes have on employee´s job satisfaction in England, Chou and Roberts (2008) underwent conduct in the US a similar research with aim to explore staff satisfaction considering workplace support and role overload.

Some research focused in their context on questions like employees committed to the organisation, is the employee overall satisfied within their career or they more inclined to search for a change and at what level is the employee influenced by the ethical climate, changes within the organisation and in legislations? (Chan, Wong, Kee, Wong, 2013).

It is apparent employees have a significant role in their contribution to an organisation, influencing an organisational productivity which will lead to the achievement of the organisations vision and goals. Therefore it does not need to be said, every organisation could not last without their employees.

In Ireland little research has explored the collision of staff satisfaction in the wider health sector or the area of services provided for people with disability. However there is evidence some research has explored the subject of satisfaction and staff performance on patient´s feedback on nurses and clinicians such as consultants, doctors. There is little research found in the area of staff/employee´s job satisfaction or the affects on implementation of changes suggested or demanded due to the economic changes in Ireland.

1.4 Theories of job satisfaction

Job satisfaction has been widely researched and investigated in relation to attitude in conjunction of productivity of employees from the perspective of Industrial, Organisational and Psychological view. Undergone research in this area has not shown a dominant coherence between job satisfaction and higher productivity (Redmond & Housell 2013).

Maslow was one of the first trying to define work satisfaction and influencing factors in his Hierarchy of needs in 1943. Theories on explaining job satisfaction or dissatisfaction have been Hertzberg´s (1968) Two-Factor Theory, Hackman and Oldham´s (1976) Job Characteristics Model. Job satisfaction is a very complex and mostly subjective experience of the individual, no single theory has covered all or most of factors leading to satisfaction or dissatisfaction of working professionals.

Locke (1976) presented a definition on job satisfaction as "a pleasurable or positive emotional state of resulting from the appraisal of one´s job or work experiences" (p. 1304). Further additional view defined by Bernstein and Nash (2008) considered to examine job satisfaction by emotional, behavioural and cognitive components. The emotional component explores the feeling of the individual towards anxiety, boredom or excitement in conjunction

of beliefs on individuals job, demands and challenges (cognitive), including actions of individual, voluntary nature or compulsory expectation of employer/organisation (Bernstein, Nash, 2008).

Other theorists like Milliman (2008), conclude employees feelings about their work they perform and the results received from work directly impact an organisation´s performance and its stability. Further Saker (2003) points out long term commitment from companies to keep their employees results in less additional expenditure (e.g. training new employees).

However in Industrial/Organisational Psychology it became apparent positive affects or emotions can influence an employee´s attitude to work (Brief 2001). Not has there been any direct link found between job satisfaction and productivity Riggio (2005) does point out a positive employee well-being and a socially environment in work can improve organisational outcomes. In recent years research has looked how positive behaviour can be increased and therefore is beneficial for the organisation. Those pro social behaviours have been termed organisational citizenship behaviour (Riggio, 2005). Organisational citizenship behaviour is defined by promoting autonomy and meaningful work to an employee and related to job satisfaction and organisational commitment (Podsakoff, 2000).

The literature surrounded the subject of changes in the service provision for people with learning disability from a perspective of three professions commonly employed in this sector of human services. It looked at influential economical and organisational factors to explore the coherence of job satisfaction and dissatisfaction. This study intent to investigate How Economic changes impacted job satisfaction for health care professionals working in services for people with intellectual disability. Further the current study aims to allow to gain relevant in depth inside of diverse services provided for people with intellectual disability.

2 Methodology

The researcher chose a qualitative approach to conduct in this study an in-depth data led insight from health professional's working in an organisation providing services for people with an intellectual disability. The Method chosen enhances *the view and perspectives of the participants in a study* (Yin, 2011; p. 8) and allows the researcher to gain *eliciting information* (Bowling & Ebrahim, 2005, p.217). A qualitative method was the most applicable approach for this research as it is data led to gain an insight of *experiences and opinions* from health care professionals, *that is attuned to the intricacy of the subject matter* (Denscombe, 2010, p.173-174). The research involved in-depth, semi structured interviews within two group settings and five individual interview settings to explore job satisfaction and challenges health professionals experience providing care for people with an intellectual disability on the implication of recent economic chances in Ireland.

2.1 Design

The interview structure was developed and designed by the researcher with the aim to gather information enriched data. All interviews were elaborated in a semi structured approach to allow participants to speak freely within the interview setting. *Knowledge is developed inductively through the accumulation of verified facts* (Ritchi, 2003, p.6) which have been collected from the participants in interpretative means.

2.2 Materials

The researcher used an Olympus VN-8800 PC Digital Voice Recorder for each interview. The transcription of each individual interview was conducted on a Toshiba Satellite Laptop, further QRS NVIVO 10 software has been used to code and analyse data.

An interview schedule with constructed with ten semi structured questions. The aim of the interview schedule was to obtain an insight, from the perspective of professionals, on job satisfaction and attitude changes since the recession.

2.3 Participants

For the purpose of this research, five semi structured interviews were conducted using five participants on a one to one basis. Further the research conducted two group interviews, one group comprising of three participants and one group of two participants. The individual one to one based interviews lasted within the time frame of 20 to 30 minutes and the group focused interviews within 30 to 50 minutes. Participant where selected by using the method called *"criterion based sampling"* (Ritchie & Lewis, 2003, p.78). At the same time this sampling method enables *"particular features or characteristics which will enable detailed exploration and understanding of the central themes and puzzles which the researcher wishes to study"* (Ritchie & Lewis, 2003, p.78).

The adequate samples for this research were composed of two male and seven female health care professionals providing care in diverse settings for people with intellectual disability.

Participant named Maria is a female social care worker with many years' experiences in residential care setting in Ireland and Australia. The second participant Helen has a degree in social pedagogic, she worked in residential setting in the past and currently being employed as employment support worker to facilitate FETAC courses. Participant three John is male providing transport to and from day or residential services as well as working within the Link service organising afternoon and weekend clubs for people with disability as a care assistant for a number of years. The forth Participant will be called Sophie is a female nurse being in the organisation for several years. After her career break in Canada and Australia, where she gained valued experiences working within diverse social models settings, she returned to the organisation and works with people with severe and profound disability. The first group Participants are two female and one male social care worker. Christian is working in a large training centre which used to be a workshop, training and teaching comprehensive skills for people with a moderate intellectual disability. Sarah provides learning and individual support within a day service setting for over ten years. Maggie has worked with people with profound as well as with mild to moderate disability. Further she worked voluntarily in Vietnam and is involved in several fundraising projects. The second group Participants are both female nurses. Participant eight Lara a general nurse worked for over five years in a non-profit organisation and recently has changed from residential setting to day services after returning from her six month career break and the ninth participant named Joan worked since her nursing student placement in the organisation, she has experiences in residential setting as well as gained experiences in diverse care setting for people with disability on her career break in Canada and Australia.

Each participant to part in their own free will and has not been compensated for their time and cooperation in any way.

2.4 Procedure

An interview schedule has been developed by the researcher based on the literature and emerging aims. In consideration of obtaining access to samples the researcher contacted suitable candidates by email and phone. The researcher provided detail information of this research study and provided each participant with the consent form. Selected participants were contacted and an interview date has been set in a location and a time convenient to the participant.

One pilot interview was conducted before the commencing actual interviews to ensure the interview questions were understandable and not too academic. During the pilot interview it was noticed some of the developed interview schedule appeared to be unclear and certain changes have been made to ensure would not occur again. Each individual one to one interview lasted between 20 to 30 minutes. Each group interview lasted between 30 to 50 minutes. All interviews were semi structured to allow participants to speak freely.

Before each interview has been conducted the researcher ensured participants felt comfortable and relaxed by engaging in conversations unrelated to research. Once the participant felt comfortable with the interview setting, the researcher then introduced briefly the research topic. Further it was explained to the participant that the interview would be recorded by a Dictaphone and verbalised data would be transcribed into word and saved on a password secured USB device. The participant was asked to sign a consent form (Appendix 1), in addition the researcher informed the participant that he or she can withdraw his/her consent at any time or stage of this interview schedule or research project and ensured

participants confidentiality would be kept at all times. Permission was requested by the researcher to record the interview and then proceed.

To allow participants to speak open about their experiences and feelings and explore their encounter with the research topic of job satisfaction interview questions were semi structured and open ending. Throughout most of the individual and both group interviews has been an effortless transition between questions which enabled for a continuous flow, however in some individual cases redirection was required. Within the group interviews the interaction between participants was rich and in conversational style. During the interview the researcher held eye contact with participants at all times.

2.5 Ethical considerations

Ethical consideration were taking into account, participants had the opportunity to ask questions before and at the end of the interview schedule. Each participant had been provided with a consent form, which the researcher has been obtained by the college, giving information on the topic of this research, about the researcher, the college and the time frame set for the interview. Confidentiality has been guaranteed at all times, all names have been made anonymous, participants were assured data collected by recording and in transcribed document are secured on a password protected USB device. Participants have been given the right to withdraw at all times. Further a destruction date for each of the recording and transcription has been clarified with each participant.

2.6 Data Analysis

A thematic analysis was the chosen method of analysing data collected by the researcher.

Thematic Analysis is "*...a method for identifying, analysing and reporting pattern (themes) within data.*"(Braun & Clarks 2006, p.6).

QSR NVivo 10 software was used to code and analyse data.

3 Findings

The main focus of this research was to understand the participant views on the impact on delivering of services for people with an intellectual disability and job satisfaction within the recent economic climate. This was conducted by accomplishing six in depth interviews in four one to one and two group set interviews. The thematic analysis of data collected disclosed five main themes, changes in services, professional identity, relationship dynamic, support network, professional value and satisfaction.

3.1 Changes in services

The theme of impact on services was one which has been carried out throughout the whole research process. The impact cutbacks have within non-profit organisations experienced by health care professionals was evident throughout the interview process, as Sophie stated:

Yes, definitely absolutely ehm lots of changes between lack of resources, staffing everything from the quality of the care of the service user get, there numerous changes yeah.

While Maria and Maggie describes the impact of the changes in residential setting

...big gab where staff will be on there own for a few hour good few hours totally on there own... may be on your own all morning as well so there are times when you on your own a lot more which means that the lads don't get out...however on the roster now staff is rostered to leave early, so now we can't really get time back at all so it is really difficult and then with all our budget... (Maria)

...organisation eh had introduced a thing of clos'n residentials every one Sunday in a month which didn't work for ours, ehm residential unit, so we compromise a little bit with that. And so every second Sunday we just have one staff instead of two. (Maggie)

Helen and Sarah explain from a day service perspective

...learning material is not available like it used to be. Or or our service user can't be that flexible like they used to be, like for instants they the trainings allowance was cut... (Helen)

...definitely there has been changes, eh firstly eh or our monthly budget has been cut ehm by a substantial amount. We would've funded quiet a few classes and outings and kind of placement in the community...

...a lot of individuals that are needing kinda one to one being kinda lumped together, ehm in kinda going back to what would have been considered mass management and bad practice and certainly not you know in line with kinda social the social ehm model. (Sarah)

A subtheme emerged from this was the impact economical changes have made on people with intellectual disability using the services. Helen and Christian voiced their concerns on the well being of people seeking skills and work experiences.

I'm a employment support worker and we all know that there are not many jobs left for our service user. Or even some of our service user lost their job because of the recession. So now we have to find any solutions or alternatives for them. That means service user who used to have job for two or three days eh yeah days a week they are based in our day service now...

...they want to work, they don't want to do another college course, they have done five or six college courses already, and all they get is a certificate. (Helen)

We are in a centre with forty five service users sometimes we been three staff eh the new staff eh new service user comin the newcomers you know the new service user coming to the centre they're coming with very individualised needs and there never been met. (Christian)

Sarah supported those concerns by pointing out:

...the service user are now being expected to bring more money in to fund certain things...they can't afford to do that which means they're losing out.

Not have changes being made on economical factors due to the implementation of HIQA standards and the organisational decision introducing FETAC training courses within the setting of training, support and day services a further subtheme emerged on the increase of work put upon healthcare professionals in this field. While most of the participants have a positive attitude towards developing and delivering courses and implementing HIQA standards Christian outlined below the difficulties frontline staff faces with the restriction in place.

In our place they're introducing the FETAC courses...but as well they ask you FETAC involve a lot of work. ...the idea they have and what there really is happening in practise is a very is a huge, you know, gap in there. It's just like a fixin' and say: look is look well on paper. But they but is actually not happening in practice, you can as, you can ask me to do a FETAC level course, for the service user is fantastic...

3.2 Professional Identity

Changes within the organisation forced by economic factors can result into changes of professional identity and roles as health care professionals as services become more transparent, overlapping or increased by work without conjunction of to the actual role. It became apparent throughout the interviews the implementation of changes by the organisation participants find the role they have been employed has changed as Sophie explained

...your role has changed to become I supposed its expanded in one way that you on both like because you trying to do, (pause) your role now comes with everything from domestic things to managerial stuff as well and its such a huge expansive role like within that role that you are suppose to do, that your core role that when we first started ehm has kind of got a bit lost along the way.

Christian a support worker in a training centre argued not only clarifying is on professional role but being numerous of profession within his role.

...We are doing all that kind, talking about roles, we have to do now that the roles of psychologist...

Maggie added in agreement with Christian's statement:
...there is a lot more accountancy now in social care...

The perception of the expectation within the nursing role has been most affect as Joan highlighted throughout the interview.

I would fined now from an organisational standpoint, I'm considered more important as a driver than I'm in my nursing role.

Within the group discussion Lara agreed:

...you're sort of employed as a jack of all trades, and a few even look at eh the job spec up now for nurses when employed ehm driving is a top criteria. Ye need not apply if you not have a driver's license.

In contrast to the participants with background in nursing social care practitioners did express small changes in their role in general and viewed some of the changes as positive as Sarah feels:

...resourcing classes and things like that, we've we had kinda do that ourselves. It kinda made our job a little bit more interesting...

In agreement Maggie subjoined:

...there is more creative thinking, you know, you try to think right, somebody has ten Euro for the whole weekend spending money, what can we do with that. Ehm, so it's about looking at resources around the area ya're in, which isn't a bad thing. Ehm, it can be a positive thing as well.

However Helen a support employment worker found it difficult to fulfil her role with unemployment remaining on a high level and little employment available, her main role consist of *find any solution or alternative* compare to supporting service user finding employment or employment experience placements.

Sophie highlighted the importance

...people lose side of what their role is and what their job is and why they are there ... and reason why they are there is to provide care to the lad, to the service user. And if that job and

that role is lost then again the service users don't get any high like a level of quality care at all and they gett'n forgotten about. So then they get forgotten about, your role has got lost along the way and the service will just collapse...

3.3 Relationship dynamic

While the professionals viewed social engagement with service user as central to good practice the majority of participants agreed that organisational changes in present times affect staff but also results into diminishing the relationship they have with service user. Maria pointed out to the fact

...I find the only time you get to speak to the lads is as soon as they come in. There has been some days when I haven't spoken to all of the lads in the house. You say hello to them but you haven't sat down and spoken to them all individually. And it's terrible because you know you could be on a sleepover and just with things happening in the unit and stuff like that, you may not, you may not have a chance to speak to people probably. And I'm sure it's really hard for them as in like you know. But when you don't, I think it kinda affect your relationship with the lads in the house, when you not speaking to them probably on a regular bases.

Within the context Joan agreed with Maria focusing on the impact of service user and their relationship with staff.

You don't even get the time to sit with the lads and spend the personal time and that's what you loose, you're loose the relationship, therapeutic relationship you've build and that you

sustain by just sit'n down and been with them in they're own home. And it those things where you pick up sudden changes in behaviour, you know all those things that are so very key....

Further more Christian and Maggie expressed the significance of communicating with service user and emphasised on social interaction with service user

... I can't go over to meet twelve people, we don't even have time for to meet one to one... (Christian)

So you have to do them hours (administration) within your roster time so that in affect takes away staff from the service users. One staff is in the office, the very very sociable service user in the house, they're not happy seen somebody sitt'n up there, so that's in a way that that can lead to stressful situation as well. (Maggie)

Positive relationships with service user were seen a key element of virtuous relatedness and knowledge of trust as intrinsic practice which Maria commented on

And you now we're suppose to be advocates, there meant be able to trust us, to let us know if there is things wrong, however if you're not, if you don't have enough time in your day to sit down with them and speak with them about what they've done and problems they have. It can be very hard for them to trust you.

3.4 Support network

In the context of organisational support all participants agreed on a local level they experience support within the organisational structures. Maggie who has recently stepped into the managerial position is aware and made her conscious being supportive to staff in her unit. Joan initial reaction of *no, not a thing* was a strong statement within the group interview.

Lara explained:

No on a local level I would say probably do have support ehm, I mean the, I suppose the likes of more senor management. At a more local level would try to facilitate more, obviously if you're short staff then you're struggling, depending.

Maria points out:

...I think we get support from the organisation when everything is going well that's what I think. When things aren't going well nobody wants to take responsibility for certain things so isn't like accountability if isn't great I even found it in where I used to work before when things went wrong nobody wanted to have accountability for anything...So I think it's it's not good when you don't think you can rely on your superiors really.

The majority of participants acknowledged the support they receive from their colleagues and direct manager in some cases within the service they are working. Another aspect of support

which became relevant was the support such as the Employment Assistants Scheme (EAS), financial support for Colleges and courses. John commented when asked if he felt supported

They have actually yeah there's this eh opened up more courses if on a voluntary scape if you wane go on a course they have actually set up courses and ehm they have done a course and they set you up yeah no problem if they have.

The knowledge of the EAS system was present and appreciated amongst all participants. It was evident that not all participants were aware this is a free service which is available to support employees of the organisation through VHI. Sarah as she wasn't aware of this being a free service mentioned *I think maybe there should be something if it's not just connected with VHI because I mean I'm just recently cancelled my VHI.* While Maggie and Christian at the same time informed Sarah this is a free service providing:

Maggie: *...free free helpline so basically it's nothing to do you don't we don't pay for it. So it's to do with, you can ring and it's like ahh it's like eh, personally I never rang them but I eh I can see I think I'll be happy enough, you know, 'cause it's a free confidential....*

Christian**:** *yeah yeah and they can ask for everything, for example, I don't know, I have problems with my.., mortgage or house mortgage or whatever it is, they offer support or legal advice.*

Maggie: *...and also if you were briefed or anything like that, you can actually get I think is five sessions of counselling, something, six sessions of counselling, free as well.*

Helen found as well she finds support within her family:

...the only support is family where you can talk about your... yeah lets say it about your frustration, that you just can't do what you would like to do. But they can just listen; they can't change the situation you know. And especially not for our service users. But ja I don't know if this is really, ja it is support in one way but it's not satisfying support, not for them and not for us.

Joan added *relaying upon you making those your support network for yourself, really.*

3.5 Professional recognition and satisfaction

In the relevance of professional recognition was apparent throughout this research study. Interviewees felt the lack of recognition within the higher hierarchy of the organisation led to assumption of *viewed as a number*. Further it was highlighted most participants are acknowledged for the work they do by service user and their families. Sarah and Helen describe it as followed:

I don't ehm feel eh within my unit that I'm very valued, eh that are, you know, that our good will is acknowledged I suppose, and very much by our head of unit ehm, backs I don't know if that is a personal thing. Most people in my unit would feel the same. I think we feel valued by the service user we work for, we work with. They acknowledge the work that we do, you know, it is always like a thank you and you know, ya some days you'll feel very stressed, but if you feel that you've done something to make somebody's life a little bit more worthwhile

than, you've you feel good in yourself, and personally when it comes to management I don't really feel acknowledge eh, the odd thank you. (Sarah)

I think I do, yeah at least I think the service user and ahhmm the families, they value our work and I hope that our employer does it as well. (Helen)

Maria has a more critical view of her recognition as professional in her workplace:

They their kind of their glad somebody new came in to say we can do this way or to do something else another way to make it work more ehm so I think yeah I'm valued but then there is a fine line I think between valued and being taken advantage of which changes in rosters and with this that and the other and being expected to do stuff so I think yeah there is a fine line between thinking you're been valued and people just tak'n advantage really.

Maggie does agree with Maria on one side but points out it may have a cultural reason why professional esteem and satisfaction are so low

There is most certainly not enough self value in the organisation, 'cause people don't have the confidence or are not used to. Or maybe it's a cultural thing, you know you're not used to say'n you know what I planned that holiday camp and I'm delighted it went really well. I planned an activity and I'm delighted. We just don't do it enough and I mean we're just, we're working in human services, we should be. And do things great all the time.

Sophie added to Maggie's statement

I think ehm higher than that the likes of service managers I would say value you when you need something, are very good in telling you how important you are to them when they need you to do something for them. Ehm I don't think they particularly thank people often enough, for the extra work that they've taken on over the recession, ehm and anybody higher than the service manager you don't even see. You don't hear about them, you don't know them.

The evidence of satisfaction in conjunction with acknowledgement within organisational structures Joan reported from an encounter she witnessed during a meeting with senior management since the recession.

The ex CEO told us he could've gone in and struck names of the list, the that's daily efficiency was broken to us, that he was doing his best to reject the staff, but really he could just go in and strike names of the list and I think that would reflect certainly how you're reviewed when that sort of CEO is tell'n ye. He said he had public meeting with staff and he said he didn't have to have these meetings with staff that could have got into his office and just stuck names of the list and save the money. Basically by prioring staff that people go, this is his way of reaching out. I don't think threatening people with something like that is a very doesn't lead to good job satisfaction.

When it came to discuss job satisfaction within the group participants were agreeing within the organisation level of satisfaction appear to be low, while two of the three group interviewees strongly said they are dissatisfied Maggie felt

I changed unit's, it's a very different wipe, in the new unit. Ehm so I suppose my satisfaction level at the moment is good.

Sophie who is awaiting to be assigned to one unit tell her experiences from her perspective of working in different units at the present time

I think on the floor that's what hits people the most is that they can not care for the service users, in the way that they want to. And that is hard and you do need motivation ehm and its it burns you out and you do need break away from it or you try and see positive things but when everything is negative its very difficult to see the positive side of things.

Helen remains very passionate about her job but finds it difficult to fulfil her role as employment support worker due to the stagnation on the labour market and shared her view

I still love my job and I'm still passionate about it but ehm of course it's not satisfying if you have a service user sitting in front of you who says I would love to have a job, or I would love to do certain things, and there is just, nothing available.

However participants remained proactive and creative in their suggestions of changes to be made to enhance satisfaction amongst frontline staff. While the main suggestions where on utilising staff resources further participants found it mutual important to highlight it is not just the economical climate in Ireland who contributes to the rather negative perception of satisfaction but not solely the factor to prevent implementation and suggestions from employees. Most factors mentioned during the interviews were organisational factors as stated by Lara and Joan:

...ehm I think with the lack of movement that is happen within the service with the efficiencies has called people to stagnate. And I think they need to reopen the idea of people moving from unit to unit to get that to get to get you're mind frame fresh. I think people need to move, I think they need to be open to other things (Joan)

...yeah and when you've the same people working in ehm certain unit for a number of years, you know there no creativity there that and things become stagnant like that you doing the same thing day in day out. (Lara)

Further suggestions coming from participants when ask or arose from discussions between group participants was *support, it needs to be acknowledged, mentoring system, staff rotation scheme for change of unit and involvement during cluster meetings.*

Helen who would like to be able to in-cooperate some aspects of her role and said:

That the people who make this decision that they might listen to the base, to the frontline staff and our service users a bit better and they that they might make the changes a little bit more individualised. You can't please everybody. But you if you do cut backs you should always keep in mind that you're dealing with individuals.

4. Discussion

The aim of this study was to gain in depth insight from diverse healthcare professionals on the impact of organisational and economic changes has on the provision of services delivered to people with an intellectual disability. This has been executed with participants who have a broad range of qualification and experiences working in the field of disability in a non-profit organisation. The interview process revealed a comprehensive and extensive scope in aspects such of affects on services and service user.

Significant was the worth that was placed on how economic changes had an impact on service user and health care professionals and was evident throughout this study. As this research suggested, service user as well as health care professionals were affected by cutbacks, limitation on funding and resources in non profit organisations providing services to people with intellectual disability. The affects on services have been differed from proposed closure of one day a moth in residential setting explained by Maria and Maggie to budget cutbacks and limitation inclusive participation of service user in day services outlined by Sarah, Helen and Christian. All nine participants agreed on low levels of staffing and utilising resources within the organisation. Most participants welcome the implementation of HIQA standards and FETAC courses. In chapter one of this report, Literature suggested existing and coming changes not only on economical, organisational level. Further more some of the changes announced in the Haddington Agreement have been agreed on by the organisations participants work for. Lara, Joan and Sophie discussed changes such as providing transport, domestic chores and roster changes. Another aspect resulting from the implementation of changes is the role identity. Jex (2002) agued a employee takes the evaluation of changes from his or co-worker into account to determine if the implemented subjects to be positive or negatively received. Even though it is evident to the researcher

frontline healthcare professionals in this study have a high commitment to the organisation and for the people they work for as discussed by Chan et el (2013) and Parlalis (2011) the level satisfaction remains low. The themes of professional identity and relationship dynamic outlined the concerns by participants on their role and definition of role. In this case it became relevant to distinguish between the professions of individual participants as pointed out by Riggio (2003) the importance of the emotional definition and understanding of one has about his or her job. Participants Joan, Lara Sophia agreed within their nursing role have, more other jobs involved and taking a large amount away from their nursing duties, providing adequate care to service user. As suggested by Innstrand, Espnes and Mykletum (2004) Participants experienced higher levels of stress, but only participants providing services in day centres were able to pinpointed where this stress or even anxiety is inflicted from. On the other hand professions working in residential settings appear to experience as much stress as their colleagues but unable to connect or make direct links within their working environment. Maria explained, she could not make out the direct link on what has increased within her workplace and workload to determine and reducing her stress levels at times.

Chou and Robert (2008) researched the area of staff satisfaction and role overload. This was constituent with the research undertaken by the author. On this subtheme which apparent in the interviews participants noticed an increase of workload. Some participants located the reason in higher numbers of service user to a smaller number of staff. Other participants like Christian viewed the increase as a direct result of enhanced workload due to introduction of FETAC courses and smaller work not included in his role as a social care worker.

A further theme extracted from the interviews conducted in the study is the importance of support from organisational, local and external sources. The majority of participants agreed on having support on local level in encouraging creative solutions to accomplish personal and organisational standards, some of the participants like Sarah did not feel having sufficient

support at all. Parlalis (2011) highlighted in his research communication between frontline staff and higher management is key to successfully avouch transitions of new legislations and implementation of changes in the organisation. Joan experienced with her encounter of higher management admittedly communication but felt to be threatened by the way the information of economic savings has been delivered to her. Maria and Sophie felt being supported by their line manager und colleagues however on higher management level both had negative experiences. A research study by Chou and Roberts (2008) found a direct indicator between staff satisfaction and support provided by management. Sarah said generally her manager has an open door policy for concerns or ideas from staff, but felt the mechanism of procedures within the organisational structures take to long as by the time her manager comes back for queries, she would not be able to remember. All participants agreed on external support provided by the Employment Assistant Scheme (EAS). Most participants had knowledge of the free service available to organisational employees.

On the last theme of job satisfaction two participants John and Maggie were satisfied within in the setting they are. The majority of participants, seven, did not feel satisfied or their work satisfying. Redmond and Housells research report published in 2013 suggest no direct coherence between job satisfaction and higher productivity of employees. Yet in the suggestions made from participants enhancing job satisfaction it was highlighted the utilisation of staff resources and higher involvement of frontline staff within the transition process of implementation of organisational and legislative changes. Milliman (2008) concluded the conjunction how employees feel about their work and the direct impact of stability within an organisation. This was confirmed by Joan

A significant which rose throughout all themes was the impact of economic and organisational changes and implementations had on service user. All participants linked the well being of the service user attending the services they work in with job satisfaction,

professional esteem and evaluation of their own work. Maria has particularised the importance of communicating with service user on a regular base. Other participants observed an increase of challenging behaviour not only to themselves also amongst service user. Christian explained the interconnection of changes implemented in his workplace and the increase of challenging behaviour occurrence. Further he suggested service user are frustrated and can not compensate the extensive effects cutbacks have on the service they attend.

5. Limitations

The researcher acknowledges the importance to appreciate the limitations of this study. One of the most significant limitations of this research was the fact that it was taken from a small sample size. These inflict difficulties in trying to establish grounds for the conjunction of economic changes implementations caused by the recession and job satisfaction amongst health care professionals. The structured format and the pre-specified space envisaged for this research, determinate the quantity of information that could be published. Additional limitation arising was the confined number of publication in the area of job satisfaction within organisation or service provider for intellectual disability.

One subtheme which emerged from this study is the impact economical and organisational changes have on people with an intellectual disability using services of large non profit service providers. The researcher recommends on further studies similar to this the above subtheme should be in cooperate as it became apparent throughout this research it may contribute valuable data to the understanding of factors for health care professionals job satisfaction.

6. Conclusion

The aim of this research was to gain an in depth insight from healthcare professionals with diverse experiences providing services for people with intellectual disability in a non profit organisation. All participants of this research showed suggestive and informed views on the subject of this study.

Further much of the findings complied with the literature review in this research study. All participants experienced some affects of the economic changes within their work as health care professionals providing care. In some cases job satisfaction has been directly linked to external factors such as cutbacks and staff shortage, others perceived a low level of satisfaction inside the services they provide for service user and the recognition of their work by higher and senior management in the organisation.

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Appendix