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Examining The Job Satisfaction Of Direct Care Workers During Covid-19: A Quantitative Descriptive Study

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EXAMINING THE JOB SATISFACTION OF DIRECT CARE WORKERS
DURING COVID-19: A QUANTITATIVE DESCRIPTIVE STUDY

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ABSTRACT

This quantitative descriptive study examined the job satisfaction of 39 Direct Care Workers (DCWs) who worked during the COVID-19 pandemic from March 2020-December 2021 in the United States. This was done not to determine cause and effect between the pandemic and job satisfaction of DCWs: the pandemic was simply used as a timeframe. A REDCap survey was posted to two DCWs groups on Facebook which contained information on the study, an electronic version of the Job Satisfaction Survey (JSS) by Paul Spector (2021) and general demographics questions. Snowball sampling was also encouraged for particpants to share the survey with other DCWs they may know that met the criteria for the study.

The results and findings of the research were that globally the sample study scored lower than the Spector (2022) American Social Services Norms, with an 18.24 point overall difference. This can be inferred as the DCWs of the sample study being more dissatisfied than the norms. In addition to this 8 out of 9 facets were less than (0.13-3.45) the provided American Social Service Norms, indicating varying degrees of dissatisfaction/ambivalence in those areas as well. Only 1 facet of the study indicated that the sample study DCWs are slightly more satisfied (0.29 points higher) than the norms, and that was in regards to the work itself.

This study's findings coupled with further research in regards to the job satisfaction of DCWs can be used by provider agencies to address areas where DCWs report dissatisfaction otherwise known as "hygiene", and maintain initiatives that promote satisfaction also referenced as "motivation" which is supported by the conceptual framework of Herzberg's theory of job satisfaction (Khanna, 2017).

Keywords: Direct Care Workers, job satisfaction, retention, recruitment, burnout, turnover

CHAPTER 1

INTRODUCTION

Across the United States, provider agencies and families rely on approximately 4.6

million Direct Care Workers (DCWs) to provide hands-on care to the elderly and individuals

with disabilities (Scales, 2020). Personal service attendants, personal care workers, nursing

assistants, home health and home care aides are just some of the positions DCWs hold (Dawson

& Stone, 2008). The care that DCWs deliver is often referred to as activities of daily living

(ADLs). ADLs are essential personal-care tasks that must be completed in order to ensure a

quality of life and include but are not limited to mobility/ambulation, transferring, toileting,

bathing, dressing, and eating (MassHealth, 2017). Unfortunately, DCWs often experience high

levels of work stress from the demanding work these positions require (Gray-Stanley &

Muramatsu, 2011). These stressors include heavy workloads, limited job autonomy, and client

behavioral and health problems (Gray-Stanley & Muramatsu, 2011). When these stressors are

not appropriately managed, staff may experience burnout and then produce a diminished quality

of care delivery (Gray-Stanley & Muramatsu, 2011).

The challenges these positions present and the demanding nature of the work have

resulted in high rates of turnover among DCWs (Humphreys et al., 2005). Research has found

that provider agencies experience high organizational costs, which affect an organization's

ability to implement valuable programs and services when high turnover rates are experienced

(Goins, 2015). A provider agency loses approximately $4,200–$5,200 for each DCW lost to

turnover (Barbarotta, 2010, as cited by Goins, 2015). For human service agencies, staff turnover

and its costly consequences could potentially jeopardize programs that support some of

America's most vulnerable populations (Goins, 2015).

Historically, research indicated that an estimated 1.2 million DCWs were going to be needed to provide for the long-term care needs of the elderly and disabled from 2001–2010 (Stott et al., 2007). Researchers found that the need for DCWs was increasing but the available candidates were decreasing, and projected there would be an insufficient "supply of direct care workers to meet the expected demand" (Stott et al., 2007, p. 18). This deficit between the demand for services and the supply of DCWs would be labeled as the "care gap" (Butler et al., 2010). Unfortunately, human service agencies are facing the same issues when trying to stabilize this workforce in what has now become a decade-long struggle to fill direct care positions (Scales, 2020). Although barriers have been identified and suggestions on how to overcome them have been presented through numerous studies, similar issues persist more than ten years later.

Researcher Scales (2020) explained that the quality of DCWs jobs remains low (low pay, lack of training, limited opportunities for career advancement, etc.) and as a result, recruitment and retention strategies across the care industry have been impeded regardless of the ever-rising demand for workers. Surveys were gathered from DCWs who provided care as home health aides and personal care assistants, to gain an insight as to why people choose to do this line of work (Baron et al., 2019). The researchers' findings were that the people in these roles found the relationships with the clients to be the most rewarding part of their jobs and this provided them with meaning and value in their work (Baron et al., 2019).

While DCWs' work can be extremely rewarding, the high levels of stress from the demanding work these positions require can be overbearing (Gray-Stanley & Muramatsu, 2011). The coronavirus disease 2019 (COVID-19) has exacerbated the challenges of the positions as long-term care facilities and other congregate care living settings were labeled as high-risk due to the severe outbreaks during the pandemic (Kim et. al., 2020). In the United States cases of

COVID-19 were approaching 7 million, with more than 200,000 recorded deaths in 2020 (Baughman et al., 2020). Data records have found that nursing homes and other long-term care facilities account for a large fraction of the morbidity/mortality numbers (Baughman et al., 2020). The same data indicated at least half of all COVID-19 deaths were linked to nursing homes as of August 13, 2020.

Kim et al. (2020) note that the individuals whom DCWs provide care to often are frail, elderly, immunocompromised, or have multiple chronic comorbidities. These same individuals are at a greater risk of contracting the virus, due to their compromised states (Kim et al., 2020). The same researchers believed that DCWs, who often work at multiple facilities, were increasing the risk of spread among the individuals they supported. This suspicion was recently confirmed by the New York State Department of Health (2020) when they announced that the primary source of outbreaks in nursing homes was in fact staff transmission (Baughman et al., 2020).

During the pandemic, DCWs were identified as the carriers of virus from facilities that were experiencing an outbreak to other facilities, resulting in further spread of the virus among the individuals being served (Kim et. al., 2020). Many provider agencies worked to mitigate the spread by educating the DCWs on detecting the signs and symptoms of COVID-19, conducting routine screenings, providing infection control basics, and ensuring staff wore proper personal protective equipment (PPE) (Kim et. al., 2020). However, research found that at times there were insufficient PPE and COVID-19 testing, which contributed to staff becoming infected due to the increased exposure to the individuals they supported (Baughman et al., 2020).

There is a plethora of research cited by Baughman et al., (2020) that indicates transmission of infections from staff to patients, and there is a known relationship between the outbreak of contagious diseases and staff working while sick. The reason DCWs continue to

work when they may be sick is that many live in poverty, do not have access to paid sick leave, or lack health insurance (Himmelstein & Woolhandler 2020). Research has found that when DCWs do not have sick pay, coupled with poverty they are less likely to socially distance and are more likely to come to work when symptomatic (Himmelstein & Woolhandler 2020).

Definition of Terms

The following terms are provided to give the reader context and help them as they review this study.

Activities of Daily Living (ADLs)—Essential personal care responsibilities that must be performed daily as part of an individual's routine; These tasks include but are not limited mobility/ambulation, transferring, dressing, bathing, toileting, and eating (MassHealth, 2017).

Burnout—Occurs when a person is in a state of emotional, mental, and physical exhaustion that occurs when workers become overburdened by the strains of demanding situations over long periods of time (Skirrow & Hatton, 2007).

Direct Care Staff—Direct care workers can work in a variety of positions including, but not limited to, home health and home care aides, nursing assistants, personal care workers, and personal service attendants (Dawson & Stone, 2008). For this study, all DCWs will be looked at as long as they worked during between March 2020 to December 2021 during the COVID-19 pandemic in the United States.

Emotional Labor—is a suppression of true feelings to create a caring and safe atmosphere for clients (Karimi et al., 2014). This has also been defined as *emotional dissonance* because "the main aspect of conveying required emotion at work while personally experiencing dissonance between felt and expressed emotions" (Karimi et al., 2013, p. 177).

Individual(s)—a person with a medical, physical, or mental disability that warrants the need for formalized supports and services.

Instrumental Activities of Daily Living (IADLs)—Tasks that support independent living and are incidental to an individual's care that include but are not limited to housekeeping, laundry, meal preparation/cleanup, transportation, medication management, scheduling/attending medical appointments, maintenance of adaptive equipment, and general household management (MassHealth, 2017).

Job Satisfaction—For this study job satisfaction is looked at from a global perspective to encompass the general feelings an employee has about their job (Spector 2021), as well as their attitude about specific facets of the job, including but not limited to supervisory, recognition, pay, coworkers, etc. (Spector 2021).

Provider Agencies—An organization that employs direct care workers. This can include but not be limited to long-term care (LTC) facilities and or congregate care facilities such as residential homes and nursing homes.

Statement of the Problem

For more than a decade provider agencies have tried to overcome the challenges DCWs face, which include but are not limited to high turnover, low wages, limited training and career development opportunities (Scales, 2020). The same research supports that the COVID-19 pandemic has exacerbated the challenges already presented by the direct care workforce crisis and could be affecting the job satisfaction of DCWs. The additional strain on this ongoing workforce crisis has provided increased stressors, and overwhelmed health care infrastructures around the globe (Berry & Stuart, 2021). Direct care workers have put their own health at greater risk, by persevering and continuing to provide the basic needs on which everyone's health

depends (Berry & Stuart, 2021). While it is a major undertaking to attempt to create change in regards to a crisis that "has proven so persistent as to seem unsolvable" new opportunities have emerged as a result of the COVID-19 pandemic (Scales, 2020, p. 5).

There is research on what provider agencies can do to address the challenges DCWs face, political barriers have made change a slow and disheartening process (Scales, 2020). However, in the 2019–2020 presidential primary season several of the Democratic candidates spoke on investing in the direct care workforce as part of their policy platforms. This included that there needed to be "secure passage of legislation . . . to make these jobs more fair and safe," "workforce growth, stabilization, and training," and "expanding benefits and increasing wages for our direct care workers" (Biden, 2020 & Iowa CareGivers, 2019, as cited by Scales, 2020 p. 1).

With DCWs being discussed at the national level, coupled with the awareness brought about during the COVID-19 pandemic, there is an increased recognition for how essential these positions are (Scales, 2020). Now more than ever change initiatives need to take place, to try to tip the scales at the political level and foster lasting results (Scales, 2020). Previous literature on job satisfaction of DCWs has focused on burnout and employee turnover (Boone, 2021). While these topics are important, recommendations for future research suggest that efforts should be made to understand what satisfies and motivates DCWs (Boone, 2021). Research has identified that support from leadership and the work environment influence DCWs' retention decisions and job satisfaction (Yoon et al., 2016). However, previous research does not take into account the recent impacts of the pandemic and the effects that this crisis has on the DCWs profession relative to job satisfaction.

Purpose of This Study

The purpose of this quantitative descriptive study was to examine the job satisfaction of direct care workers who worked during the COVID-19 pandemic in the United States. This could provide a greater insight into the ongoing struggles the direct care workforce continues to face, and create a synthesis of findings that can offer insight to provider agencies. In addition, the findings can potentially be used to raise awareness at the political level, with the hope of creating legislative change that will aid provider agencies in overcoming recruitment/retention barriers.

Research Questions

Recognizing the impact that the COVID-19 pandemic had on direct care workers beginning in March of 2020 until December 2021 and the prevalence of literature on the workforce crisis, this researcher sought to answer the following research questions:

1. Using Spector's Job Satisfaction Survey, to what extent do a sample of direct care workers experience high levels of job satisfaction who worked during the COVID-19 Pandemic?

2. Using Spector's Job Satisfaction Survey, to what extent do a sample of direct care workers experience high levels of job dissatisfaction who worked during the COVID-19 Pandemic?

For this study basic, or simply referred to as descriptive research, was used (Boudah, 2019). This type of research takes on a nonexperimental approach and is not conducted with the intention of manipulating a subject of study to determine cause and effect (Boudah, 2019). Specifically, this researcher was not looking to prove causation between the COVID-19 pandemic and the job satisfaction of DCWs. The COVID-19 pandemic was used only as a measurement of time.

This quantitative descriptive study collected primary data using the Job Satisfaction Survey (JSS) created by Paul Spector in 1985 (Spector, 2021). The JSS survey is considered a reliable and valid tool after repeated investigations and is viewed as a well-established instrument (Statistics

Solutions, 2021). The data was obtained through purposive sampling. Purposive sampling is done in an effort identify a group of individuals who are well informed with the phenomenon of interest (Etikan et al., 2016). This was accomplished by posting an electronic survey into two approved direct care social media groups on Facebook. The data was then analyzed/interpreted to gain insight as to what brings DCWs satisfaction in their positions, and what is causing dissatisfaction. This information has been compiled into findings that can be supplied to provider agencies to strengthen and sustain interventions that are proving to be effective and/or address areas of discontent.

Conceptual Framework

As researchers delve into the dissertation process, they must ground their argument using a conceptual framework. This will express to the audience why the topic of interest matters to its related fields, how the methodology used is valid, and in what ways the research design is appropriate and the methods rigorous (Ravitch & Riggan, 2016). The primary purpose of a conceptual framework is to express an explicit rationale for the methodological choices that were made throughout the research process (Ravitch & Riggan, 2016).

For the purpose of this research study, the conceptual framework focuses on Herzberg's theory of job satisfaction (1974). It is important to note that this theory pertains to typical times, whereas this study is focusing on job satisfaction during times of crisis. This theory is broken down into two factors, the first of which indicates job satisfaction or "motivation" and the second is job dissatisfaction or "hygiene" (Khanna, 2017). The theory emphasizes that for provider agencies to increase job satisfaction, motivators need to be used including recognition of achievement and opportunities for growth. In contrast, hygiene factors like working conditions, compensation, and interpersonal relationship must be adequately supported by the provider agency in order to prevent job dissatisfaction from developing in employees.

This relates to the identified theoretical framework of Human Capital Theory, which suggests that promoting professional development of staff increases the productivity and earnings of individuals, and should be seen as an investment (Tan, 2014). When both of these frameworks are directly applied to the job satisfaction of DCWs who worked during the COVID-19 pandemic, provider agencies can determine what experiences/motivations promote job satisfaction and which hygiene areas are in need of development.

Assumption, Limitations, and Scope

Due to the vast amount of available research on the stress and burnout of direct care workers it is widely assumed that the majority of workers are dissatisfied in their positions (Yeatts et. al., 2018). However, this study does not solely focus on that assumption, but rather worked to identify areas in which DCWs are satisfied in their positions. While DCWs can be dishonest when answering quantitative survey questions, it was assumed that the anonymity this research study provided allowed them the comfortability to answer truthfully.

The limitations of this study are directly correlated to the methodology selected. A normative approach is utilized to compare the selected instrument norms with the target sample. Using this method the researcher would then be able to quantitatively demonstrate if the sample population is dissatisfied, more satisfied, or about the same as the selected instruments norms (Spector, 2021). The use of the norm approach in the data analysis/interpretation is limiting in three distinct ways: the norms are based on a small number of organizations and occupations, the data typically comes from convenience sampling, and the norms represent only the U.S. and Canada (Spector 2021).

To examine the job satisfaction of direct care workers who worked during the COVID-19 pandemic, a quantitative descriptive study has been conducted. To gain an understanding of the job

satisfaction that represents the entire DCWs population, the sample was derived from DCWs across

several long-term care settings. This was done by posting the approved electronic survey to two

direct care groups on the social media platform Facebook and using snowball sampling. However,

the scope was limited to DCWs who worked within the United States, and the demographics section

included a question regarding in which state the work was performed to give the findings clarity.

Rationale and Significance

Scales (2020) highlights that existing research indicates that the direct care workforce

instability has affected the care quality of the individuals being served. Research also explains

that the physically and emotionally demanding work, low compensation, inadequate supervision,

limited training and career development, and heavy workloads contribute to direct care

workforce instabilities (Scales, 2020). As a result, human service provider agencies are

competing to recruit and retain DCWs with other employment sectors that have the ability to

offer less strenuous work for higher wages.

The direct care workforce crisis has become a political problem because long-term care is

predominantly supported through various sources of public funding and Medicaid (Watts et al.,

2020). Provider agencies are not able to raise their rates to compete with other business sectors,

especially those that operate using Medicaid reimbursement (Scales, 2020). As a result, they

must keep their margins tight, and restrict wage increases and other quality investments (Scales,

2020). The COVID-19 pandemic has raised awareness on the inadequate funding and other poor

working conditions of direct care workers (Campbell, 2020). This has resulted in short-term

political actions such as the implementation of hazard pay for DCWs (e.g., Arkansas Governor's

Office, 2020, as cited by Scales, 2020).

Although there is research and data on the struggles human service organizations encounter when trying to maintain a diverse and qualified complement of staff within their organizations (Woods, 2013), current research suggests that organizations need to work on two fronts to address these issues (Scales, 2020). The first is to continue the large-scale advocacy initiatives that will garner "the political will to disrupt the status quo" (Scales 2020, p. 5). It is morally unacceptable for politicians to continue to ignore the need for resources (Mahase, 2020). Strong advocacy efforts can keep the momentum going that will create change and ensure that the vulnerable individuals, who need support, receive it. The second is that provider agencies have to scale up and sustain tested workforce interventions (Scales 2020).

By gaining an understanding of the job satisfaction of direct care workers who worked during the COVID-19 pandemic, provider agencies could use this study's findings to address the areas of dissatisfaction and/or reinforce the areas that workers identify as being satisfactory. In addition to this, the overall study can contribute to the collective knowledge of the direct care workforce crisis.

Conclusion

Existing research has found that provider agencies have faced tremendous struggles to address the direct care workforce crisis, including but not limited to high turnover, unsustainably low wages, limited training, and lack of career development opportunities (Johnson, 2019). The following chapter contains a literature review of the collective knowledge of what barriers provider agencies face when recruiting and retaining direct care workers.

Unfortunately, the collective knowledge on this topic has not eased the persistent strain, and the need for these workers has grown substantially with the COVID-19 pandemic exacerbating the workforce crisis (Scales, 2020). Now that this problem has reached critical

levels, emerging research can inform provider agencies with data that offer an in depth look at the job satisfaction of DCWs who worked during the COVID-19 pandemic. In chapter 3 of this dissertation the presented methodologies explain how the findings of this research can be used by provider agencies to address areas where DCWs report dissatisfaction otherwise known as "hygiene," and maintain initiatives that promote satisfaction, also referenced as "motivation," which is supported by the conceptual framework of Herzberg's theory of job satisfaction (Khanna, 2017).

CHAPTER 2

LITERATURE REVIEW

Medical science has made tremendous advancements, and technology today has aided medical practitioners' ability to extend the life expectancy of the aging population who have been diagnosed with chronic conditions (Johnson & Penner, 2004, as cited by Stott et al., 2007). As a result, the United States population is living longer, and with that, the need for direct care is increasing (Butler et al., 2010). It is expected that the number of people who will need direct care assistance will more than double in the next half century from the 13 million individuals that required assistance in 2000 to an expected 27 million by 2050 (Kaye et al., 2006, as cited by Butler et al., 2010). The reality is that at some point in most people's life they will require varying levels of care that is often met by unpaid labor such as friends or family members (Duffy et al., 2015). However, not everyone has the natural supports in place to provide for those needs, and even when they do exist; those unpaid providers often require supplemental support from paid workers (Duffy et al., 2015).

Direct Care Workers (DCWs) provide the majority of hands-on care to individuals with disabilities and the elderly in a wide range of settings including, but not limited to, home health and home care aides, nursing assistants, personal care workers, and personal service attendants (Dawson & Stone, 2008). These jobs are often entry-level positions in private homes, long-term care facilities, and other residential care options that require the staff to perform physically and emotionally intensive work for low wages (Baughman et al., 2020). To better understand the job satisfaction of DCWs, information related to the field of human services is presented to provide context.

The purpose of this literature review is to identify themes in available research on what affects the job satisfaction of DCWs. The themes that have been found in existing research focus on effective recruitment strategies and ways to build retention while preventing burnout/psychological stress among DCWs. This historical context will add to the understanding of this research study as this researcher worked to examine the job satisfaction of DCWs who were employed during the COVID-19 pandemic.

Conceptual Framework

For the purpose of this research study, the conceptual framework focuses on Herzberg's theory of job satisfaction (1974). Fredrick Herzberg was a behavioral scientist who proposed a new motivational theory in 1959 that would be known as the motivation-hygiene theory or two-factor theory (Herzberg, 1974). The two factors are broken down into job satisfaction or "motivation" and job dissatisfaction or "hygiene" (Khanna, 2017). Researchers (as cited by Beygatt, 2018) note that "understanding the factors that increase job satisfaction can (a) increase productivity; (b) decrease turnover rates; (c) improve the overall performance of firms; and (d) increase the financial return for both employees and employers" (p. 11).

Job satisfaction is a significant element because it contributes to better-quality service delivery and workforce retention rates (Hussein et al., 2013 as cited by Zaid et al., 2017). In addition to this job, satisfaction exposes an employee's beliefs and emotional state and it can deteriorate or improve depending on the emotional and mental responses to a job (Zaid et al., 2017). Herzberg's theory emphasizes that for provider agencies to increase job satisfaction, motivators need to be used, including recognition of achievement and opportunities for growth (Khanna, 2017). In addition, hygiene factors like working conditions, compensation, and interpersonal relationships must be adequately mitigated by the provider agency so as to prevent

job dissatisfaction from developing in employees (Khanna, 2017). It is important to note that while this theory is being used, it is being looked at through the lens of job satisfaction during a pandemic.

The conceptual framework of Herzberg's theory relates to the identified theoretical framework of Human Capital Theory, which suggests that professional development of staff leads to increases in the productivity and earnings of individuals and should be seen as an investment (Tan, 2014). When both of these frameworks are directly applied to the job satisfaction of DCWs who worked during the COVID-19 pandemic, provider agencies can determine what experiences/motivations promote job satisfaction and which hygiene areas are in need of development.

Theoretical Framework

When researchers embark on the task of collecting and analyzing data they use various theories to try to explain the facts that come from their findings (Bass, 2008). The theoretical framework "serves as the structure and support for the rationale for the study, the problem statement, the purpose, the significance, and the research questions" (Grant & Osanloo, 2014, p. 12). In addition to this, it supports the overall conceptual framework that is the foundation of the research study, around which all the rest of the data and knowledge obtained is constructed (Grant & Osanloo, 2014).

Human Capital Theory

Human capital theory came about during the turn of the 1960s through the collective efforts of Jacob Mincer 1958, Theodor Schultz 1959, 1960, 1961, and Gary Becker 1964 (Marginson, 2019). The theory explains that when people care about their health, education

(whether that be formal or on the job training), and ability take advantage of better job opportunities, they are invested in human capital (Schultz, 1961).

It has been argued "investments in human capital account for most of the impressive rise in the real earnings per worker" (Schultz, 1961, p. 2). While there is controversy to referring to humans as capital, Schultz noted that society has failed to treat humans as a resource and they do not value them for more than what they are able to produce. The Human Capital Theory (HCT) will be the base of this study's theoretical framework as it supports the idea that "many paradoxes and puzzles about our dynamic, growing economy can be resolved once human investment is taken into account" (Schultz, 1961, p. 6).

Weakness of Human Capital Theory

The term *human capital* was introduced in the 1950s and it has a long and discontinuous history (Tan, 2014). When this theory was initially introduced, it was severely criticized by many liberal academics because of its negative connotations with slavery. Shultz (1961) defended the term, arguing that it was a fallacy to assume that treating humans as if they were a commodity of machinery would necessarily lead to the justification of slavery, and calling those who claimed that it would sentimentalists.

In addition to this, HCT is based on Rational Choice Theory (RCT), which is seen as a framework that provides successful explanations that cannot easily be disputed (Boudon, 2003). According to Boudon (2003), RCT is explained through a set of six postulates. The first is individualism; social phenomenon is an effect of an individual's attitudes, decisions, and actions. The second is understanding; a person's actions can be understood. The third postulate is rationality; when an individual takes action due to a reason in their mind. The fourth postulate is consequentialism; an individual takes into consideration the consequences of their actions. The

fifth is egoism; when an individual mainly focuses on the consequences to themselves because of their own actions. The last and sixth postulate is maximization; when a person weighs the benefits and costs of choosing an alternate path. While much of the RCT framework is incontrovertible, it has its own imperfections, and as a result, HCT is affected by those weaknesses (Tan, 2014).

The three main limitations RCT and in turn HCT identified are bounded rationality, bounded willpower, and bounded self-interest (Tan, 2014). Bounded rationality is the idea that people have a limited ability to take in knowledge, and rather than maximize their education experience they will take shortcuts that they deem "good enough." This becomes a limitation because these "shortcuts themselves may turn into obstacles and produce various human behaviors that systematically differ from those predicted by RCT" (p. 418). The second limitation is bounded willpower. This occurs when an individual displays a set of behaviors that are inconsistent with their interests, even though they know the impacts of the behaviors. The final limitation is bounded self-interest, and suggests that people "care or act as if they care about others," and this can cause an individual to be motivated by their own self-interest or swayed by others (Tan, 2014, p. 419).

Strengths of Human Capital Theory

Even though Human Capital Theory has been widely criticized, it has been recognized as one the most influential topics in economics and is a concept widely used to shape educational policies in countries around the world (Tan, 2014). One of the major strengths of this theory is that "human capital theorists claim that education enhances a person's skills and it leads to a higher productivity level in the workplace, which in turn will bring a higher wage to the person" (Tan, 2014, p. 421). These strengths not only aid the individual person but also support national

economic growth, in the sense that it has been found that education not only increases the wages of educated employees, it also has been found to generate lower unemployment, higher productivity, and greater social mobility (Tan, 2014).

Methodological individualism is one of the bases of Human Capital Theory (Tan, 2014). This part of the theory explains that to comprehend social phenomena, researchers need to comprehend an individual's motives. This relates back to the conceptual framework of Herzberg's theory of job satisfaction (1974), because when people have motivators, job satisfaction increases (Khanna, 2017). Likewise, when hygiene factors are high, job satisfaction is less (Khanna, 2017). However, it has been found that job satisfaction relies "on both the intrinsic and extrinsic characteristics of the work, to fulfill the needs of self-actualization of employees" (Khanna, 2017, p. 3).

Organization of the Literature Review

This literature review is divided into four themes. The first provides an overview of direct care workers and background information on the workforce crisis. This gives context to the struggles faced by this industry prior to the COVID-19 pandemic. The second focuses on what contributes to job dissatisfaction in direct care workers and inhibits recruitment and retention by provider agencies. The third theme offers insight to the emotional costs of labor and ways to promote retention, prevent burnout, and decrease psychological stress and emotional trauma among DCWs. The research in this section provides insight on how to support existing staff to lower turnover rates and decrease the risks of stress and burnout. The last theme delves into the COVID-19 pandemic and what emerging research is finding in terms of how the pandemic has affected DCWs. The combination of these themes aids in the understanding of what brings DCWs satisfaction, and what can contribute to dissatisfaction.

The Direct Care Workforce

There is a wide range of occupations that fall into the classification of direct care. The research in this study looks not at a specific niche but rather provides an overview of existing research that includes data collected from personal care workers, nursing assistants, personal service attendants, home health and home care aides. This provides a global context of the struggles that are faced across the direct care industry in the United States. Across settings there are believed to be approximately 4.6 million DCWs in the United States (Scales, 2020). This is broken down into an estimated 566,000 nursing assistants within the nursing home system, 735,000 DCWs in residential settings, 2.4 million home care workers, and around 900,000 DCWs found in other health care settings (PHI, 2020, as cited by Scales, 2020).

The staff structure of long term care facilities often has DCWs taking on the majority of the hands-on care responsibilities that allow individuals to successfully complete their activities of daily living (bathing, eating, dressing, toileting, and ambulation) (Chou, 2012). Research also supports that DCWs are "crucial to the quality of care" individuals receive (Greene et al., 1997, as cited by Chou, 2012, p. 338). Millions of the elderly and people with disabilities rely on DCWs who provide on average eight out of every ten hours of paid care (Dawson & Stone, 2008). These frontline workers have been referred to as the "eyes and the ears" within the care system (PHI, 2001 as cited by Dawson & Stone, 2008, p. 5). However, they are often not valued by American society at large, due to the public viewing these occupations negatively as equivalent to maid services or adult day care providers (Stone & Weiner, 2001, as cited by Butler et al., 2010).

Historically, direct care staff were mainly women without a post-secondary education, between the ages of 25 and 50 (Stott et al., 2007). The traditional labor pool has been shrinking

as women have become more accepted in other areas of the workforce, and with that, the direct care industry has been experiencing an insufficient supply of workers to meet the demand (ASPE, 2004, as cited by Stott et al., 2007). DCWs are still predominantly female (87%) and more than half are people of color (59%) (Scales, 2020). The same research has found that 27% of DCWs are immigrants, and 53% have only a high school education or less. When looking at home care specifically, it has been found that 1 in 4 DCWs are foreign-born (Dawson & Stone, 2008). This results in a wide variety of ethnicities and cultures among staff and can heighten the potential for "tension, miscommunication, and conflict between caregivers and care recipients, between peers, and between supervisors and DCWs" (McDonald, 2007; Parker, 2006; Dawson & Stone, 2008).

Research indicates there are inequalities among DCWs. White workers earn more than workers of color, who are more likely to experience under-resourced settings, have high levels of strain/burnout, and live in poverty (Shippee et al., 2020, as cited by Scales, 2020). Citing supporting research, Scales (2020) explains that low-paid women and concentrations of people of color have been working to keep this industry a float, and there is a huge need for DCWs to receive higher levels of recognition, and be raised to a more valued position in order to change this demographic profile.

Job Dissatisfaction in Direct Care Workers

When looking at the historical concerns of the direct care workforce crisis, the need for workers has typically increased and gained attention during relatively prosperous economic times (Dawson & Stone, 2008). This is because employers must compete for workers as DCWs opt out of the long-term care industry for other more attractive job openings (Dawson & Stone, 2008). The late 1990s was a time when vacancy rates were high in direct care, and it garnered the

attention of provider agencies and policy makers to recognize how vacancies were affecting the individuals served and this sparked an interest on how to recruit and retain direct care workers (Dawson & Stone, 2008).

Research focusing on recruitment and retention found that provider agencies often struggle to hire and retain direct care staff due to low wages, insufficient benefits or lack of benefits, inadequate training, limited opportunities for care advancement, poor supervision, and the emotional and physical demands of these positions (Harris-Kojetin et al. 2004, as cited by Stott et al., 2007). Additional factors including insufficient staffing levels in long-term care facilities, rigid work patterns, management practices that employ tight supervision/control and limited opportunity for worker feedback/input cause retention barriers among provider agencies (Howes, 2008). Unfortunately, even after two decades the above issues persist (Scales, 2020). When the United States experiences tight labor markets, coupled with the poor quality of direct care jobs, provider agencies must then compete for workers against employers from other job sectors (Scales, 2020). The other employers have the ability to offer stable schedules, less arduous work, and higher wages that are not restricted by Medicare and other state funding (Scales, 2020).

Direct Care Turnover

Turnover has been identified as the biggest "plague" to the long-term care industry in the United States (Chou, 2012, p. 337). Research has found that within the first year of working in long-term care, approximately 80% of DCWs leave the workforce (Wike, 2007). Additional research indicates that "turnover is occurring due to factors including workload (Brannon et al., 2002), work schedule (Castle et al., 2007), supervision and support (Bishop et al., 2008), autonomy (Decker et al., 2009), opportunities for personal and professional growth (Decker et

al., 2009), advancement opportunities (Wike, 2007), recognition and appreciation by employers (Bowers et al., 2003), facility proprietary status (Brannon et al., 2002), individual sociodemographic (Parsons et al., 2003), and organizational justice (Chou, 2009)" (Chou, 2012, p. 338). In addition to this, research (Harris-Kojetin et al., 2004) has found that DCWs' personal life stressors such as lack of childcare, limited transportation, and unstable housing may also play a factor in turnover rates.

A national study was conducted to determine the job turnover of DCWs in nursing homes and it found that there was an average yearly turnover rate of 75% among Direct Care Workers (Donoghue, 2010). Other studies cited by (Chou, 2012) have found DCWs annual turnover rates to range from 55%–200% in assisted living facilities. Sadly, turnover directly affects the individuals who receive the supports. One study (Larsen, 2000) found that when turnover was reduced by 20%, the individuals supported satisfaction was found to increase by 30% on average.

Recruitment Strategies of Direct Care Workers

Researchers have found that when unemployment is low, people seeking employment can be selective in the jobs they pursue (Butler et al., 2010). As a result, provider agencies looking to fill DCW positions often experience higher levels of vacancies and increases in turnover rates during periods of low unemployment (Butler et al., 2010). The Bureau of Labor Statistics (BLS) reported in June of 2019 that the U.S. unemployment rate had decreased to 3.6 percent, the lowest rate recorded since December of 2000, and this could be contributing to the increased recruitment struggles of human resource departments (Boulger, 2019). These topics are important but do not address the considerable emotional demands that are placed on DCWs (Baron et al., 2019). Researchers explain that "understanding and supporting workers' emotional

labor is critical to building and maintaining a skilled, qualified workforce, and ultimately improving patient care" (Baron et. al., 2019, p. 1056). Agencies that offer their employees flexibility, affordable health benefits, and support and compensation for emotional labor can see an improvement in recruitment and retention of DCWs (Howes, 2008).

DCWs are essential positions; however, the compensation is not known to be equivalent to the work provided. When looking at wages across long-term care jobs, direct care has generally fallen at the bottom in terms of wage distribution (Howes, 2008). This remains one of the biggest barriers affecting the recruitment and retention of direct care workers. The national median wage for this work is around $12.80 (Scales, 2020). Alarmingly, data shows that 45% of direct care workers live 200% below the federal poverty line, and have received an increase of only 19 cents over the past decade (Scales, 2020).

Job Satisfaction Among Direct Care Workers

Direct care work is uniquely different from other types of employment in the sense it is personal in nature and oftentimes occurs on a long-term basis (England & Folbre, 2003, as cited by Chou 2012). It is believed that the life experiences of individuals who require direct care are largely shaped by DCWs, and this support is critical to those individuals living successful and valued lifestyles (Dodevske & Vassos, 2013). Affective relationships often develop between DCWs and the individuals they serve due to the long term and close contact these positions require (Karner et al., 1998, as cited by Chou, 2012). The emotional bonds that are formed between DCWs and the individuals they support are often what DCWs identify as the most satisfying parts of their positions (Chou, 2012).

Researchers have found that DCWs choose to do this work over other professions like cashier, hairdresser, child care provider, food service, and factory work, which—while they do

not pay well—do often pay slightly higher than direct care wages, and may also have benefit

incentives like store discounts (Howes, 2008). One possible explanation for why some workers

continue to choose these lower-paying jobs may be a different kind of benefit: the emotional

connection DCWs establish with the individuals they support, which can evolve into family like

relationships (Baron et. al., 2019). Another study (Ball et.al, 2009, as cited by Chou 2012) found

that DCWs often had relationships that ranged from hostile to loving, but all of the participants

had a close emotional tie with at least one of the individuals they supported. The findings of this

study again reinforced the idea that for the majority of DCWs, relationships with the individuals

served are the primary component of job satisfaction.

In a more recent study that surveyed DCWs, they reported that the "relationships are the

most rewarding part of their job and allow them to find value and meaning in their work, factors

which psychological research has found to be critical to job satisfaction and workers' emotional

health" (Baron et. al., 2019, p. 1056). For many DCWs, the residents or individuals served are

the most crucial factor in job retention (Chou, 2012).

Assessment of Satisfaction and the Job Satisfaction Survey

Job satisfaction has been defined by Spector (1997) as "the degree to which people like

their jobs" (p. vii). He goes on to explain that for some people, work is something they hate and

do it only because they must. Assessing job satisfaction has been viewed as a major domain of

organizational behavior and industrial-organizational psychology. In addition to this, assessing

employees attitude has become a common practice when the management teams of organizations

have concerns in regard to the psychological and physical well-being of their employees.

Assessing job satisfaction provides context to the extent people dislike (dissatisfaction) or

like (satisfaction) their jobs (Spector, 1997). There are two approaches to assessing job

satisfaction. The first is to view it globally, or how an employee is feeling about their position in general. The second is to view job satisfaction as a constellation of attitudes about the different facets or aspects of their job. This allows researchers to gain an understanding of which specific parts of a job bring either satisfaction or dissatisfaction. In turn, this allows for administrators and upper management of organizations to target the areas in need of improvement, and reinforce the areas that are viewed as meeting the employee's needs (Spector, 1997).

Paul E. Spector created the Job Satisfaction Survey (JSS) in 1985 so that researchers could understand the overall satisfaction of employees, as well as be able to assess the nine facets of job satisfaction (Spector, 2021). Each of the facets, followed by a brief description, can be found in table 1.

Table 1

Facets From the Job Satisfaction Survey

Facet	Description
Pay	Satisfaction with pay and pay raises
Promotion	Satisfaction with promotion opportunities
Supervision	Satisfaction with the person's immediate supervisor
Fringe benefits	Satisfaction with fringe benefits
Contingent rewards	Satisfaction with regard (not necessarily monetary) given for good performance
Operating conditions	Satisfaction with rules and procedures
Coworkers	Satisfaction with coworkers
Nature of Work	Satisfaction with the type of work done
Communication	Satisfaction with communication within the organization

(Spector, 1997, p. 8).

Spector (1997) created four items for each of the nine facets, forming a scale that contains 36 items in total. Each item has a summated rating scale, which has been found to be the

most popular for job satisfaction scales (Spector, 1997). The JSS contains both positively and

negatively written items. Negatively worded items' scales must be reversed prior to adding.

When interpreting the data Spector (1997) explains that "scores on each of nine facet subscales,

based on 4 items each, can range from 4 to 24; while scores for total job satisfaction, based on

the sum of all 36 items, can range from 36 to 216" (p. 10).

The JSS can provide 10 scores in total to a researcher. The first is a total (global)

satisfaction score. This can be computed by combining all of the items totals (after the negatively

worded items are reversed). That being said if a researcher is looking for more specific results

(constellation result); the JSS can provide nine other scores of each of the facets by adding the

responses to the particular facets four items. Table 2 indicates which of the 36 items corresponds

to each of the 9 facets.

Table 2

Subscale Contents for the Job Satisfaction Survey

Subscale	Item Number
Pay	1, 10r, 19r, 28
Promotion	2r, 11, 20, 33
Supervision	3, 12r, 21r, 30
Fringe Benefits	4r, 13, 22, 29r
Contingent rewards	5, 14r, 23r, 32r
Operating conditions	6r, 15, 24r, 31r
Coworkers	7, 16r, 25, 34r
Nature of work	8r, 17, 27, 35
Communication	9, 18r, 26r, 36r
Total satisfaction	1–36 (reverse scoring must be done prior to adding)

NOTE: Items followed by "r" should be reverse-scored

(Spector, 1997, p. 9).

Fostering Retention Among Direct Care Workers

Available research indicates that excessive turnover can present a serious challenge to the efficiency and effectiveness of a health-care delivery system (Humphrey et. al., 2005). A research study was conducted to determine the quality of life (QoL) of 238 DCWs who cared for individuals with complex or severe disabilities (Rousseau, et. al. 2017). The study provided primary evidence that the QoL of the DCWs was affected by their position, which entailed caring for these individuals with complex needs (Rousseau, et. al. 2017). Leadership in human service agencies can benefit from understanding how job satisfaction can affect the quality of life of their employees (Boone, 2021).

Research conducted on agencies that have been successful in retaining staff have noted that the satisfaction of employees was a crucial attitudinal variable that possessed the potential to

reduce absenteeism, tardiness, employee turnover, and health complications related to the stressful nature of the work (Tawana et al., 2019). Some investigators have the opinion that an employee's job satisfaction and stress levels are the main factors that affect productivity and quality of work (Tawana et al., 2019).

The Cost of Emotional Labor

Arlie Hochschild is a sociologist who is credited with coining the term *emotional labor* during the 1980s (Hochschild, 2012). Emotional labor has been defined as a suppression of true feelings to create a caring and safe atmosphere for clients (Karimi et al., 2013). This has also been defined as emotional dissonance because there is disconnection between what is felt and what emotions are expressed (Karimi et al., 2013). It is believed that emotional dissonance occurs when an employee's true feelings are suppressed so as to express emotions that are considered an acceptable response by the agency (Karimi, et. al., 2013). Hochschild (2012) estimates that approximately one-third of workers in America experience emotional labor. However, there is a vast amount of research cited by (Costakis et al., 2021) acknowledging that emotional labor is rarely recognized in any formal capacity by employers, even though it is prevalent in service work.

Customer satisfaction is a job requirement of a variety of positions. As conditions of their employment bank tellers, manicurists, and telemarketers all have to engage in some form of emotional labor in order to gain customer satisfaction (Duffy et al., 2015). In most cases, interactions are brief encounters and sometimes the people in those positions may never see the customer again. However, DCWs often cultivate a genuine reciprocal emotional connection with the people they support due to the fact they often work with the individuals for weeks, months, if not years (Duffy et al., 2015). This long-term exposure to the individuals being supported fosters

a highly emotional work environment that makes the emotional labor of DCWs vastly different from that of a person working in a more traditional customer service position (Shuler & Sypher, 2000, as cited by Costakis et al., 2021).

Emotional Labor Among Direct Care Workers

Research has found that DCWs may see themselves as more of a family member than an employee; due to being privy to intimate details of the lives of the individuals, they support (Duffy et al., 2015). Current research supports that provider agencies and policy makers need to assess the cost of emotional labor and realign their job descriptions, reimbursement systems, and care plans to compensate accordingly (Baron et. al., 2019). It is thought that in addition to compensating for emotional labor, provider agencies should provide training on mental health benefits, provide peer support, and improve communication between workers and supervisors (Baron et al., 2019). If DCWs are trying to build trust with the individuals they support, then some level of relational work or emotional labor must be involved to ensure their comfort (Baron et al., 2019). These relational components can include companionship, listening, and emoting, which can blur the boundaries of work and manifest familial bonds with the supported individuals (Duffy et al., 2015). Being able to support another human being emotionally while performing hands-on care can cause DCWs to become stressed or feel that they must "perform" or work harder to regulate their own emotions (Baron et al., 2019, p. 1055).

Duffy et al., (2015) noted that DCWs might feel conflicted when the individuals view them as both a friend/family and provider staff. This conflict may result in exploitive arrangements where a staff member feels obligated to provide support beyond the scope of what they are compensated for (Duffy et al., 2015). Researchers have documented that understaffed agencies have resulted in emotion-deaf arrangements where staff are prevented from providing

their best emotional care, and as a result, they detach themselves to cope with knowing they are not supporting the individuals emotionally (Hochschild, 2012).

Understanding Burnout

Burnout has been generally defined as "a state of physical, emotional, and mental exhaustion that occurs when workers feel overburdened by the demands of long-term involvement in emotionally demanding situations" (Skirrow & Hatton, 2007, p. 133). When heightened levels of stress are constant, a worker can experience burnout (Skirrow & Hatton, 2007). Maslach & Leiter (2008) describe burnout as a prolonged response to chronic stress at work that becomes a psychological condition. Burnout can be viewed from three dimensions that include emotional exhaustion, depersonalization, and lack of accomplishment (Yeatts et. al., 2018).

When describing what burnout feels like, many people associate it with the first dimension of emotional exhaustion (Yeatts et. al., 2018), when a person lacks the emotional energy to complete the tasks required of them or is emotionally drained (Epp, 2012, as cited by Yeatts et. al., 2018). The second dimension of burnout is depersonalization and manifests when a person is insensitive or lacks compassion toward others (Khamisa, Peltzer, & Oldenburg, 2013, as cited by Yeatts et. al., 2018). The third and final dimension of burnout is lack of accomplishment, when a person feels a lack of achievement, has a higher feeling of incompetence and lack of productivity (Maslach & Leiter, 2008, as cited by Yeatts et. al., 2018).

There has been extensive research cited by (Costakis et al., 2021) on how burnout relates to human service workers. The commonly noted theme is that emotional exhaustion and turnover is often attributed to the emotional nature of the work performed (Costakis et al., 2021).

Burnout and Psychological Trauma Among Direct Care Workers

      Direct care can be rewarding, but it also can be a challenging and stressful occupation when the emotional labor and hands on care required of these positions are acknowledged. The reason burnout is frequently studied in DCWs is because psychological stress is a significant problem among this population of workers, and it affects the workers' ability to provide quality services (Skirrow & Hatton, 2007). A variety of negative effects have been found in DCWs who have experienced burnout, including high turnover, suboptimal care, medical errors, depression, and alcohol use through extensive research cited by Yeatts et. al., (2018).

      A self-administered survey was completed by 410 DCWs from 11 nursing homes in northern Texas (Yeatts et. al., 2018). The goal was to measure the three dimensions of burnout: depersonalization, emotional exhaustion, and personal accomplishment. The findings were that burnout could be caused by factors throughout all levels of an organization, from policies/procedures to interpersonal relationships and personal characteristics. Organizational variables included availability of resources to complete the required work, opportunities for training, and fair pay. In addition to this, a work design variable included having adequate staff. In terms of individual characteristics, self-esteem had the strongest influence on burnout, and commitment to the organization was found to have a large impact (Yeatts et. al., 2018).

      In another area of direct care work, available research has indicated that burnout is prevalent among DCWs who support individuals with intellectual disabilities (Skirrow & Hatton, 2007). There have been literature analyses done that document numerous studies that have investigated burnout and how it correlates to direct care work with the ID population (Skirrow & Hatton, 2007). When researchers reviewed surveys done in the early 2000s completed by DCWs, one third reported they experienced stress levels that were indicative of the presence of a mental

health problem. This would result in the classification of psychological stress (Skirrow & Hatton, 2007).

Research has shown that there are times when DCWs prioritize their patients' emotional needs and happiness above their own (Baron et al., 2019). Occupational research has identified emotional labor as a stressor and found that DCWs who care for aggressive/disorientated clients and individuals who are ill or dying often report a high level of on-the-job stress (Baron et al., 2019). Unfortunately, the emotional aspect of direct care work is essentially an "invisible" job requirement, one that does not receive support, training, or compensation (Baron et al., 2019, p. 1056). Agencies often highlight the physical tasks of helping clients with their activities of daily living needs, which results in recruitment strategies focusing on job descriptions, care plans, and payment models that do not factor in the emotional aspects of the position (Baron et al., 2019). This can result in staff not being prepared for the work they are about to delve into.

The psychological distress of DCWs working with individuals in need of direct care is of particular interest because employers have a legal and moral duty to ensure the welfare of their employees (Hastings, 2002). In addition to this, psychological stress could have negative impacts on the quality of care provided, as research has found that stress has been linked to negative staff interactions with the individuals they support (Skirrow & Hatton, 2007). When DCWs endure burnout, they may begin to experience depersonalization, which can manifest as detachment or cynicism (Boerner et al., 2017). This raises concern because DCWs can start to personally distance themselves, and that distance can hinder their ability to provide compassionate care (Boerner et al., 2017). Researchers studying burnout have found that emotional exhaustion and depersonalization are more frequently found among DCWs than other health care professionals (Boerner et al., 2017).

Boerner et al. (2017) found that direct care staff with high levels of burnout were more likely to condone abusive behavior to the clients they supported. Harm to individuals due to medical error has been a global issue, and the emotional impact this has on the individuals and their families is abundantly apparent (Edrees et al., 2016). However, the DCWs involved have been found to suffer in silence from the trauma they experience from those same events (Edrees et al., 2016). Some agencies offer the opportunity for DCWs who have been emotionally traumatized to meet with risk managers following adverse events (Edrees et al., 2016).

When an unanticipated, adverse, and emotionally traumatizing event occurs, DCWs can become "second victims" (Edrees et al., 2016, p. 14). This happens when a DCW has been exposed to a traumatizing event and begins to experience negative feelings (depression, anxiety, fear, shame, guilt, self-doubt, anger, and isolation), disturbing thoughts/memories, or difficulty sleeping (Edrees et al., 2016). It is often found that second victims will seek out informal supports from their relatives or colleagues, but the majority do not receive formal psychological supports (Edrees et al., 2016). If DCWs experience this trauma and do not seek help to aid them in coping with their emotions, it can lead to low morale, frustration, absenteeism, and lack of concentration when providing care to individuals (Edrees et al., 2016).

Agencies that have established dedicated clinical support programs have been found to be successful at mitigating the distress experienced by second victims (Edrees et al., 2016). These support programs may include but not be limited to employee assistance programs, peer support groups, and mental health and counseling services (Edrees et al., 2016). If leaders in human service organizations want to ensure quality healthcare services, they must be prepared to examine their employees' commitment, satisfaction, overall mental health, and current retention strategies (Woods, 2013). It is believed that seasoned DCWs are more likely to seek employment

elsewhere so as to find greater opportunities for advancement, financial compensation, and other desirable incentives (Woods, 2013). It is important for leadership in human services to understand that if burnout is addressed among direct care staff, then there will be a boost in morale and job satisfaction as well as a decline in absenteeism and turnover (Boerner, et al., 2017).

COVID-19 Pandemic

The coronavirus disease 2019 (COVID-19) was first identified in Wuhan, China, in December 2019 (Miller et. al., 2020). COVID-19 is caused by the transmission of SARS-CoV-2 virus (Schuchat, 2020). This virus has been identified as both highly virulent and transmissible (Miller et. al., 2020). The COVID-19 pandemic is recognized to have started in the United States between January 21 and February 23, 2020; during this period, there were 14 confirmed cases across six U.S. states, all of which could be connected to international travel (Schuchat, 2020). By late February, cases not connected to travel began to emerge, and in mid-March, the acceleration of positive cases indicated that the virus had established transmission in the United States (Schuchat, 2020). In an effort to mitigate the spread, public health responses included early detection of cases and contact tracing (Schuchat, 2020). Additionally, states and communities implemented their own plans to help prevent the spread (Schuchat, 2020). However, research found that there were a total of 793,669 confirmed COVID-19 cases reported in the United States by April 21, 2020 (Schuchat, 2020). The same data indicated that the majority of the spread was a result of widespread community transmission. As of August 2020, the United States had the highest cumulative reports of incidences of COVID-19 in the world (Miller et. al., 2020).

The U.S. focused on public health efforts in an attempt to prevent healthcare systems from being overburdened with cases and to limit fatalities (Miller et. al., 2020). Research found that when medical systems were overwhelmed, the standard of medical care was reduced (Miller et. al., 2020). The data also indicated that high mortality rates were likely compounded by shortages of intensive care staff and access to mechanical ventilation equipment. The experience of working on the frontlines of the COVID-19 healthcare crisis has presented a cumulative traumatic experience that affects healthcare professionals' well-being (Di Giuseppe et al., 2021). In addition to this, other researchers (Arslan et al., 2020, as cited by Yıldırım & Solmaz, 2020) have found that COVID-19 can lead to an array of psychological conditions such as burnout, fear, anxiety, stress, and depression.

Research has identified psychological resources such as resilience and adaptive defense mechanisms as being essential in protecting individuals from severe stress and burnout (Di Giuseppe et al., 2021). Additionally, that same research collected data during September 2020, where 233 healthcare workers responded to an online survey to test the impact of demographic variables, COVID-19 exposure, and psychological resources in determining stress and burnout during the COVID-19 emergency. It was determined that "frontline workers reported higher scores for stress, emotional exhaustion, and depersonalization ($p < 0.001$) as compared to colleagues working in units not directly serving patients with COVID-19" (Di Giuseppe et al., 2021, p. 1).

The Effects of COVID-19 on Direct Care Workers

In an attempt to mitigate the spread of the COVID-19 virus, many businesses and individuals adapted to remote or virtual working arrangements (Scales, 2020). However, direct care work is essential work and there are limited aspects of this work that can be

substituted/performed remotely via telehealth (Hess & Hegewisch, 2019, as cited by Scales, 2020). DCWs provide personal care to individuals by completing tasks such as feeding, bathing, and assisting with toileting, rather than tasks like administering medication, which are not hands-on (Baughman et al., 2020). As businesses closed across the nation, DCWs were expected to persevere and continue to provide in-person care to the individuals identified as the most susceptible to the virus (Scales, 2020).

As noted above, the hands-on nature of this work puts DCWs in exceptionally close proximity to the individuals they support, increasing their chances of contracting COVID-19 (Baughman et al., 2020). Research (Baughman et al., 2020) has explained that many long-term care facilities, like nursing homes, are not physically arranged to prevent the spread of contagious diseases. They further explain that with the high number of at-risk individuals who are often living in relatively small, restricted spaces, diseases have been known to run rampant in these types of facilities. Design is not the only issue, however; with the workforce crisis causing staffing issues, long-term care facilities often experience understaffing (Geng et al. 2019, as cited by Baughman et al., 2020). A study (Geng et al. 2019, as cited by Baughman et al., 2020) analyzing daily nursing home staffing from April 2017 to March 2018 found that the expected Centers for Medicaid and Medicare Services staffing levels were not met 80% of the days in the year. There is a documented relationship between understaffing and individuals receiving a lower quality of care cited by Baughman et al., (2020).

In the context of the COVID-19 pandemic, understaffing has the potential to contribute to the spread of disease, as fewer workers must care for more individuals, thus increasing the opportunity for spread (Baughman et al., 2020). This increase in possible COVID-19 exposure has been defined as a traumatic experience that directly affects these workers' wellbeing (Di

Giuseppe et al., 2021). The fear of getting infected or spreading the infection; directly having to observe patient suffering and death, physical exhaustion due to overwhelming workloads, and concerns about institutional management are just some of the reasons DCWs face increased risk of stress and burnout during the pandemic (Di Giuseppe et al., 2021).

Conclusion

This literature review has provided context on what factors may affect DCWs' satisfaction or dissatisfaction with their jobs. DCWs suffer from high levels of stress/burnout, insufficient training, and a lack of support mechanisms when overburdened, all of which lead to increased turnover rates among direct care staff who provide the bulk of their hands-on care (Boerner, et al., 2017). Studies where DCWs were surveyed found that turnover was related to perceptions of being underappreciated and undervalued (Leana et al., 2009).

Leaders at human service agencies need to recognize the cost of emotional labor and its long-term effects on retention. Researchers believe that emotional labor is invisible because holding a person's hand, encouraging them to eat, listening to a story, and other expressive acts are not documented in an individual's chart. As a result, it is as though these actions did not happen (Hochschild, 2012). When trying to strengthen the direct care workforce and address the care gap that is forming due to a lack of staffing, it is crucial for leadership to recognize and support the emotional demands that is required of these positions (Baron et al., 2019).

When reviewing the available research, it is important to factor in the theoretical framework of Human Capital Theory and note, "people are framed by their social structures, and social structures are constructed and shaped by people" (Tan, 2014, p. 437). This in turn relates to the overarching conceptual framework of Herzberg's theory of job satisfaction (1974). By understanding what brings job satisfaction or "motivation," provider agencies can use this

study's findings to enhance and foster opportunities and experiences that promote job

satisfaction, and target areas that staff find dissatisfying or "hygiene" (Khanna, 2017).

CHAPTER 3

METHODOLOGY

This research study uses a quantitative descriptive methodology and design. Descriptive

research is used to describe a phenomenon, condition, or situation (Boudah, 2019). This type of

research takes on a non-experimental approach and is not conducted with the intention of

manipulating a subject of study to determine cause and effect (Boudah, 2019). Specifically, this

researcher is not looking to prove causation between the COVID-19 pandemic and the job

satisfaction of Direct Care Workers (DCWs). The COVID-19 pandemic was used only as a

measurement of time. There are three types of descriptive research (basic, correlation, and

causal); for this study basic, or simply referred to as descriptive research, is used (Boudah,

2019).

The research topic focused on for this study has been defined as the direct care workforce

crisis. In 2020, it was thought that there were close to 4.6 million DCWs (Scales, 2020). These

workers provide hands-on daily care to individuals with disabilities and the aging populations in

a wide range of settings known as long term care (LTC) facilities across the United States

(Scales, 2020). Unfortunately, even though the American population is growing older, which in

turn raises the demand for long-term care support, "the sector continues its decades-long struggle

to fill direct care positions and stabilize this essential workforce" (Scales, 2020, p. 1).

With an already unstable workforce, the coronavirus disease 2019 (COVID-19) has only

exacerbated these challenges due to the severe outbreaks across LTC facilities during the global

pandemic (Kim et. al., 2020). Many of the individuals for whom DCWs provide care were

labeled high risk due to their physical ailments (Kim et. al., 2020). In addition to this, DCWs

who worked at multiple facilities often were identified as carriers of the virus, contributing to the

spread (Kim et. al., 2020). With the COVID-19 global pandemic, attention and awareness of the ongoing struggles DCWs face have been brought to the forefront (Scales, 2020). These positions are being discussed at the national level, and there is an increase in recognition of how essential DCWs are (Scales 2020). This ever-changing time presents a new opportunity to conduct research that provides a different lens from all the research done prior to the pandemic.

Purpose of the Study

The purpose of this quantitative descriptive study was to examine the job satisfaction of direct care workers who worked during the COVID-19 pandemic in the United States. This could provide a greater insight into the ongoing struggles the direct care workforce continues to face, and create a synthesis of findings that can offer insight to provider agencies. In addition to this, the findings can potentially be used to raise awareness at the political level, with the hope of creating legislative change that will aid provider agencies in overcoming recruitment/retention barriers.

Research Questions and Design

Recognizing the impact that the COVID-19 pandemic had on direct care workers beginning in March of 2020 until December 2021 this researcher looked to understand:

1. Using Spector's Job Satisfaction Survey, to what extent do a sample of direct care workers experience high levels of job satisfaction who worked during the COVID-19 Pandemic?

2. Using Spector's Job Satisfaction Survey, to what extent do a sample of direct care workers experience high levels of job dissatisfaction who worked during the COVID-19 Pandemic?

The long-term care industry is expected to experience the largest growth of any occupation in the United States (PHI, 2020). It is estimated that 1.3 million new DCW positions will be created from 2018-2028, and another 1 million DCWs will be needed just for new home care jobs (PHI,

2020). There is a plethora of research that has been published in the past decade documenting the continual increase in demand for DCWs, as well as the fact that the quality of their jobs has remained persistently low, impeding recruitment and retention efforts across the long-term care industry (Scales, 2020). However, even with all of the existing research, the direct care workforce crisis in long-term care has been deemed unsolvable due to its persistent nature (Scales, 2020).

This quantitative descriptive study collected primary data from a sample of DCWs through the use of electronic surveys. The survey was posted on social media upon approval from the UNE Institutional Review Board (IRB). It was posted again after two weeks with the hope that the response rate goal would be met or as many as possible in that time. The data was then analyzed to gain insight into what brings DCWs satisfaction in their positions, and what is causing dissatisfaction. This information was then compiled into findings that could be supplied to provider agencies to strengthen and sustain interventions that are proving to be effective and/or address areas of discontent.

Population and Sampling Methods

The population for this study is direct care workers in the United States. DCWs can work in a variety of positions including, but not restricted to, home health and home care aides, nursing assistants, personal care workers, and personal service attendants (Dawson & Stone, 2008). The primary role of these positions is to support and provide hands-on care to individuals with disabilities and the elderly in a variety of work settings that include but are not limited to private homes, assisted living, nursing homes, and various forms of residential care (Dawson & Stone, 2008).

The focus of this research was not partial to a singular occupation. Rather, the researcher invited DCWs from across the United States who work in a variety of settings (private homes, long-term care facilities, and other residential care settings) and roles (home health and home care aides, nursing assistants, personal care workers, and personal service attendants) to participate using purposive sampling. Purposive sampling is done in an effort identify a group of individuals who are well informed with the phenomena of interest (Etikan et al., 2016); in this case the intention was to collect responses from a sample group that would reflect the population of DCWs as a whole. That being said, inclusion criteria was developed and DCWs who completed the survey who did not meet this basis would have been excluded.

Participants were made aware of the study through postings (Appendix A) to two public online DCW groups. These groups were found through a general search on the social media platform Facebook. Originally, eight groups were identified as having a robust range of direct care members across the United States who perform a variety of direct care work, in a wide range of industries. However, only two of the groups' administrators responded upon request and granted approval for the research postings (Appendix B).

The first public group is named Direct Care Workers and contained 195 members at the time the study was conducted. This group was included because it is a public forum for DCWs to post about job openings, advocacy initiatives, and general conversation related to the field. The second group had 893 members and is titled Self-Care for Healthcare Workers. This group focuses on self-care for DCWs working in frontline positions. This created a combined total sample size of 1,088 members throughout the United States, with the intention of getting a 30% response rate or approximately 326 completed surveys.

Snowball sampling was also encouraged within the context of the posting. This is a sampling strategy that is utilized to gain participants who meet the criteria for participation in the study by asking for referrals from participants who already qualify for the study themselves (Merriam & Tisdell, 2016). Researchers have found that "by asking a number of people who else to talk with, the snowball gets bigger and bigger as you accumulate new information-rich cases" (Patton, 2015, p. 298, as cited by Merriam & Tisdell, 2016). In the context of this study, participants were encouraged to share the REDCap link with other DCWs they may know. Due to the anonymous nature of this study (it was assumed that none of the participants knew the researcher personally, nor did the researcher know what agency the participants worked for), and general nature of the topic, no personal risk would come from the use of snowball sampling.

Instrumentation

For this research study, the Job Satisfaction Survey (JSS) created by Paul Spector in 1985 was utilized (Spector, 2021). This instrument (Appendix C) was developed specifically for use in human service organizations, but has since grown in popularity across many sectors of employment (Spector, 2021). The JSS consists of 36 items, and is a nine-facet scale that is used to assess an employee's attitude concerning the various aspects of their job (Spector, 2021). The nine facets include communication, nature of work, coworkers, operating procedures, contingent rewards, fringe benefits, supervision, promotion, and pay (Spector, 2021). Four items are used to assess each of the identified facets, and a total score is calculated (Spector, 2021). The JSS features items written in both directions, with a rating scale that offers six choices ranging from "strongly disagree" to "strongly agree" for each item (Spector, 2021).

Validation of Instrument(s)

The JSS has been repeatedly investigated for reliability/validity, and is viewed as a well-established instrument (Statistics Solutions, 2021). Spector (2021) created a chart of the internal consistency reliabilities (coefficient alpha), which was based on a sample of 2,870. See table 3.

Table 3

Internal Consistency Reliabilities (coefficient alpha)

Scale	Alpha	Description
Pay	.75	Pay and remuneration
Promotion	.73	Promotion opportunities
Supervision	.82	Immediate supervisor
Fringe Benefits	.73	Monetary and nonmonetary fringe benefits
Contingent Rewards	.76	Appreciation, recognition, and rewards for good work
Operating Procedures	.62	Operating policies and procedures
Coworkers	.60	People you work with
Nature of Work	.78	Job tasks themselves
Communication	.71	Communication within the organization
Total	.91	Total of all facets

(Spector, 2021)

Data Collection

Due to the nature of this study and its inclusion of human subjects, approval was obtained from the UNE IRB. Once IRB approval had been gained, purposive sampling was utilized through the initial posting of the survey link and a descriptive narrative to social media groups that are specific to direct care workers. An additional posting occurred after two weeks with the

goal of a minimum data set of 30% to be reached, or until the invitation had been posted 2 times (4 weeks). An electronic explanation of the commitment, involvement, and confidentiality information was provided (Appendix E). The invitation to participate noted that participation in this study was voluntary and there are no known risks for participating. In addition to this, there was no exchange of goods or services for participation. The participants were given an information sheet (Appendix E) that explained consent was implied by taking the survey, asked to take the JSS survey made electronic using REDCap and then provide basic demographic information (Appendix F). Data was stored within the University of New England's (UNE) IT infrastructure in which REDCap has been installed. All data captured using REDCap is stored on the UNE servers and "no project data is ever transmitted at any time by REDCap from that institution to another institution or organization" (Vanderbilt University, n.d., p. 1).

Data Analysis

After all surveys were collected for this quantitative study, they were then reviewed for eligibility. Should a participant note that they are not over the age of 18 or did not work in the United States as a direct care worker during the COVID-19 timeframe of March 2020 to December 2021, their survey would have been excluded from the study. The remaining data would then be scored and interpreted using the guides provided by the JSS author (Spector, 2021). The JSS was designed to have items written in each direction "positive and negative" (Spector, 2021). The nine-facet subscales have scores based on four items each, which can range from 4–24. The scores for total job satisfaction are based on the sum of all 36 items; this can range from 36–216 (Spector, 2021). When a DCW completed the survey, each item offered a choice from 1–6. With the items written in both direction it is important that scores on the negatively worded items be reversed prior to adding with the positively worded item scores

(Spector, 2021). Once this is completed, high scores on the scale will represent job satisfaction and a systematic procedure for scoring was provided by the author of the instrument seen below:

Below are the reversals for the original item score in the left column and reversed item score in the right. The rightmost values should be substituted for the leftmost. This can also be accomplished by subtracting the original values for the internal items from 7 (Spector, 2021).

1 = 6 2 = 5 3 = 4 4 = 3 5 = 2 6 = 1

Negatively worded items are 2, 4, 6, 8, 10, 12, 14, 16, 18, 19, 21, 23, 24, 26, 29, 31, 32, 34, 36. Note the reversals are NOT every other one. Sum responses to 4 items for each facet score and all items for total score after the reversals from step 2. Items go into the subscales as shown in table 4 below:

Table 4

The JSS Item Numbers for Corresponding Subscales

Subscale	Item numbers
Pay	1, 10, 19, 28
Promotion	2, 11, 20, 33
Supervision	3, 12, 21, 30
Fringe Benefits	4, 13, 22, 29
Contingent rewards	5, 14, 23, 32
Operating conditions	6, 15, 24, 31
Coworkers	7, 16, 25, 34
Nature of work	8, 17, 27, 35
Communication	9, 18, 26, 36
Total satisfaction	1-36
(Spector, 2021)	

When all of the surveys had been scored using REDCap and the scoring guidelines provided by Spector (2021), the researcher began the process of interpreting the data. Spector (2021) notes that while the JSS assesses job satisfaction with low scores representing dissatisfied and high scores satisfied, there is no cutoff point in the scores that enables a researcher to confidently conclude the dividing line between the two sides of the spectrum. However, Spector does provide an absolute scale that can be used to arbitrarily determine if a participant's score falls within a range of dissatisfied, ambivalent, or satisfied. In addition to this, a normative approach was utilized to compare the JSS norms with the target sample. A normative study compares the collected data to that of the average answers of the validated instrument (Spector, 2021). Using this method the researcher will then be able to assess if the sample population is dissatisfied, more satisfied, or around the same as the JSS norms (Spector, 2021).

Limitations and Delimitations of the Research Design

Creswell (2005) defined a limitation as any potential weaknesses and/or problems that have been identified by the research. He also notes that researchers should explicitly state a study's limitations; that way, other researchers will be able to expand on the research or replicate it if necessary (Creswell, 2005). The use of the norm approach in the data analysis/interpretation is limiting in three distinct ways (Spector 2021): first, the established norms for the JSS come from a small number of organizations and occupations; second, the norms have been accumulated primarily from convenience samples that have been submitted to the author in exchange for use of the tool (Spector, 2021); third, nearly all of the norms come from studies in North America (Canada and the U.S). Because of this final limitation, researchers should not assume these norms are representative of other countries, particularly if they are dissimilar to North America (Spector, 2021). As the findings from this research will be mainly used in the

United States, these limitations are not a matter of particular concern; nonetheless, they are important to note, especially as they may aid other researchers in judging the extent these findings may or may not be generalized to other people and situations (Creswell, 2005).

When a researcher explains what they are not going to do in a study, those boundaries are referred to as delimitations (Leedy & Ormrod, 2005, as cited by Ellis & Levy, 2009). Establishing delimitations for the research allows readers to understand the constraints of the scope (Ellis & Levy, 2009). Many of the delimitations of this study will be found in the demographics section of the electronic survey (Appendix F). DCWs were asked to disclose their age, race/ethnicity, state of residence, educational attainment, and income level. This allowed the researcher to ensure only consenting adult DCWs currently working in the United States were included in the research. Due to this research being media based, this researcher is relying on the participants to be honest when answering the above questions. This is discussed more within the ethics section.

Internal and External Validity

In an attempt to establish meaningful/justifiable inferences from the data analysis of this sample population, both internal and external validity have been reviewed (Creswell, 2005). The validity of the JSS has been deemed a valid tool as previously stated (Statistics Solutions, 2021). To foster internal validity, the researcher analyzed the data using an established scoring/interpretation guide by the creator of the instrument, which makes this entire study easy to replicate with another sample population of DCWs. However, Barbarotta (2010) explains that every organization's infrastructure is unique and because of this, interventions for addressing the direct care workforce crisis would need to be specific to the organization. Whereas the sample population is intentionally broad in nature, each specific organization that looks to utilize the

findings of this study may find difficulties generalizing the information due to it not focusing on one group of DCWs, and this may affect the external validity of the study.

Ethical Issues in the Proposed Study

This researcher has worked to apply the ethical principles derived from the *Belmont Report* (United States, 1978) when conducting internet-based research. It is important to note that when researchers utilize the internet to conduct research they encounter unique ethical issues (Martinez, 2019). First, it was unlikely that the researcher would interact with any of the participants due to the online nature of the study; therefore, the researcher was not able to collect physical consent forms. However, the Office for Human Research Protections (OHRP) permits electronic signatures as a way to document consent (HHS 2012a, as cited by Martinez, 2019). The IRB determined that consent would be implied by the participants completing the survey and e-signatures were not needed. All participants' autonomy was respected by supplying them with adequate information that could be used to make an informed decision about agreeing to participate in the study. The study information section of the REDCap survey provided this information and if the participant continued on to the survey from there, they were agreeing to participate in the research study. In addition, the study information sheet clearly explained that all participants were free to withdraw at any time, for any reason, and there would be no penalty or loss of benefits.

Participants with diminished autonomy are entitled to protections (United States, 1978). Unfortunately, the researcher relied on the participant to be honest in disclosing that they are over the age of 18 and have the capacity to participate in the research when conducting an internet-based study. An online user could create a false identity or pretense, and the researcher is left vulnerable to these actions. It was assumed that all participants acted honestly and

truthfully during the data collection process. Any participants who were found to not meet the minimum standards of the study would be excluded.

The second ethical issue researchers conducting internet-based studies face is the risk of harm to the participants through loss of confidentiality (Martinez, 2019). Participants were given information regarding the practices that would be utilized in order to ensure confidentiality protections, including explanations of how data collection would take place and how the data would be maintained and secured. The disclosures included a statement emphasizing that there is no way to guarantee absolute confidentiality due to the online nature of the study (Martinez, 2019). All participants were assured that the research was being done with the intention of maximizing the benefits, while minimizing possible harms (United States, 1978) in relation to the direct care workforce crisis.

When asking questions that determine a person's satisfaction/dissatisfaction in regard to their place of employment, this researcher wanted to eliminate personal bias. Having worked in the direct care field for nearly a decade, this researcher understands the struggles DCWs face on a personal and professional level. Recognizing that there is a personal connection to the topic of interest, a quantitative study was selected to prevent any ethical conflicts and mitigate the concern by using instruments in which the data could not be swayed by the researcher.

Conclusion

The goal of this descriptive quantitative study was to add to the existing collective knowledge about the workforce crisis by producing insight on the following research questions:

1. Using Spector's Job Satisfaction Survey, to what extent do a sample of direct care workers experience high levels of job satisfaction who worked during the COVID-19 Pandemic?

2. Using Spector's Job Satisfaction Survey, to what extent do a sample of direct care workers experience high levels of job dissatisfaction who worked during the COVID-19 Pandemic?

Purposive and snowball sampling were used to obtain participants for internet-based data collection. This was done to gain insight into factors that influence job satisfaction/dissatisfaction during the COVID-19 pandemic using the Job Satisfaction Survey created by Paul Spector (2021). This researcher ensured that the ethical principles from the *Belmont Report* (United States, 1978) were upheld, while also overcoming the ethical dilemmas that internet-based research presents.

Existing literature on job satisfaction among DCWs has focused on burnout and employee turnover (Boone, 2021). While these topics are important, recommendations for future research suggest that efforts should be made to understand what satisfies and motivates DCWs (Boone, 2021). Chapter 4 of this dissertation presents the findings of this research and adds to the collective knowledge of job satisfaction of DCWs. Chapter 5 provides a summary and implications for future research on what is still needed to overcome this workforce crisis.

CHAPTER 4

RESULTS

The purpose of this quantitative descriptive study was to examine the job satisfaction of Direct Care Workers (DCWs) who worked during the COVID-19 pandemic in the United States. This could provide a greater insight into the ongoing struggles the direct care workforce continues to face, and create a synthesis of findings that can offer insight to provider agencies. In addition to this, the findings have the potential to raise awareness at the political level, with the hope of creating legislative change that will aid provider agencies in overcoming recruitment/retention barriers.

Recognizing the impact that the COVID-19 pandemic had on direct care workers beginning in March of 2020 until December 2021, this researcher sought to answer the following research questions:

1. Using Spector's Job Satisfaction Survey, to what extent do a sample of direct care workers experience high levels of job satisfaction who worked during the COVID-19 Pandemic?

2. Using Spector's Job Satisfaction Survey, to what extent do a sample of direct care workers experience high levels of job dissatisfaction who worked during the COVID-19 Pandemic?

For this study basic, or simply referred to as descriptive, research will be used (Boudah, 2019). This type of research takes on a nonexperimental approach and is not conducted with the intention of manipulating a subject of study to determine cause and effect (Boudah, 2019). Specifically, this researcher was not looking to prove causation between the COVID-19 pandemic and the job satisfaction of DCWs. The COVID-19 pandemic will be only a measurement of time.

This quantitative descriptive study collected primary data using the Job Satisfaction Survey (JSS) created by Paul Spector in 1985 (Spector, 2022). The JSS survey is considered a reliable and valid tool after repeated investigations and is viewed as a well-established instrument (Statistics Solutions, 2021). A survey link was created using REDCap. All data captured using REDCap is stored on the UNE IT infrastructure/servers and "no project data is ever transmitted at any time by REDCap from that institution to another institution or organization" (Vanderbilt University, n.d., p. 1). The JSS was designed to have items written in each direction "positive and negative" (Spector, 1997). When a DCW completed the survey, each item offers a choice from 1–6. With the items written in both directions it is important that scores on the negatively worded items be reversed prior to adding with the positively worded item scores (Spector, 1997). When all of the surveys had been scored using REDCap and the scoring guidelines provided by Spector (2021), the researcher began the process of analyzing and interpreting the data.

The studies data was obtained through purposive sampling. Purposive sampling is done in an effort identify a group of individuals who are well informed about the phenomena of interest (Etikan et al., 2016). The researcher invited DCWs from across the United States who work in a variety of settings (private homes, long term care facilities, and other residential care settings) and hold positions such as home health and home care aides, nursing assistants, personal care workers, and personal service attendants to participate. Participation was contingent on the DCWs being over the age of 18 and had worked in the United States during the COVID-19 pandemic (March 2020– December 2021). All participants met this minimum requirement and no surveys had to be eliminated.

Participants were made aware of the study through postings (Appendix A) to two public online direct care Facebook groups. The two groups contained 1,114 members at the time of the

postings throughout the United States, which made up the total sample size. The researcher gained approval from the moderators (Appendix B) to post the survey link in the groups' platform to conduct this research. This was done with the intention of getting a 30% response rate or approximately 334 completed surveys from the two Facebook groups or as many as possible after the two postings (4 week period). Snowball sampling was also encouraged within the context of the posting. This sampling strategy was utilized to gain participants who met the criteria for participation in the study by asking for referrals from participants who already qualify for the study themselves (Merriam & Tisdell, 2016). In the context of this study, participants were encouraged to share the REDCap survey link with other DCWs whom they may have known.

An initial posting (Appendix A) was made on Monday, December 13, 2021 to the approved direct care social media groups. When participants clicked on the survey, they were provided with information on the study (Appendix E). This was followed by the JSS survey (Appendix C), and finally all participants were asked to provide basic demographic information (Appendix F). Two weeks after the initial post, an additional and final posting was made on Monday, December 27, 2021, in the same social media groups. On Monday, January 10, 2022, the survey was closed. A total of 39 surveys were completed with the participants answering all of the JSS questions in their entirety.

<div align="center">**Analysis Methods**</div>

Assessing job satisfaction provides context to the extent people dislike (dissatisfaction) or like (satisfaction) their jobs (Spector, 1997). The JSS is a 36-item scale that can provide 10 scores in total to a researcher (Appendix C). For this research study, all 10 scores were analyzed and interpreted. There are two approaches to assessing job satisfaction. The first is a total (global) satisfaction score ranging from 36–216. A participant's global score is computed by combining all

of the item totals. Negatively worded items must be reversed prior to this addition, as noted in the previous section.

When examining the second approach to assessing job satisfaction, researchers analyze the nine facets or components of job satisfaction. Spector (1997) explains that "the nine facets are Pay, Promotion, Supervision, Fringe Benefits, Contingent Rewards (performance based rewards), Operating Procedures (required rules and procedures), Coworkers, Nature of Work, and Communication" (p. 8). He further explains that there are four items for each of the nine facets. These facets are used to make up the remaining nine scores to provide more specific results (constellation result). Each of the facets followed by a brief description can be found in table 5.

Table 5

Facets From the Job Satisfaction Survey

Facet	Description
Pay	Satisfaction with pay and pay raises
Promotion	Satisfaction with promotion opportunities
Supervision	Satisfaction with the persons immediate supervisor
Fringe benefits	Satisfaction with fringe benefits
Contingent rewards	Satisfaction with regards (not necessarily monetary) given for good performance
Operating conditions	Satisfaction with rules and procedures
Coworkers	Satisfaction with coworkers
Nature of Work	Satisfaction with the type of work done
Communication	Satisfaction with communication within the organization

(Spector, 1997, pg. 8).

For constellation data, analysis researchers must look at the "scores on each of nine facet subscales, based on 4 items each." These "can range from 4 to 24" (Spector, 1997, p. 10). Scores

of the nine facets are calculated by adding the responses to the four items' particular facets.

Table 6 indicates which of the 36 items corresponds to each of the nine facets.

Table 6

Subscale Contents for the Job Satisfaction Survey

Subscale	Item Number
Pay	1, 10r, 19r, 28
Promotion	2r, 11, 20, 33
Supervision	3, 12r, 21r, 30
Fringe Benefits	4r, 13, 22, 29r
Contingent rewards	5, 14r, 23r, 32r
Operating conditions	6r, 15, 24r, 31r
Coworkers	7, 16r, 25, 34r
Nature of work	8r, 17, 27, 35
Communication	9, 18r, 26r, 36r
Total satisfaction	1–36 (reverse scoring must be done prior to adding)

NOTE: Items followed by "r" should be reverse-scored

(Spector, 1997, p. 9).

The research data, referred to as the "sample study", was scored and interpreted using the guides provided by the author Paul Spector (2022) found in (Appendix C). Spector (2022) notes that while the JSS assesses job satisfaction with low scores representing dissatisfaction and high scores satisfaction, there is no cutoff point in the scores that enables a researcher to confidently conclude the dividing line between the two sides of the spectrum. However, two approaches can be used for researchers to make conclusions in regard to the dissatisfaction/satisfaction of the sampled participants.

The first is an absolute approach that provides an arbitrary cutoff in the scores to aid the researcher in deciphering a participant's satisfaction level (Spector, 2022). The JSS offers 6 points for response choices ranging from agree to disagree. This summated rating scale has been found to be the most popular for job satisfaction scales (Spector, 2022). When all the questions that require reversal have been made, it can be assumed that a selection of three or less indicates dissatisfaction, and four or more represents satisfaction. Selection of 3 to 4 are indicative of ambivalence. When looking at the summed scores for global satisfaction there is a total possible range of 36 to 216. Should a participant score somewhere between 36–108 that would be a dissatisfied score, 108–144 indicates ambivalence, and 144–216 represents satisfaction. When looking into each of the facet scores there is a total range of 4–24. Scores ranging from 4–12 are dissatisfied, 12–16 are ambivalent, and 16–24 are satisfied. Table 7 can be used to reference the absolute approach breakdown:

Table 7

Absolute Interpretation Approach

Satisfaction Level	Score Range
Global Summed Score Range	**36–216**
Global Dissatisfaction	36–108
Global Ambivalence	108–144
Global Satisfaction	144–216
Subscale Summed Score Range	**4–24**
Subscale Dissatisfaction	4–12
Subscale Ambivalence	12–16
Subscale Satisfaction	16–24

(Spector, 2022).

The second approach for interpreting the data is to use a normative approach. A normative study compares the collected data to that of the average answers of the validated instrument (Spector, 2022). Using this method the researcher is able to describe if the sample population is dissatisfied, more satisfied, or around the same as the JSS norms (Spector, 2022). Both approaches (absolute and normative) for interpreting data were utilized in this research study.

Results and Findings

A total of 39 participants completed the survey. All 39 participants answered all the JSS questions, with none of the participants leaving any of the questions blank. All of the participants were asked to complete a demographics section upon finishing the JSS survey. These demographics questions were optional, except for age and state. These questions ensured that all participants were over the age of 18 and worked within the United States.

Demographics

All participants in this research study were over the age of 18 and none of the participants needed to be excluded due to this factor. The youngest participant of this study was 24 and the oldest 68. The mean age of the sample was 41.82. Figure 1 indicates a plot graph of all the ages of the sample group with the orange dot being the mean age.

Figure 1

Age Plot Graph of Sample Study
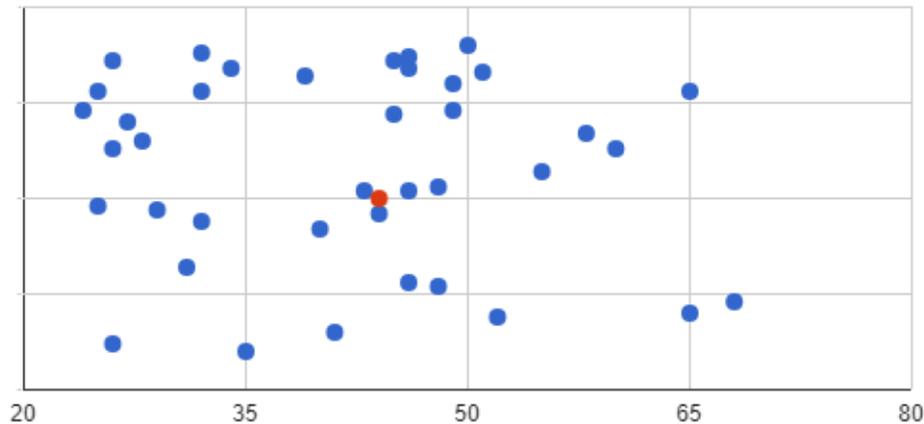
In terms of gender, participants were able to input the gender they identified with. Two (5.13 %) participants left the entry blank, 4 self-identified as male (10.26 %), and 33 (84.61 %) self-identified as female. All participants were given a list of Races/Ethnicity options and encouraged to check all that applied. One participant identified as American Indian or Alaska Native, Hispanic or Latino, and White. One identified as Black or African American, one identified as just Hispanic or Latino, and the largest group was made up of 36 participants who identified as White. Figure 2 shows a pie chart with the breakdown of reported Race/Ethnicities of the sample including percentages.

Figure 2

Race/Ethnicity Pie Chart of Sample Study
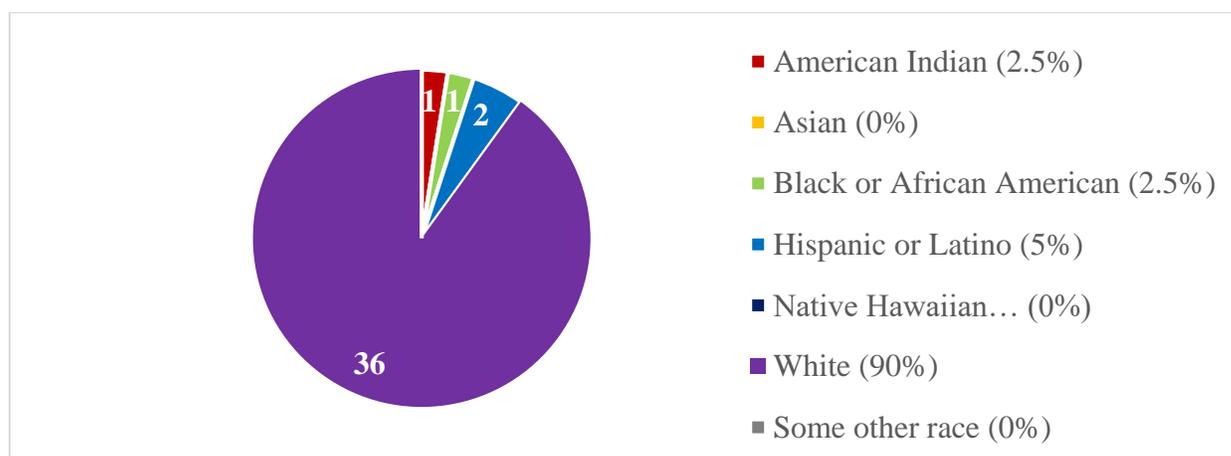
In an effort to ensure all participants worked in the United States, they were asked to indicate in which state they resided. There were seven different states represented in the sample. California (1, 2.6%), Florida (1, 2.6%), Massachusetts (14, 35.9%), New York (8, 20.5%), Ohio (1, 2.6%), Texas (1, 2.6%), and Utah (13, 33.3%). Figure 3 shows a pie chart of the state representation:

Figure 3

State of Residence Pie Chart of Sample Study
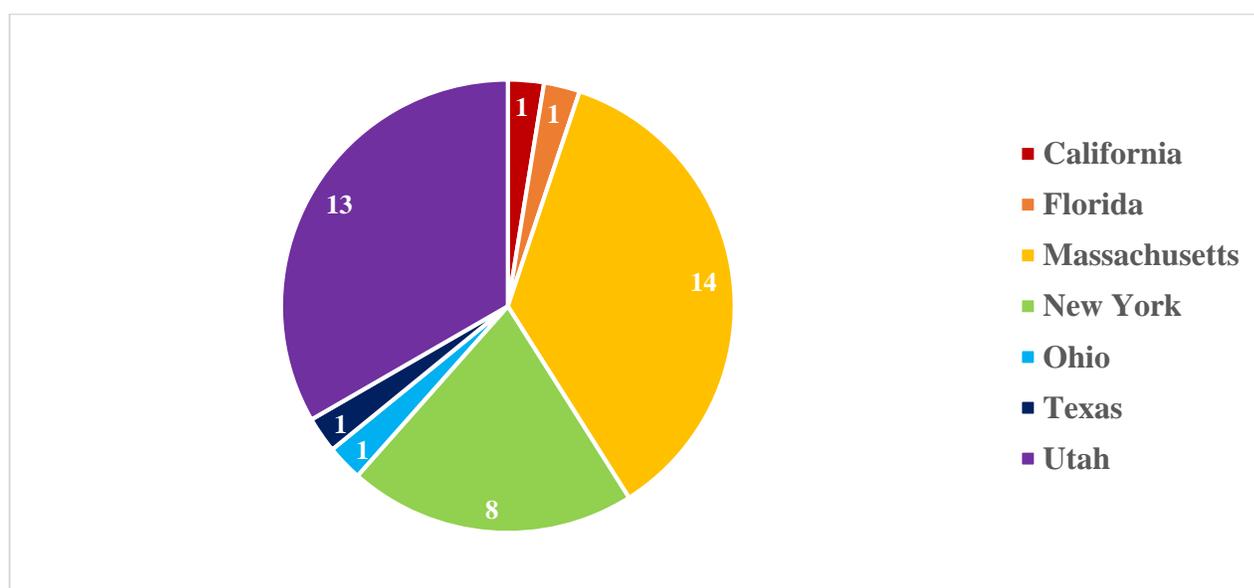
The participants were asked to indicate their highest level of educational attainment. None (0.0%) had earned a doctorate and/or professional degree, 5 (12.8%) possessed a master's degree, 10 (25.6%) held a bachelor's degree, 7 (17.9%) had earned an associate degree, and 9 (23.1%) had completed high school, having earned a diploma or received a GED. Figure 4 shows a bar graph of all the educational attainment among the sample group:

Figure 4

Educational Attainment bar Graph of Sample Study
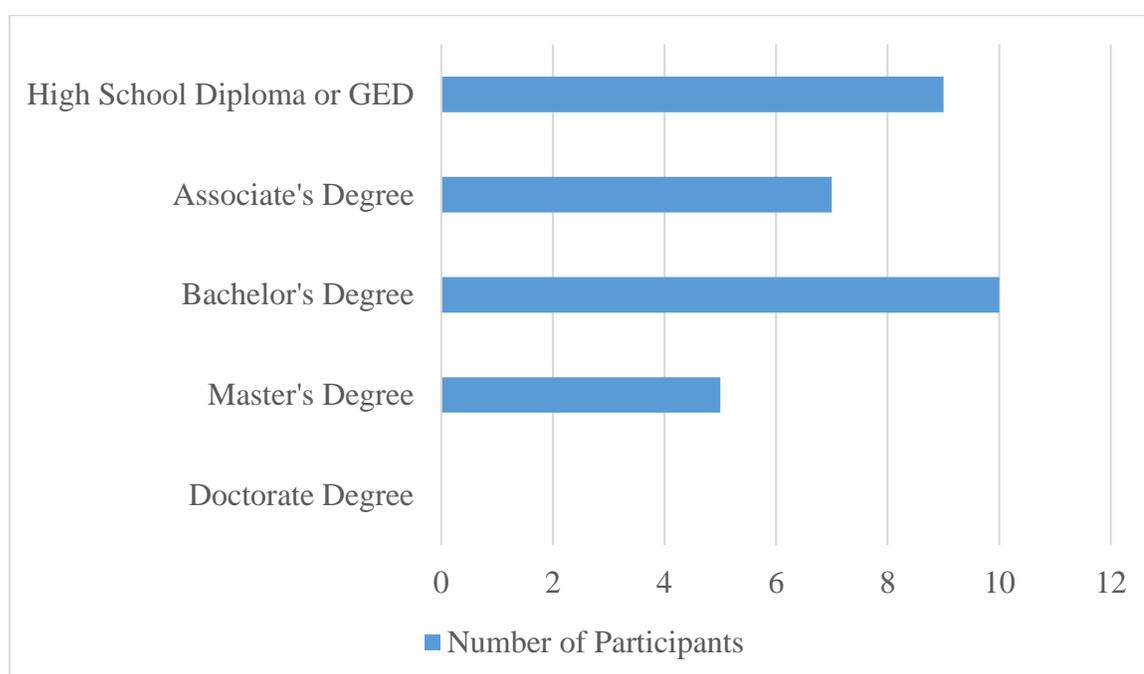
The last demographic question asked was in regard to income level. Three participants reported that they earned under $15,000 (7.69%), five reported that they earned between $15,000–$24,999 (12.82%), seven reported that they earned between $25,000–34,999 (17.95%), eleven reported they earned between $35,000–$49,999 (28.21%), eight reported they earned between $50,000–$74,999 (20.54%), three reported they earned between $75,000–$99,000 (7.96%), and none of the participants reported making more than $100,000–or over (0.0%). It is

important to note that two (5.13%) participants chose not to respond to this question. Figure 5 shows a bar graph of all the participants who reported their income level:

Figure 5

Income Level of Sample Study

Interpreting the Findings

Paul E. Spector created the Job Satisfaction Survey (JSS) in 1985 so that researchers could understand the overall satisfaction of employees, and to be able to assess the nine facets of job satisfaction (Spector, 2021). The results and findings of the data analysis combine the two approaches of assessing/interpreting job satisfaction. The global results can indicate how the participants feel about their position in general. The constellation results aid in understanding how the participants view job satisfaction in regard to the different facets or aspects of their job. This allows the researcher to gain an understanding of which specific parts of a job bring either satisfaction or dissatisfaction. In turn, this allows for administrators and upper management of organizations to target the areas in need of improvement, and reinforce the areas that are viewed as meeting the employee's needs (Spector, 1997).

Global Findings

The responses to the 36 items were added and the data ranged from 54–192 in this study sample. The overall total of the sample was 4862, which created an average of 124.66. The score range for the absolute interpretation scale is 36–216. When looking at the global or total satisfaction scores, Spector's American Social Service Norms score a mean of 142.9 (Spector, 2022). This sample study's global score was below the norms with a total of 124.66. This result is an 18.24-point difference. However, when interpreting the data using the absolute approach both the American Social Service Norms and the sample study's norms fall within the global ambivalence scale range of 108–144. With the Social Service Norms falling closer to satisfied and the sample study's falling closer to dissatisfied. Table 8 compares Spector's American Social Services Norms to that of this sample's studies:

Table 8

Spector's American Social Services Norms vs Sample Studies

Facet	American Norms Mean: Social Services	Sample Study Mean	Difference in Scores
Salary	11.7	10.41	1.29
Promotion	11.8	11.38	0.42
Supervision	18.7	17.97	0.73
Benefits	14.5	11.05	3.45
Contingent Rewards	13.2	12.23	0.97
Conditions	12.3	12.17	0.13
Coworkers	18.0	16.89	1.11
Work Itself	18.6	18.98	-0.29
Communication	14.1	13.74	0.36
Total	142.9	124.66	18.24

Number of Samples in American Social Service Norms = 23, Total Sample Size = 6505.

Sample Study Size: 39

Geographic Global Satisfaction Findings per Cluster Region

Snowball sampling was encouraged; as a result there were three states that a cluster of responses came from: Massachusetts (14, 35.9%), New York (8, 20.5%), and Utah (13, 33.3%). The global satisfaction was reviewed by the participants from each state and it was found that the Massachusetts participants had a total global satisfaction score of 1853 and an average of 132.35. This was 10.55 points less than the Social Service Norms Global score of 142.9.

On the absolute rating scale, the Massachusetts participants fell within the ambivalence range, but was the closest to the satisfied side of the range. The New York participants had a total global score of 976, an average of 122, scored 20.9 points less than the Social Service Norms, and fell within the ambivalence range on the absolute scale. Lastly, the Utah participants had a total score of 1535, an average of 118.07, this group scored 24.83 less than the Social Service Norms, and they too fell within the ambivalence range but were the closest to the dissatisfied side of the scale of the three clusters.

Constellation Findings

In addition to the global findings, each of the nine facets were examined individually in regard to comparison to the norms, as well as through the lens of the absolute approach. Table 9 presents the American Social Service Facet Norms, as well as where each facet landed on the absolute rating scale, compared to the sample study:

Table 9

American Norms: Social Services vs Data Collection in Regard to Facets

Facet	American Norms Mean: Social Services	Norms Absolute Satisfaction Rating	Sample Study Mean	Sample Study Absolute Satisfaction Rating
Salary	11.7	Dissatisfied	10.41	Dissatisfied
Promotion	11.8	Dissatisfied	11.38	Dissatisfied
Supervision	18.7	Satisfied	17.97	Satisfied
Benefits	14.5	Ambivalence	11.05	Dissatisfied
Contingent Rewards	13.2	Ambivalence	12.23	Diss./Amb.
Conditions	12.3	Diss./Amb.	12.17	Diss./Amb.
Coworkers	18.0	Satisfied	16.89	Amb./Satis.
Work Itself	18.6	Satisfied	18.98	Satisfied
Communication	14.1	Ambivalence	13.74	Ambivalence

Number of Samples in American Social Service Norms = 23, Total Sample Size = 6505.

Sample Study Size: 39

Salary

The American Social Service Norms provided by Spector (2022) for salary fell in the dissatisfied absolute scale range with 11.7 for a mean score. The sample study scored 1.29 less with a mean score of 10.41. This indicates that the sample study was even more dissatisfied than the provided norms in regard to their salary. In an effort to further delve into this, the sample study was examined by the reported level of income found within the demographics section and the average response to the pay facet items. It was found that from the 37 participants who

reported their income, none of them fell in the satisfied ranges on the absolute scale rating. In most cases, the pay averages increased as salary increased.

When looking at the reported salaries, the three participants who earned less than $15,000 had an average score of 5.3, which falls into the absolute range of dissatisfied. The five participants who reported that they earned $15,000–$24,999 had an average score of 9.4, which is also indicative of dissatisfied on the absolute scale. The seven participants who reported they earned between $25,000 and 34,999 scored an average of 8.71, also within the dissatisfied range. The eleven participants who reported earning $35,000–$49,999 scored an average of 10.54, within the dissatisfied range. The eight participants who reported earning $50,000–$74,999 scored an average of 12.75 and fell on the line of being dissatisfied and ambivalent. Lastly, the 3 participants who reported they earned $75,000–$99,000 had an average of 14.3 and this fell in the ambivalent range on the absolute scale. Table 10 provides a graph that shows the participants results compared to the absolute scale, based on reported income:

Table 10

Sample Study Reported Income vs Absolute Scale Rating

Income Level Reported	Mean Score for Pay Items	Absolute Scale Rating
Under $15,000	5.3	Dissatisfied
$15,000-$24,999	9.4	Dissatisfied
$25,000-34,999	8.71	Dissatisfied
$35,000-$49,999	10.54	Dissatisfied
$50,000-$74,999	12.75	Dissatisfied/Ambivalent
$75,000-$99,000	14.3	Ambivalent

Data collected from 37 participants that reported income from Sample Study

Promotion

When reviewing the facet of promotion, the participants in the sample study scored 11.38, which was 0.42 less than the America Social Service Norms (Spector, 2022) mean score of 11.8. Both scores fall within the dissatisfied range on the absolute scale. Table 11 provides a chart that shows the social service norms compared to the sample studies, and how the mean scores relate to the absolute satisfaction rating:

Table 11

American Norms: Social Services vs Sample Studies (Promotion)

Facet	American Norms Mean: Social Services	Norms Absolute Satisfaction Rating	Sample Study Mean	Sample Study Absolute Satisfaction Rating
Promotion	11.8	Dissatisfied	11.38	Dissatisfied

Number of Samples in American Social Service Norms = 23, Total Sample Size = 6505.

Sample Study Size: 39

Supervision

The facet of supervision fell in the satisfied range on the absolute scale for both the provided norms who had a mean score of 18.7 and the 17.97 of the sample study. It is important to note that the sample study was marginally (0.73) less satisfied than the norms. The information noted above can be found in Table 12 below:

Table 12

American Norms: Social Services vs Sample Studies (Supervision)

Facet	American Norms Mean: Social Services	Norms Absolute Satisfaction Rating	Sample Study Mean	Sample Study Absolute Satisfaction Rating
Supervision	18.7	Satisfied	17.97	Satisfied

Number of Samples in American Social Service Norms = 23, Total Sample Size = 6505.

Sample Study Size: 39

Benefits

Regarding benefits, table 13 demonstrates the biggest difference found during the facet analysis of he American Social Service Norms (Spector, 2022) and the sample study. The sample study had a mean score of 11.05, which fell in the dissatisfied range. This was 3.45 points less than the Social Service Norm mean score of 14.5, which fell within the ambivalent range on the absolute scale.

Table 13

American Norms: Social Services vs Sample Studies (Benefits)

Facet	American Norms Mean: Social Services	Norms Absolute Satisfaction Rating	Sample Study Mean	Sample Study Absolute Satisfaction Rating
Benefits	14.5	Ambivalence	11.05	Dissatisfied

Number of Samples in American Social Service Norms = 23, Total Sample Size = 6505.

Sample Study Size: 39

Contingent Rewards

The participants of the sample study scored a mean of 12.23 in regard to contingent rewards. When looking at the absolute rating scale a 12 is the highest number of dissatisfied and the lowest number of ambivalent (as a reminder this is an arbitrary rating system, with no clear distinction between dissatisfied and satisfied), making the score for contingent rewards both dissatisfied and ambivalent. That being said, it was still 0.97 points less than the Social Service Norms' (Spector, 2022) mean score of 13.2, which fell in the ambivalent range. The comparison of these scores can be found in table 14.

Table 14

American Norms: Social Services vs Sample Studies (Contingent Rewards)

Facet	American Norms Mean: Social Services	Norms Absolute Satisfaction Rating	Sample Study Mean	Sample Study Absolute Satisfaction Rating
Contingent Rewards	13.2	Ambivalent	12.23	Dissatisfied/ Ambivalent

Number of Samples in American Social Service Norms = 23, Total Sample Size = 6505.

Sample Study Size: 39

Conditions

Similar to the contingent rewards, both the Social Service Norms' (Spector, 2022) mean score of 12.3 and the sample study's means score of 12.17 fell within the dissatisfied to ambivalent range on the absolute scale. There was also a marginal difference of only 0.13 between the scores that can be seen in table 15.

Table 15

American Norms: Social Services vs Sample Studies (Conditions)

Facet	American Norms Mean: Social Services	Norms Absolute Satisfaction Rating	Sample Study Mean	Sample Study Absolute Satisfaction Rating
Conditions	12.3	Dissatisfied/ Ambivalent	12.17	Dissatisfied/ Ambivalent

Number of Samples in American Social Service Norms = 23, Total Sample Size = 6505.

Sample Study Size: 39

Coworkers

The second biggest difference in scores was found regarding responses to items involving the facet *coworkers* found in table 16. For the Social Service Norms (Spector, 2022) the participants scored a mean of 18.0. This fell in the satisfied range on the absolute scale. However, the sample study scored 1.11 less with a mean score of 16.89. On the absolute scale, 16 is the highest score you can receive regarding ambivalence and the lowest in terms of satisfaction. The coworkers mean for the sample study is both ambivalent and satisfied.

Table 16

American Norms: Social Services vs Sample Studies (Coworkers)

Facet	American Norms Mean: Social Services	Norms Absolute Satisfaction Rating	Sample Study Mean	Sample Study Absolute Satisfaction Rating
Coworkers	18.0	Satisfied	16.89	Ambivalent/ Satisfied

Number of Samples in American Social Service Norms = 23, Total Sample Size = 6505.

Sample Study Size: 39

Work Itself

Out of all the facets, work itself was the only subscale in which the study sample scored higher than that of the Social Service (Spector, 2022) norms. The study samples' mean score was 18.98 compared to the norms' mean score of 18.6. This was an increase of 0.29 and both scores fell in the satisfied ranges of the absolute scale. See table 17 for the information notes.

Table 17

American Norms: Social Services vs Sample Studies (Work Itself)

Facet	American Norms Mean: Social Services	Norms Absolute Satisfaction Rating	Sample Study Mean	Sample Study Absolute Satisfaction Rating
Work Itself	18.6	Satisfied	18.98	Satisfied

Number of Samples in American Social Service Norms = 23, Total Sample Size = 6505.

Sample Study Size: 39

Communication

For the last facet subscale both the study sample and the Social Service Norms (Spector, 2022) fell within the ambivalent range on the absolute scale noted in table 18. However, the study sample scored a mean of 13.74, which was 0.36, less than the norm score of 14.1.

Table 18

American Norms: Social Services vs Sample Studies (Communication)

Facet	American Norms Mean: Social Services	Norms Absolute Satisfaction Rating	Sample Study Mean	Sample Study Absolute Satisfaction Rating
Communication	14.1	Ambivalent	13.74	Ambivalent

Number of Samples in American Social Service Norms = 23, Total Sample Size = 6505.

Sample Study Size: 39

Summary

The purpose of this quantitative descriptive study was to examine the job satisfaction of Direct Care Workers (DCWs) who worked during the COVID-19 pandemic in the United States.

Recognizing the impact that the COVID-19 pandemic had on direct care workers beginning in March of 2020 until December 2021, this researcher sought to answer the following research questions:

1. Using Spector's Job Satisfaction Survey, to what extent do a sample of direct care workers experience high levels of job satisfaction who worked during the COVID-19 Pandemic?

2. Using Spector's Job Satisfaction Survey, to what extent do a sample of direct care workers experience high levels of job dissatisfaction who worked during the COVID-19 Pandemic?

The results and findings of the research were that globally the sample study scored lower than the Spector (2022) American Social Services Norms, with an 18.24 point overall difference. This can be inferred as the DCWs being more dissatisfied during the timeframe of March 2020–December 2021, which coincides with the COVID-19 pandemic. In addition to this, eight out of nine facets were less than (0.13–3.45) the provided American Social Service Norms, indicating varying degrees of dissatisfaction in those areas as well. Only one facet of the study indicated that DCWs are slightly more satisfied (0.29 points higher) than the norms, and that was in regard to the work itself. Chapter 5 of this study examines the implications/importance of the above findings, and makes recommendations in relation to possible actions and suggestions for future research.

CHAPTER 5

CONCLUSION

This quantitative descriptive study examined the job satisfaction of Direct Care Workers (DCWs) who worked during the COVID-19 pandemic from March 2020–December 2021 in the United States. It is important to note that the COVID-19 pandemic was being used only as a timeframe for this study. The goal was not to determine cause and effect between the pandemic and job satisfaction of DCWs. Two Facebook adminstrators agreed to have the REDCap survey posted to their direct care groups, which contained information on the study, an electronic version of the Job Satisfaction Survey (JSS) by Paul Spector (2021) and general demographics questions. Snowball sampling was also encouraged for particpants to share the survey with other DCWs they may know who met the criteria for the study. This researcher posed the following research questions:

1. Using Spector's Job Satisfaction Survey, to what extent do a sample of direct care workers experience high levels of job satisfaction who worked during the COVID-19 Pandemic?

2. Using Spector's Job Satisfaction Survey, to what extent do a sample of direct care workers experience high levels of job dissatisfaction who worked during the COVID-19 Pandemic?

In total, 39 participants agreed to participate and completed all of the questions of the JSS survey. Chapter 5 summarizes the findings of this study, notes the implications, and makes any recommendations for further actions/research. Final conclusions are presented at the end of this chapter, curated from the results.

Interpretation and Importance of Findings

The conceptual framework of this study was Herzberg's theory of job satisfaction (1974), also known as the motivation-hygiene theory or two factor theory (Herzberg, 1974). The two

factors are broken down into job satisfaction or "motivation" and job dissatisfaction or "hygiene" (Khanna, 2017). Researchers (as cited by Beygatt, 2018) note that "understanding the factors that increase job satisfaction can (a) increase productivity; (b) decrease turnover rates; (c) improve the overall performance of firms; and (d) increase the financial return for both employees and employers" (p. 11).

The conceptual framework of Herzberg's theory relates to the identified theoretical framework of Human Capital Theory which suggests that professional development of staff leads to increases in the productivity and earnings of individuals and should be seen as an investment (Tan, 2014). When both of these frameworks are directly applied to the job satisfaction of DCWs who worked during the COVID-19 pandemic, provider agencies can determine what experiences and motivations promote job satisfaction, and which hygiene areas are in need of development.

Using the grounding of the above frameworks, the data was analyzed and interpreted in two ways. The first analysis was to determine the global satisfaction of the particpants known as the "sample study." The second was to delve deeper and examine the nine facets of satisfaction of the sample study. Spector (1997) explains that "the nine facets are Pay, Promotion, Supervision, Fringe Benefits, Contingent Rewards (performance based rewards), Operating Procedures (required rules and procedures), Coworkers, Nature of Work, and Communication" (p. 8). Both of the mean scores were then compared to the absolute scale provided by Spector (2022) to determine arbitrarily if the samply study was dissatisfied, ambivalent, or satisfied. Lastly, these results were compared to the American Social Service Norms also provided by Spector (2022).

Finding 1: Job Satisfaction and Motivation Factors

Using the conceptual framework of Herzberg's theory of job satisfaction (1974), the

findings of this study are broken down into two categories of job satisfaction or "motivation" and

job dissatisfaction or "hygiene," which respond to the two research questions. The first research

question asked:

1. Using Spector's Job Satisfaction Survey, to what extent do a sample of direct care workers

    experience high levels of job satisfaction who worked during the COVID-19 Pandemic?

Only one facet of the study indicated that the sample study participants were slightly more

satisfied (0.29 points higher) than the American Social Service Norms (Spector, 2022), and that

was in regard to the work itself. Finding 1 was found to corroborate the literature reviews

examination of existing research found in Chapter 2. Direct care work is uniquely different from

other types of employment, in the sense it is personal in nature and often occurs over a long-term

basis (England & Folbre, 2003, as cited by Chou 2012). It is believed that the life experiences of

individuals who require direct care are largely shaped by DCWs, and this support is critical to

those individuals living successful and valued lifestyles (Dodevska & Vassos, 2013). Affective

relationships often develop between DCWs and the individuals they serve due to the long term

and close interactions these positions require (Karner et al., 1998, as cited by Chou 2012). The

emotional bonds that are formed between DCWs and the individuals they support are often what

DCWs identify as the most satisfying parts of their positions (Chou 2012). This finding is

something on which provider agencies should capitalize. When looking at the direct care crisis

from a human resources perspective, increasing retention rates enhances the quality of care

provided, individual satisfaction, and is also proven to be more cost effective.

Finding 2: Job Dissatisfaction and Hygiene Factors

Finding 2 addressed the second research question, which examined:

2. Using Spector's Job Satisfaction Survey, to what extent do a sample of direct care workers experience high levels of job dissatisfaction who worked during the COVID-19 Pandemic?

The results of the research were that globally the sample study scored lower than the Spectors (2022) American Social Services Norms, with an 18.24 point overall difference. This can be inferred as the participants of the sample study being more dissatisfied during the timeframe of March 2020–December 2021, which paralleled the COVID-19 pandemic. In addition to this eight out of nine facets were less than (0.13–3.45) the provided American Social Service Norms, indicating varying degrees of dissatisfaction or ambivalence in those areas when using the normative and absolute approach. The facets that indicated dissatisfaction coincide with what researcher Scales (2020) noted that the quality of DCWs jobs remains low (low pay, lack of training, limited opportunities for career advancement, etc.) and as a result recruitment and retention strategies across the care industry have been impeded regardless of the ever-rising demand for workers.

This finding offers insight as to what hygiene factors DCWs are currently facing. Research (Di Giuseppe et al., 2021) has found that the COVID-19 pandemic has affected direct care professionals and is considered a traumatic experience. Now more than ever workers are at an increased risk of stress and burnout due to the "fear of getting infected or spreading the infection among colleagues and relatives, physical exhaustion due to the overwhelming workload, and concerns about institutional management" (Di Giuseppe et al., 2021, p. 1).

Limitations

It is important to note that there were imitations to this study. The first is that there was

an intention of getting a 30% response rate or approximately 334 completed surveys from the

two Facebook groups or as many as possible after the two postings (4 week period). Only 39

particpants (3.5%) completed the survey, which was below the desired minimum data set. It is

worth considering that the deployment of the survey occurred during the holiday season, and

during a time where there was a resurgence of COVID-19. This may have affected additional

participants from joining.

In addition to this the use of the norm approach in the data analysis and interpretation is

limiting in three distinct ways (Spector 2021): first, the established norms for the JSS come from

a small number of organizations and occupations; second, the norms have been accumulated

primarily from convenience samples that have been submitted to the author in exchange for use

of the tool (Spector, 2021); third, nearly all of the norms come from studies in North America

(Canada and the U.S). Because of this final limitation, researchers should not assume these

norms are representative of other countries, particularly if they are dissimilar to North America

(Spector, 2021).

The JSS is a proven valid tool (Statistics Solutions, 2021). To foster internal validity and

eliminate researcher bias the data was analyzed using an established scoring/interpretation guide

by the creator of the instrument, which makes this entire study easy to replicate with another

sample population of DCWs. However, Barbarotta (2010) explains that every organization's

infrastructure is unique and because of this, interventions for addressing the direct care

workforce crisis would need to be specific to the organization. Whereas the sample study was

intentionally broad in nature, each specific organization that looks to utilize the findings of this

study may find difficulties generalizing the information as it does not focus on just one group of DCWs, and this may affect the external validity of the study.

Implications

Across settings there are believed to be approximately 4.6 million DCWs in the United States (Scales, 2020). Millions of elderly people and those with disabilities rely on DCWs, who provide on average 8 out of every 10 hours of paid care (Dawson & Stone, 2008). These frontline workers have been referred to as the "eyes and the ears" within the care system (PHI, 2001, as cited by Dawson & Stone, 2008, p. 5). When the United States experiences tight labor markets, coupled with the poor quality of direct care jobs, provider agencies must then compete for workers against employers from other job sectors (Scales, 2020). The other employers have the ability to offer stable schedules, less arduous work, and higher wages that are not restricted by Medicare and other state funding (Scales, 2020).

The findings of this study are significant because job satisfaction contributes to better-quality service delivery and workforce retention rates (Hussein et al., 2013, as cited by Zaid et al., 2017). In addition to this, job satisfaction exposes an employee's beliefs and emotional state and this can deteriorate or improve depending on the emotional and mental responses to a job (Zaid et al., 2017). Herzberg's theory emphasizes that for provider agencies to increase job satisfaction, motivators need to be used, including recognition of achievement and opportunities for growth (Khanna, 2017). In addition, hygiene factors like working conditions, compensation, and interpersonal relationships must be adequately mitigated by the provider agency in order to prevent job dissatisfaction from developing in employees (Khanna, 2017).

Recommendations for Action

Existing research has indicated that DCWs are being discussed at the national level, due to the awareness brought about during the COVID-19 pandemic (Scales 2020). Now more than ever change initiatives need to take place to try to tip the scales at the political level and foster lasting results (Scales 2020). Previous literature on job satisfaction of DCWs has focused on burnout and employee turnover (Boone, 2021). While these topics are important, recommendations for future research suggest that efforts be made to understand what satisfies and motivates DCWs (Boone, 2021). The findings from this study indicate that the work itself is what provides workers with satisfaction. Knowing that workers are motivated by the work, provider agencies and funding sources should work to address the areas in which workers express ambivalence and dissatisfaction.

Recommendations for Further Study

Due to the small nature of the particpant size, recommendations for further study would be for future researchers to replicate the research using a larger sample population of direct care workers. Personal service attendants, personal care workers, nursing assistants, home health and home care aides are just some of the positions DCWs hold (Dawson & Stone, 2008). Future research could delve into each particular direct care position to understand the satisfaction of the varied lines of this work.

In addition to this it was found that the global satisfaction of direct care workers varied depending on the state they worked in. Snowball sampling was encouraged and as a result there were three states that provided a cluster of responses: Massachusetts (14, 35.9%), New York (8, 20.5%), and Utah (13, 33.3%). The global satisfaction was reviewed by the participants from each state and it was found that the Massachusetts participants had a total global satisfaction

score of 1853 and an average of 132.35. This was 10.55 points less than the Social Service

Norms (Spector, 2022) global score of 142.9. On the absolute rating scale the Massachusetts

participants fell within the ambivalence range, but were the closest to the satisfied side of the

range. The New York participants had a total global score of 976, an average of 122, scored 20.9

points less than the Social Service Norms, and also fell within the ambivalence range on the

absolute scale. Lastly, the Utah participants had a total score of 1535, an average of 118.07. This

group scored 24.83 less than the Social Service Norms, and they too fell within the ambivalence

range but were the closest to the dissatisfied side of the scale of the three clusters.These

geographic findings could be further explored with larger sample groups.

Conclusion

This quantitative descriptive study examined the job satisfaction of 39 Direct Care

Workers (DCWs) who worked during the COVID-19 pandemic from March 2020–December

2021 in the United States. This was done not to determine cause and effect between the

pandemic and job satisfaction of DCWs: the pandemic was simply used as a timeframe. A

REDCap survey was posted to two DCWs groups on Facebook which contained information on

the study, an electronic version of the Job Satisfaction Survey (JSS) by Paul Spector (2021), and

general demographics questions. Snowball sampling was also encouraged for particpants to share

the survey with other DCWs they may know who met the criteria for the study. This researcher

was looking to answer the following research questions:

1. Using Spector's Job Satisfaction Survey, to what extent do a sample of direct care workers
   experience high levels of job satisfaction who worked during the COVID-19 Pandemic?

2. Using Spector's Job Satisfaction Survey, to what extent do a sample of direct care workers
   experience high levels of job dissatisfaction who worked during the COVID-19 Pandemic?

All 39 participants who agreed to take the survey met minimum requirements of being over the age of 18, and working as a direct care worker within the United States. They completed the JSS survey in its entirety leaving no questions unanswered. The results and findings of the research were that globally the sample study scored lower than the Spector (2022) American Social Services Norms, with an 18.24 point overall difference. This can be inferred as the DCWs of the sample study being more dissatisfied than the norms. In addition to this eight out of nine facets were less than (0.13–3.45) the provided American Social Service Norms, indicating varying degrees of dissatisfaction/ambivalence in those areas as well. Only one facet of the study indicated that the sample study DCWs are slightly more satisfied (0.29 points higher) than the norms, and that was in regard to the work itself.

Existing research has found that provider agencies have faced tremendous struggles to address the direct care workforce crisis including but not limited to high turnover, unsustainably low wages, limited training, and career development opportunities (Johnson, 2019). Unfortunately, the collective knowledge on this topic has not eased the persistent strain, and the need for these workers has grown substantially, with the COVID-19 pandemic exacerbating the workforce crisis (Scales, 2020). Now that this problem has reached critical levels, emerging research can supply provider agencies with data that offers an in-depth look at the job satisfaction of DCWs who worked during the COVID-19 pandemic. This study's findings coupled with further research concerning the job satisfaction of DCWs can be used by provider agencies to address areas where DCWs report dissatisfaction, otherwise known as "hygiene," and maintain initiatives that promote satisfaction, also referenced as "motivation," which is supported by the conceptual framework of Herzberg's theory of job satisfaction (Khanna, 2017).

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APPENDIX A

SAMPLE RECRUITMENT POSTING

RECRUITMENT SOCIAL MEDIA POSTING:

Direct Care Workers: Your Voice Matters! I am looking for DCWs who would be willing to participate in a voluntary study—see additional details in the comments section below!

ADDITIONAL DETAILS IN THE COMMENTS SECTION OF MAIN POST:

Purpose: The purpose of this study is to better understand the job satisfaction of direct care workers who worked during the COVID-19 pandemic in the United States.
Who: You are eligible to participate in the research study if all of the following are true about you:
   A. You are a Direct Care Worker such as personal service attendants, personal care workers, nursing assistants, home health and home care aides
   B. You worked in the United States between March 2020–December 2021
   C. You are over the age of 18
If you do not meet the description and criteria noted above, you are not able to be in the study. If you know someone who meets the criteria above, please feel free to share this posting directly with them.
Your perspective as a Direct Care Worker is very important. By completing the electronic Job Satisfaction Survey (JSS), your input along with others will confidentially be compiled and produce data that may help to provide insight to the challenges presented by the direct care workforce crisis to those who worked during the COVID-19 pandemic.
How: If you are interested in potentially participating in the research study, please click the link below, which will take you to the electronic survey that includes consent items, the JSS Survey, and demographic questions. The period for a response is four weeks from the post of this information on social media. For confidentiality reasons and to ensure validity of research data, please do not respond directly to this social media thread or make public comments regarding the study. I appreciate your cooperation and support as I further explore the job satisfaction of direct care workers who worked during the COVID-19 pandemic in the United States.
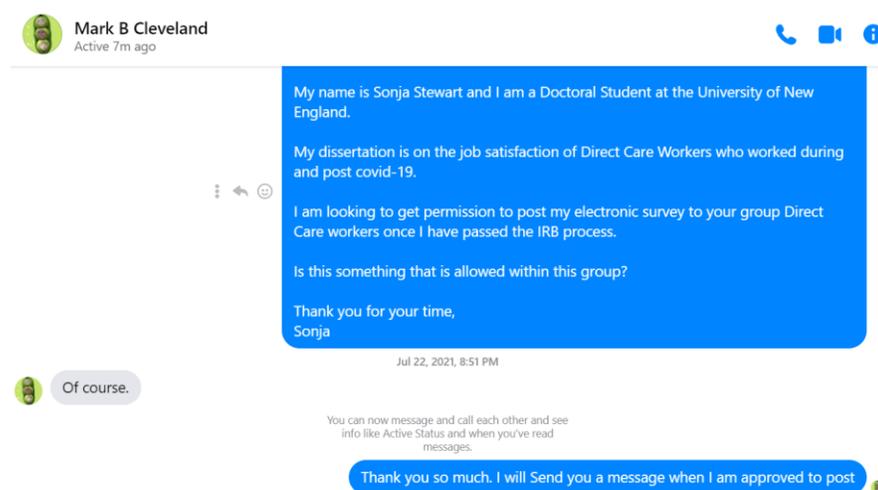
APPENDIX B

FACEBOOK GROUP APPROVALS FOR POSTING

Facebook Group: Direct Care Workers
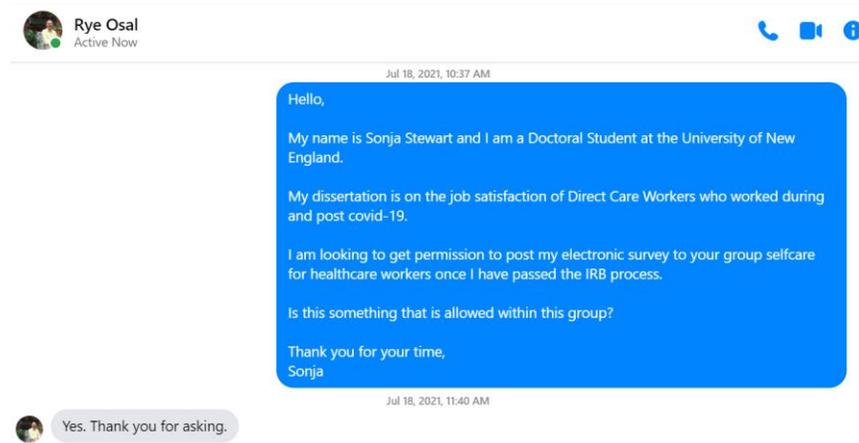
Administrator: Mark B. Cleveland

Preliminary Approval to Post Granted: July 22, 2021

Facebook Group: Self-Care for Healthcare Workers

Administrator: Rye Osal

Preliminary Approval to Post Granted: July 18, 2021

APPENDIX C

INSTRUMENTATION

Job Satisfaction Survey, JSS

Paul E. Spector

The Job Satisfaction Survey, JSS is a 36 item, nine facet scale to assess employee attitudes about the job and aspects of the job. Each facet is assessed with four items, and a total score is computed from all items. A summated rating scale format is used, with six choices per item ranging from "strongly disagree" to "strongly agree". Items are written in both directions, so about half must be reverse scored. The nine facets are Pay, Promotion, Supervision, Fringe Benefits, Contingent Rewards (performance based rewards), Operating Procedures (required rules and procedures), Coworkers, Nature of Work, and Communication. Although the JSS was originally developed for use in human service organizations, it is applicable to all organizations. The norms provided on this website include a wide range of organization types in both private and public sector.

Below are internal consistency reliabilities (coefficient alpha), based on a sample of 2,870.

Scale	Alpha	Description
Pay	.75	Pay and remuneration
Promotion	.73	Promotion opportunities
Supervision	.82	Immediate supervisor
Fringe Benefits	.73	Monetary and nonmonetary fringe benefits
Contingent Rewards	.76	Appreciation, recognition, and rewards for good work
Operating Procedures	.62	Operating policies and procedures
Coworkers	.60	People you work with
Nature of Work	.78	Job tasks themselves
Communication	.71	Communication within the organization
Total	.91	Total of all facets

JOB SATISFACTION SURVEY

Paul E. Spector

Department of Psychology

University of South Florida

	PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.	Disagree very much	Disagree moderately	Disagree slightly	Agree slightly	Agree moderately	Agree very much
1	I feel I am being paid a fair amount for the work I do.	1	2	3	4	5	6
2	There is really too little chance for promotion on my job.	1	2	3	4	5	6
3	My supervisor is quite competent in doing his/her job.	1	2	3	4	5	6
4	I am not satisfied with the benefits I receive.	1	2	3	4	5	6
5	When I do a good job, I receive the recognition for it that I should receive.	1	2	3	4	5	6
6	Many of our rules and procedures make doing a good job difficult.	1	2	3	4	5	6
7	I like the people I work with.	1	2	3	4	5	6
8	I sometimes feel my job is meaningless.	1	2	3	4	5	6
9	Communications seem good within this organization.	1	2	3	4	5	6
10	Raises are too few and far between.	1	2	3	4	5	6
11	Those who do well on the job stand a fair chance of being promoted.	1	2	3	4	5	6
12	My supervisor is unfair to me.	1	2	3	4	5	6
13	The benefits we receive are as good as most other organizations offer.	1	2	3	4	5	6
14	I do not feel that the work I do is appreciated.	1	2	3	4	5	6
15	My efforts to do a good job are seldom blocked by red tape.	1	2	3	4	5	6
16	I find I have to work harder at my job because of the incompetence of people I work with.	1	2	3	4	5	6
17	I like doing the things I do at work.	1	2	3	4	5	6
18	The goals of this organization are not clear to me.	1	2	3	4	5	6

		Disagree very much	Disagree moderately	Disagree slightly	Agree slightly	Agree moderately	Agree very much
	PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT. Copyright Paul E. Spector 1994, All rights reserved.						
19	I feel unappreciated by the organization when I think about what they pay me.	1	2	3	4	5	6
20	People get ahead as fast here as they do in other places.	1	2	3	4	5	6
21	My supervisor shows too little interest in the feelings of subordinates.	1	2	3	4	5	6
22	The benefit package we have is equitable.	1	2	3	4	5	6
23	There are few rewards for those who work here.	1	2	3	4	5	6
24	I have too much to do at work.	1	2	3	4	5	6
25	I enjoy my coworkers.	1	2	3	4	5	6
26	I often feel that I do not know what is going on with the organization.	1	2	3	4	5	6
27	I feel a sense of pride in doing my job.	1	2	3	4	5	6
28	I feel satisfied with my chances for salary increases.	1	2	3	4	5	6
29	There are benefits we do not have which we should have.	1	2	3	4	5	6
30	I like my supervisor.	1	2	3	4	5	6
31	I have too much paperwork.	1	2	3	4	5	6
32	I don't feel my efforts are rewarded the way they should be.	1	2	3	4	5	6
33	I am satisfied with my chances for promotion.	1	2	3	4	5	6
34	There is too much bickering and fighting at work.	1	2	3	4	5	6
35	My job is enjoyable.	1	2	3	4	5	6
36	Work assignments are not fully explained.	1	2	3	4	5	6

Instructions for Scoring the Job Satisfaction Survey, JSS

Paul E. Spector

The Job Satisfaction Survey or JSS, has some of its items written in each direction--positive and negative. Scores on each of nine facet subscales, based on 4 items each, can range from 4 to 24; while scores for total job satisfaction, based on the sum of all 36 items, can range from 36 to 216. Each item is scored from 1 to 6 if the original response choices are used. High scores on the scale represent job satisfaction, so the scores on the negatively worded items must be reversed before summing with the positively worded into facet or total scores. A score of 6 representing strongest agreement with a negatively worded item is considered equivalent to a score of 1 representing strongest disagreement on a positively worded item, allowing them to be combined meaningfully. Below is the step by step procedure for scoring.

1. Responses to the items should be numbered from 1 representing strongest disagreement to 6 representing strongest agreement with each. This assumes that the scale has not been modified and the original agree-disagree response choices are used.

2. The negatively worded items should be reverse scored. Below are the reversals for the original item score in the left column and reversed item score in the right. The rightmost values should be substituted for the leftmost. This can also be accomplished by subtracting the original values for the internal items from 7.

1 = 6

2 = 5

3 = 4

4 = 3

5 = 2

6 = 1

3. Negatively worded items are 2, 4, 6, 8, 10, 12, 14, 16, 18, 19, 21, 23, 24, 26, 29, 31, 32, 34, 36. Note the reversals are NOT every other one.

4. Sum responses to 4 items for each facet score and all items for total score after the reversals from step 2. Items go into the subscales as shown in the table.

Subscale	Item numbers
Pay	1, 10, 19, 28
Promotion	2, 11, 20, 33
Supervision	3, 12, 21, 30
Fringe Benefits	4, 13, 22, 29
Contingent rewards	5, 14, 23, 32
Operating conditions	6, 15, 24, 31
Coworkers	7, 16, 25, 34
Nature of work	8, 17, 27, 35
Communication	9, 18, 26, 36
Total satisfaction	1-36

5. If some items are missing you must make an adjustment otherwise the score will be too low. The best procedure is to compute the mean score per item for the individual, and substitute that mean for missing items. For example, if a person does not make a response to 1 item, take the total from step 4, divide by the number answered or 3 for a facet or 35 for total, and substitute this number for the missing item by adding it to the total from step 4. An easier but less accurate procedure is to substitute a middle response for each of the missing items. Since the center of the scale is between 3 and 4, either number could be used. One should alternate the two numbers as missing items occur.

Interpreting Satisfaction Scores with the Job Satisfaction Survey□

I am frequently asked how to interpret scores on the Job Satisfaction Survey (JSS). The JSS assesses job satisfaction on a continuum from low (dissatisfied) to high (satisfied). There are no specific cut scores that determine whether an individual is satisfied or dissatisfied, in other words, we cannot confidently conclude that there is a particular score that is the dividing line between satisfaction and dissatisfaction. Where there is a need to draw conclusions about satisfaction versus dissatisfaction for samples or individuals, two approaches can be used.

The normative approach would compare the target person/sample to the norms for the sample. My website provides norms for several different groups. One can reference the norms and describe given individuals/samples as being more satisfied, dissatisfied, or about the same as the norms. These norms are limited in three ways. First, there are a small number of occupations and organizations represented. Second, the norms are not from representative samples, but rather are an accumulation of mostly convenience samples people send me. In other words, they are a convenience sample of convenience samples. Third, the norms are mainly from North America—Canada and the U.S. Mean levels of job satisfaction varies across countries, so one should not assume these norms are representative of other countries, particularly those that are culturally dissimilar from North America.

The absolute approach picks some logical, if arbitrary cut scores to represent dissatisfaction versus satisfaction. Given the JSS uses 6-point agree-disagree response choices, we can assume that agreement with positively-worded items and disagreement with negatively-worded items would represent satisfaction, whereas disagreement with positive-worded items, and agreement with negative-worded items represents dissatisfaction. For the 4-item subscales, as well as the 36-item total score, this means that scores with a mean item response (after reverse scoring the negatively-worded items) of 4 or more represents satisfaction, whereas mean responses of 3 or less represents dissatisfaction. Mean scores between 3 and 4 are ambivalence. Translated into the summed scores, for the 4-item subscales with a range from 4 to 24, scores of 4 to 12 are dissatisfied, 16 to 24 are satisfied, and between 12 and 16 are ambivalent. For the 36-item total where possible scores range from 36 to 216, the ranges are 36 to 108 for dissatisfaction, 144 to 216 for satisfaction, and between 108 and 144 for ambivalent.

Job Satisfaction Survey Norms

American Norms: Social services

Facet	Mean	Weighted Mean	Standard Deviation of Means
Salary	11.7	12.2	2.2
Promotion	11.8	11.9	1.6
Supervision	18.7	18.7	1.8
Benefits	14.5	14.7	2.0
Contingent Rewards	13.2	12.8	1.7
Conditions	12.3	11.8	2.1
Coworkers	18.0	17.8	0.8
Work Itself	18.6	18.3	2.1
Communication	14.1	13.8	1.5
Total	142.9	145.0	46.5

Number Of Samples = 23, Total Sample Size = 6505.

Mean = sum of sample means/number of samples. This represents mean of samples regardless of sample size. Weighted mean is sum of sample means times n per sample/total n. This is the mean of all subjects. Weighted mean is more influenced by large samples.

APPENDIX D

SURVEY PERMISSIONS

From: Paul Spector [mailto:paul@paulspector.com]

Sent: Saturday, May 1, 2021 7:05 AM

To: Sonja Stewart <sstewart@bcarc.org>

Subject: RE: Job Satisfaction Survey 2

Dear Sonja:

You have my permission to use the original JSS in your research. You can find copies of the scale in the original English and several other languages, as well as details about the scale's development and norms, in the Paul's No Cost Assessments section of my website: paulspector.com. I allow free use for noncommercial research and teaching purposes in return for sharing of results. This includes student theses and dissertations, as well as other student research projects. Copies of the scale can be reproduced in a thesis or dissertation as long as the copyright notice is included, "Copyright Paul E. Spector 1994, All rights reserved." Results can be shared by providing an e-copy of a published or unpublished research report (e.g., a dissertation). You also have permission to translate the JSS into another language under the same conditions in addition to sharing a copy of the translation with me. Be sure to include the copyright statement, as well as credit the person who did the translation with the year. The JSS-2 is an improved commercial version for which there is a fee of 25 cents per person with a minimum of $25. For additional assessment resources including an archive of measures developed by others, check out the assessment section of my website for organizational measures https://paulspector.com/assessments/ and my companion site for general and mental health measures: https://www.stevenericspector.com/mental-health-assessment-archive/

Thank you for your interest in the JSS, and good luck with your research.

Best,
Paul Spector, PhD
Adjunct Professor, School of Information Systems and Management
Muma College of Business
Distinguished Professor Emeritus, Department of Psychology
University of South Florida
Tampa, FL 33620
Pspector@usf.edu

Website: http://paulspector.com/

APPENDIX E

STUDY INFORMATION SHEET

Title of Study or Project : EXAMINING THE JOB SATISFACTION OF DIRECT CARE WORKERS DURING COVID-19: A QUANTITATIVE DESCRIPTIVE STUDY
Principal Investigator: Sonja Stewart   Phone: 518-653-2377

You may be eligible to take part in a research study. The information that will be discussed gives you important information about the study. It describes the purpose of this research study, and the risks and possible benefits of participating. The word "we" means the study investigator and other research staff

Why are you being asked to take part in this study?

You are eligible to participate in the research study if all of the following are true about you.

You are:

A. A Direct Care worker such as personal service attendants, personal care workers, nursing assistants, home health and home care aides
B. Worked in the United States between March 2020-December 2021
C. You are over the age of 18

What is the purpose of this research study?

The purpose of this quantitative descriptive study will be to examine the job satisfaction of direct care workers who worked during the COVID-19 pandemic. This will be done to gain a greater insight into the ongoing struggles that the direct care workforce continues to face, and create a synthesis of findings that can offer insight to provider agencies. In addition to this, the findings can potentially be used to raise awareness at the political level, with the hopes of creating legislative change that will aid provider agencies in overcoming recruitment/retention barriers.

What is involved in the study?

The participant will be asked to complete an electronic Job Satisfaction Survey (JSS) created by Paul Spector (Spector, 2021). This instrument was developed specifically for use in human service organizations, but has since grown in popularity across many sectors of employment (Spector, 2021). The JSS consists of 36 questions, and is used to assess an employee's attitude in regards to various aspects of their job which include: communication, nature of work, coworkers, operating procedures, contingent rewards, fringe benefits, supervision, promotion, and pay (Spector, 2021). Once the JSS is completed, participants will be asked to provide basic demographic information.

What are the risks and benefits of this study?

This research is being done with the intention of maximizing the benefits, while minimizing possible harms (United States, 1978) in relation to the direct care workforce crisis. There is no direct benefit to participants. There is no financial compensation for participation. With all research there is always a potential risk in regards to confidentiality. Any and all data submitted electronically will be stored using the REDCap system. Best practices will be utilized in order to ensure confidentiality protections. However, there is no way to guarantee absolute confidentiality due to the online nature of the study (Martinez, 2019). No identifying information will be asked of the participants, and they are encouraged to not comment on any online posts that they participated to help ensure their personal protections.

Do you need to give your consent in order to participate?

Participation in this study is voluntary and participants have the choice not to take part. If a participant changes their mind in regards to participation there will be no penalties or loss of benefits. Participants can also stop the questionnaire at any time. As the participant you indicate your consent to take part in the research by completing the survey.

What about privacy and confidentiality?

We cannot guarantee absolute confidentiality and the results of this study may be published in journals or shown at meetings to inform other professionals. The investigator is required by law to protect private information and all identities will be kept private. In an effort to ensure confidentiality the researcher has omitted any questions in the demographic section that could be used as an identifier (meaning no questions regarding a participant's name, place of employment, or contact information, etc. will be asked).

Financial Information

There is no cost for participation in this project.

What if you have questions about the study?

The researcher conducting this study is Sonja Stewart BSW, M.Ed. For more information regarding this study, or if you have any questions about this study you can contact the researcher at sstewart11@une.edu

APPENDIX F

DEMOGRAPHIC QUESTIONS ASKED AFTER THE JSS SURVEY

- **Age**

  - Are you over the age of 18?

    - Yes or No

  - What is your age?

    - Input answer

- **Gender**

  - Input answer

- **Race/Ethnicity**

  - Check all that apply:

    - American Indian or Alaska Native

    - Asian

    - Black or African American

    - Hispanic or Latino

    - Native Hawaiian or Other Pacific Islander

    - White

    - Some other race, ethnicity, or origin: Input answer

- **State of Residence**

  - Choose one:

    - Alabama

    - Alaska

    - Arizona

- Arkansas

- California

- Colorado

- Connecticut

- Delaware

- Florida

- Georgia

- Hawaii

- Idaho

- Illinois

- Indiana

- Iowa

- Kansas

- Kentucky

- Louisiana

- Maine

- Maryland

- Massachusetts

- Michigan

- Minnesota

- Mississippi

- Missouri

- Montana

- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin

- Wyoming

- **Educational Attainment**

  - Choose one:

    - High School Diploma or GED

    - Some College

    - Associate Degree

    - Bachelor's Degree

    - Master's Degree

    - Doctorate and/or professional Degree

- **Income Level**

  - Choose one:

    - Under $15,000

    - $15,000–$24,999

    - $25,000–34,999

    - $35,000–$49,999

    - $50,000–$74,999

    - $75,000–$99,000

    - $100,000–$149,000

    - $150,000–$199,999

    - $200,000 and over