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Workplace Psychosocial Factors, Perception of Organizational Support, and Congregate Workers' Quality of Life

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Walden University

College of Health Professions

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Claudine Alicia Cousins

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2021

Abstract

Workplace Psychosocial Factors, Perception of Organizational Support, and Congregate
Workers' Quality of Life

by

Claudine A. Cousins

MA, Central Michigan University, 2004

BBM, Ryerson University, 1991

Doctoral Study Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Healthcare Administration

Walden University

February 2022

Abstract

Congregate care organizations employ workers across various environments from shelters, group homes, long-term care homes, and correctional facilities. Congregate care workers in the developmental services sector face numerous risks that affect their quality of life due to workplace stress from daily interactions with individuals with intellectual disabilities and organizational demands. Workers' perception of the support received from their organization may further impact their quality of life. The purpose of this quantitative study, guided by organizational support theory, was to examine the relationship among the independent variables of workplace psychosocial factors (defined as vicarious trauma, compassion fatigue, mental stress, or burnout), perceived organizational support, and the dependent variable of congregate workers' quality of life. A census sampling approach was used to select a sample of the workforce ($N = 1,400$), and the Copenhagen Psychological Questionnaire and the Professional Quality of Life Scale were used to collect data. Analysis of covariance showed that there was no statistically significant interaction between workplace psychosocial factors, support from supervisors, and congregate care workers' quality of life ($p = .34$). A linear regression showed that the type of workplace psychosocial factor and employment status of employees did predict utilization of organizational wellness interventions ($p < .001$). Results from this study contribute to the literature on congregate workers' quality of life. The development of wellness strategies should focus on improving supports and workers' use of interventions. The contribution to positive social change from this study includes fostering proactive policies and human resources practices.

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Dedication

I dedicate my study to my heartbeat—my children Shaquille and Jyde, who supported and encouraged me throughout my PhD journey. I could not have achieved this milestone without them.

And to my parents who engrained in me a love of learning, hard work and perseverance. I can still hear them telling me that anything worth having doesn't come easy but it will be worth it in the end.

To my siblings, I thank you for the many textbooks you purchased and the chauffeuring back and forth during my schooling.

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Section 1: Foundation of the Study and Literature Review

Introduction to the Study

Congregate care organizations employ workers across various environments from shelters, group homes, long-term care homes, and correctional facilities. These workers are exposed to physical and psychological strains in congregate care settings such as vicarious trauma, compassion fatigue, mental stress, and burnout that influence their ability to derive enjoyment and fulfilment from their careers. Compassion satisfaction and compassion fatigue are considered two competing facets of life quality (De Sio et al., 2017). Workplace or professional quality of life is the assessed quality given to life at work (Heritage et al., 2018). Further, congregate care workers in developmental services experience varying levels of stress from daily interactions with individuals with intellectual disabilities in addition to the demands placed on them as a result of organizational constraints and service demands (Keesler & Fukui, 2020; Keesler & Troxel, 2020).

Workers' perception of the support received from their organization may also impact their quality of life. Employees' active participation, level of task output, and the overall performance of the organization is influenced by their perceptions (Fink et al., 2020). Perception of organizational support is grounded in the organizational support theory (OST) and the concept of reciprocity—the exchange between parties that benefit both (Kurtessis et al., 2017). Organizations have an interest in their employee's quality of life and employ various strategies to improve it (Sabatello et al., 2020). Without addressing workplace stressors and psychological concerns, however, employees may

deliver sub-standard performance impacting organizational productivity (Nunes et al., 2018). For instance, participating voluntarily in therapeutic or healing interventions can be anxiety-provoking for employees who are already experiencing harmful levels of psychological trauma (Lee et al., 2019).

Researchers have conducted numerous studies on the success of employer health and well-being supports and their impact on employee's mental health. But researchers have been challenged to measure all relevant factors (e.g., vicarious trauma, compassion fatigue, mental stress, and burnout) and their corresponding results (Nunes et al., 2018). The developmental services sector was chosen as the congregate setting for this study as there is minimal focus on these workers in the literature, with most focusing on workers such as nurses, doctors, therapists, and social workers. Additionally, the COVID 19 pandemic highlighted the need of support from workers' organizations to manage their mental health (Lunsky et al., 2021).

Problem Statement

The mental health effects of indirect trauma on organizational productivity and employee performance and the organization's struggle to help employees cope are not sector specific. Approximately 20% of all workers experience some form of mental health issue, but few will seek help (Huetsch & Green, 2016; Shepps & Greer, 2018). Further, vicarious trauma/compassion fatigue is a problem faced by front-line human services workers, even with access to organizational resources such as employee assistance programs (Judd et al., 2017; Russell, 2016; Wozencroft et al., 2019). Exposure to traumatic experiences can take a toll on these front-facing employees. Workplace

psychosocial factors (vicarious trauma, compassion fatigue, mental stress, and burnout) impacts individuals emotionally, psychologically, and physically (Cocker & Joss, 2016; Jirek, 2020; Milot, 2019; Wozencroft et al., 2019). A possible contributor to this problem is the voluntary nature of organizational wellness responses in concert with the stigma surrounding mental health and individual or organizational culture.

The ineffective response by organizations to workplace psychosocial factors that affect congregate care workers' quality of life was the focus of this research study.

Although scholars have examined this issue, there is little or no literature on an organization's response to workplace psychosocial factors that influence employees' quality of life in congregate care settings. Previous research mainly focused on other environments (e.g., hospitals and emergency management), occupations (e.g., nurses, police, and therapists), and the development of theoretical models (Jirek, 2020).

Additionally, previous studies' aim was on cause and effect (Cocker & Joss, 2016) without directly exploring the policy levers needed to mitigate workplace psychosocial impact. This study adds to the research on workplace psychosocial factors (vicarious trauma, compassion fatigue, mental stress, or burnout) and the well-being of congregate workers.

Purpose of the Study

The purpose of this quantitative study was to examine the relationship among the independent variables of workplace psychosocial factors (defined as vicarious trauma, compassion fatigue, mental stress, or burnout) and perceived organizational support and the dependent variable of congregate workers' quality of life. Previous research indicated

high perception of organizational supports to be a significant predictor of improved quality of work-life in nurses (Monroe et al., 2020). A statistical relationship was also found between perceived organizational support and emergency dispatchers' quality of work-life (Miller et al., 2017). Further, significant correlations were found among ambulance workers perceived organizational support and their professional quality of life (Soh et al., 2016). The quality of life of congregate workers is influenced by organizational mitigations that can reduce adverse mental health traumas. Policies and standards of practice that help to normalize the access to interventions within congregate care settings can offer a framework for other human service environments allowing for a more systemic approach to mental health strategies.

Research Question and Hypotheses

This study sought to examine the following research questions and related hypotheses:

Research Question 1: What is the statistical correlation between workplace psychosocial factors (vicarious trauma, compassion fatigue, burnout, or mental stress), perceived organizational support, and congregate care workers' quality of life after controlling for gender and employment status?

*H*₀1: There is no statistical correlation between workplace psychosocial factors (vicarious trauma, compassion fatigue, burnout, or mental stress), perceived organizational support, and congregate care workers' quality of life after controlling for gender and employment status.

H_{a1}: There is a statistical correlation between workplace psychosocial factors (vicarious trauma, compassion fatigue, burnout, or mental stress), perceived organizational support, and congregate care workers' quality of life after controlling for gender and employment status.

Research Question 2: Does the type of workplace psychosocial factor (vicarious trauma, compassion fatigue, burnout, or mental stress) and employment status of employees predict the utilization of organizational wellness interventions?

H₀₂: Type of workplace psychosocial factor (vicarious trauma, compassion fatigue, burnout, or mental stress) and employment status of employees do not predict utilization of organizational wellness interventions.

H_{a2}: Type of workplace psychosocial factor (vicarious trauma, compassion fatigue, burnout, or mental stress) and employment status of employees do predict utilization of organizational wellness interventions.

Theoretical Framework

The theoretical framework for this study is OST, which is used to examine the valuing of employees and their work by employers (Caesens et al., 2017). A key component of the theory is the perception of organizational support, described as the reciprocal nature of the relationship as perceived by both the employee and employer (Eisenberger et al., 2020). The principle of reciprocity says employees behave in ways contingent on their expected reward from the organization while the organization offer rewards based on what they need from the employee.

Integral to OST are factors including antecedents or prerequisite behaviors from supervisors/leaders who are the representatives of the organization, results of perceived organizational support, and the measurement of perceived organizational support scale (Kurtessis et al., 2017; Liu, 2018). Perception of organization support is central to the relationship between employees and employers, how employees feel about the organization, and the impact on employee quality of life. Further, subsequent application of Eisenberger's theory suggests that improving employees' perception of organizational support may protect against workplace psychosocial factors. The connection between the framework and the nature of this study is how employees' perception of organizational support can influence how they manage their quality of life. Researchers have noted that numerous psychosocial workplace factors such as vicarious trauma, compassion fatigue, mental stress, and burnout could influence workers' perception of organizational supports, which have an impact on their quality of life (Cohen et al., 2017; Fukui et al., 2021; Soh et al., 2016).

Nature of the Study

This quantitative study involved a correlational research design to analyze the organization's response to workplace psychosocial factors that influence congregate care workers' quality of life. I used statistical tests that include linear regression analysis to identify the relationship between the variables (Creswell & Creswell, 2018). Upon identifying the relationship, an analysis of covariance (ANCOVA) was used to further compare variables. Pearson correlation can also gauge the strength and direction of the relationship between the variables and help identify the degree of correlation between

independent and dependent variables (Creswell & Creswell, 2018). The independent variables are workplace psychosocial factors, perception of organizational support, and employment status, and the dependent variables are congregate workers' quality of life and utilization of organizational wellness interventions. The mediating variables are gender and employment status.

Literature Search Strategy

For the literature search, the following keywords and phrases were used to search the Walden University library's databases: *workplace psychosocial factors, vicarious trauma, psychosocial health and safety, secondary trauma, compassion fatigue, developmental services workers, front line, emotional exhaustion, burnout, disability support workers, mental stress, quality of life, congregate care, congregate care settings, congregate workers, health care workers, well-being, human service workers, and human services*. The databases searched included ABI/INFORM Collection, Academic Search Complete, APA Psyc Info, Business Source Complete, SocINDEX w full text, PsycINFO, PROQUEST, SAGE Journals, EBSCO-Psychology, Counselling, and Google Scholar.

At the onset of the search, a total of 200,000 articles were found using the search term of *well-being*. Subsequently, the term was combined with *psychosocial health and safety*, resulting in 30,000 articles. In narrowing the search terms to include the variables of vicarious trauma, compassion fatigue, burnout, mental stress, perception of organizational support, and congregate workers' quality of life, the results were reduced to 385 articles. Additionally, a combination of *organizational support* and *congregate*

workers as search terms further reduced the results. Peer-reviewed articles between 2016 and 2021 were the primary sources used for this research together with relevant seminal articles and reports. The crucial variables, their associated views, and the research gap are discussed in the literature review.

Literature Review

One out of every five individuals experience mental illness (Shepps & Greer, 2018), and life events can be stressful and can affect the ability to function. Researchers have focused on the social determinants of physical health and chronic illnesses; however, mental health also requires this same focus (Compton & Shim, 2020). The cost of mental health to the individual, organization, and society is incalculable. The cost to the U.S. totals approximately \$467 billion (Compton & Shim, 2020).

Mental health stressors impact workers within and across sectors with similar results. Considering the pervasiveness of stressors that can occur and their impact on workers in congregate environments, organizations must recognize their role in affecting workplace psychosocial factors identified as vicarious trauma, compassion fatigue, mental stress, and burnout. Accordingly, workers' perception of organizational support that fosters a healthy quality of life is fundamental to success.

This literature review will explore the research on vicarious trauma, compassion fatigue, mental stress, and burnout—henceforth referred to as workplace psychosocial factors among workers in congregate care settings—and how workers' perception of organizational support impacts their quality of life. Workers' quality of life and the impact of workplace psychosocial factors have been studied; however, the focus has been

on nurses or first responders (Huetsch & Green, 2016; Price, 2017; Wozencroft et al., 2019). Other researchers have also explored the above variables, although the focus was on developing models and frameworks. Understanding the variables under consideration during this study is the focus of the literature review.

Workplace Psychosocial Factors

The nature of work in congregate settings can take a toll on the psychological health of workers. Congregate environments typically reference settings where individuals, usually unrelated, share space (Sabatello et al., 2020) and could include shelters, group homes, care homes, and correctional centers. This study focused on congregate workers in the developmental services sector. The workers in this sector support individuals with intellectual and developmental disabilities to manage their daily living, including acquiring life skills, individualized goals, social capital, and healthy self-care (Keesler & Troxel, 2020). Considering the scope of congregate workers' duties, the exposure to workplace psychosocial factors including vicarious trauma, compassion fatigue, mental stress, and burnout may impact their quality of life.

Vicarious Trauma

The term *vicarious trauma* originated with McCann and Pearlman in 1990 and refers to indirect exposure to trauma experienced through clients or workplaces, resulting in ongoing and extensive changes in a professional's behavior and perceptions (Kanno & Giddings, 2017). Based on vicarious traumatization theory, therapists working with trauma patients may be impacted by their interactions. The theory thus allows for evaluating workplace stressors specific to those working in stressful environments or

with traumatized individuals (McCann & Pearlman, 1990). Workers providing services to traumatized individuals become indirectly traumatized by what they hear and experience (Kanno & Giddings, 2017). Future researchers have built on the theory that a natural reaction to working with victims or stressful conditions is sometimes traumatizing to workers.

Further research into vicarious trauma and its residual effect on human service professionals suggest intrusions to individuals' personal and professional lives (Kanno & Giddings, 2017). Further studies have examined the prevalence of vicarious trauma, the cumulative effects, and the reduction and preventive approaches among mental health workers, journalists, and therapists (Boulanger, 2016; Fram, 2020; Molnar et al., 2020; Pearlman & Mac Ian, 1995). The cumulative and indirect effects of trauma impact individuals differently. Coping strategies are vital to the coping abilities of health care professionals. Being self-aware is one approach that professionals can utilize in managing the impacts of vicarious trauma and the development of active personal and professional coping skills (McCann & Pearlman, 1990).

Vicarious trauma is not inevitable but a prospective occupational risk that requires workplace mitigation strategies (Molnar et al., 2020). The literature highlighted similarities between health workers, journalists, first responders, and therapists. Police officers also pay a significant price due to working with child sexual abuse cases, with it impacting their psychological well-being and performance (Hurrell et al., 2018). However, there was no specific reference to congregate workers in the developmental services sector.

Compassion Fatigue

Vicarious trauma and compassion fatigue are concepts used interchangeably to describe the impact of trauma on therapists, first responders, and human service workers. The term *compassion fatigue* created by Joinson in 1992 in reference to emergency department nurses' decreasing levels of caring was expanded on by other researchers (Papazoglou et al., 2020; Price, 2017; Rauvola et al., 2019) while showing an adverse and sustained impact on workers (Wells-English et al., 2019). Compassion fatigue is an intense emotional occurrence resulting in elevated stress levels in the caregiver that mirror the stressor (Rauvola et al., 2019). The approach of caring for others with varying physical and mental needs or working in unpredictable environments such as a pandemic can result in emotional exhaustion.

Developmental services professionals are workers who provide care to people with intellectual and or developmental disabilities, promoting community inclusion and belonging. The history of the sector includes institutionalization before the transition to community living, but it all involves congregate living. Congregate care in the developmental services sector typically involves the delivery of supports and services in group homes. Developmental services workers are required to support individuals with multiple complex medical and psychological needs. The side effects of institutionalization can include trauma, and workers are indirectly exposed to the client's trauma in the course of their duties. Workers in nursing homes are also exposed to the lived experiences and suffering of those in their care. This can lead to compassion fatigue or secondary traumatic stress for human services workers (Blanco-Donoso et al., 2020;

Costakis et al., 2020). Empathizing with their clients has an indirect psychosocial cost resulting in negative work and personal outcomes (Blanco-Donoso et al., 2020; Costakis et al., 2020). As the impacts of empathy are relatively invisible, there is a tendency to focus on the visible health and safety work factors that impact workers, necessitating a more intentional exploration into compassion fatigue and its prolonged impact on workers in congregate care settings. Within the context of human services, congregate care workers in the developmental services sector treat traumatized individuals and operate within safety-compromised environments similar to workers in other health and emergency services sectors.

Mental Stress

Mental stress refers to work-related stress resulting from workers' inability to cope with expectations and pressures (World Health Organization, 2020). Working conditions such as organizational support and individual factors such as coping abilities and employment status are factors that lead to work-related stress (Ornek & Esin, 2020). Mental stress, unlike vicarious trauma, is symptom-based (Pearlman & Mac Ian, 1995). Workers experience mental stress within a workplace context, where the provision of services exposes workers to short- and long-term traumatic events and conditions that may result in strain on them in their work and non-work life. According to the Centers for Disease Control, 75% of workers consider their work stressful (Ta'an et al., 2020). Exposure to prolonged mental stress without appropriate mitigating action can have detrimental effects on workers and organizations including absenteeism (Ta'an et al., 2020).

Mental stress at work can also worsen when employees operate in precarious environments. Health care workers care for patients experiencing many ailments who demonstrate varying levels of distress, panic, and suffering. Further, health care professionals' requirement to work in risky and unpredictable environments at a high level might be correlated to increased incidences of mental stress (Stuijzand et al., 2020). Understanding the connection between stress and health, especially during a pandemic, is critical to supporting workers' health and quality of care for patients (Karnatovskaia et al., 2020). The fear of coming into contact with someone in their care who is infected, combined with other uncontrollable factors such as shortages of personal protective equipment can add to workers' anxiety (Stuijzand et al., 2020). Health care workers, especially on the front-line, experience more mental stress than those not working on the front-line, requiring attention to mitigations that promote worker's well-being (Ma et al., 2020).

Research on workplace stress and interventions have progressed over the years; however, there remains a gap in the literature specific to certain sectors (Maulik, 2017). There is no one approach to addressing the effects of mental stress. But effective interventions are needed to address the trauma associated with work-related stress (Johnson et al., 2020; Ta'an et al., 2020).

Burnout

Levels of burnout may result from workplace psychosocial factors. As a recognized phenomenon since 1980 and bringing about the development of the Maslach Burnout Inventory, burnout has evolved more like an occupational and not a clinical issue

(World Health Organization, 2019). The World Health Organization (2019) classified burnout as an occupational occurrence and not a medical condition under the International Classification of Diseases. Burnout results from prolonged exposure to workplace stress that is not adequately managed, which presents in three ways: feelings of profound fatigue, disassociation from work, and reduced productivity. The interplay between workers' response to stress and the level of work demand may lead to adverse outcomes for workers and organizations.

Burnout in health care/human service workers results from work-related stress and dissatisfaction (Bottini et al., 2020). There is a higher prevalence of burnout among health care professionals that impact their work performance and well-being due to their demanding work (Dijxhoorn et al., 2020; West et al., 2018; Zhang et al., 2017). Workers providing services to individuals with intellectual and or developmental disabilities face elevated levels of stress caused by the atypical behaviours of those in their care. Over time, human services workers become increasingly taxed emotionally, which leads to burnout (Eckleberry-Hunt et al., 2018). They can also have feelings of fatigue, leading to negative or pessimistic feelings toward those in their care and not caring about the job at all. For human services workers, burnout relates to psychosocial factors. Workers in health care settings appear to experience burnout resulting from work overload, perceived unfairness, and misaligned values (Bottini et al., 2020; Chen & Chen, 2018) in addition to unsafe work environments (McLinton et al., 2019). Burnout negatively affects workers, patients, organizations, and the health system (Miguel-Puga et al., 2020). Burnout is known to lower a patient's quality of care, increase staff absences, and impact employee

retention, all of significant concern for organizations and the health services profession (Elshaer et al., 2018).

The focus on congregate workers who provide care for people with intellectual or developmental disabilities is minimal in the literature (Bottini et al., 2020). The distress resulting in burnout is important for researchers to continue examining as there are parallels between vicarious trauma, compassion fatigue, mental stress, and burnout. Additionally, there is also a correlation between burnout and the organization's support, which translates into how the employee feels equipped to cope (Xu & Yang, 2018).

Organizational Support Theory—Perception of Organizational Support

Workplace psychosocial factors (vicarious trauma, compassion fatigue, mental stress, and burnout) can impact the quality of workers' lives (Keesler & Fukui, 2020a). A healthy and safe work environment affects the psychosocial factors experienced by workers. Combining empathy for patients with feelings of workplace insecurity may also influence the attachment felt by workers about their job and organization. Thus, how employees perceive the organization's support of their quality of life can translate into improved patient care and job satisfaction.

Examining the aspects affecting workers' commitment and loyalty is essential to understanding OST. Employees with positive perceptions of organizational support is positively correlated with how they perform on the job (Baran et al., 2012; Kirkland et al., 2017; Shanock et al., 2019). How workers feel they are treated and valued by their organizations may impact their level of dedication to their work, organization, and quality of care provided to clients. Although the justification for an organization's support of

workers may vary, workers' perception of that support may impact their actions (Eisenberger et al., 2016).

Organizations' treatment can take many forms, such as wellness programs, support from supervisors, development and promotion, and recognition. But reciprocation is central to the relationship between individuals and organizations, as it meets the individuals' personal needs and allows organizations to remain viable (Levinson, 1965). Organizations are, therefore, given life-like qualities by their employees and are seen to have certain indelible functions, including duty to their workers (Levinson, 1965). Organizations are also responsible for their employee's actions, establishing workplace norms and culture needed for business survival, and the extent of the power exercised by its representatives. Thus, an organization's actions are essential to how employees view the support they need within the context of this reciprocal relationship.

Advancing this concept, Eisenberger et al. (1986) stated that the level of appreciation for employees' work effort and overall well-being is critical to understanding whether support from an organization is viewed as meeting their needs while revealing the willingness of the organization to respond. Employees would employ the same approach used to assess support received from those in their personal lives to that from an organization. How employees perceive support is akin to the attributes used in their personal lives, such as frequency, sincerity, and magnitude.

Since the initial study on the difference in employee's response to reciprocity in the workplace, Eisenberger et al. (1986) and Rhoades and Eisenberger (2002) concluded that OST presumes employees view of the organization is based on how their work and

quality of life is valued and appreciated. The central component of OST has been used to further the exploration of OST in numerous work contexts. As there is limited research within congregate care settings, there is a benefit to understanding the relationship between the workplace psychosocial factors, perceived organizational support, and workers' quality of life in a congregate care environment.

Numerous studies have explored OST. OST, coined by Eisenberger, employ principles from Blau's social exchange theory and Gouldner's concept of reciprocity. He theorized that giving positive supports to employees would engender a sense of responsibility to assist the organization in delivering on their business goals (Caesens et al., 2020; Giorgi et al., 2016). A study using OST examined police officer's perception of organizational support, the impact on their actions, and how efficiently they do their job (Boateng & Wu., 2018). Three factors were found to be important to police officers acting in ways beneficial to their organization: (1) Having required job tools, (2) Feeling their well-being mattered, and (3) Feeling valued. Subsequent research show that perceived organizational support results in positive outcomes, including reducing burnout, increasing emotional attachment to the organization, and improved work performance (Caesens et al., 2020; Kurtessis et al., 2017).

Similarly, OST was used to examine the change in perceived organizational support over many years (Caesens et al., 2020). The results indicated highly sustained levels of perception of organizational support were associated with elevated employee loyalty and how they talk about their organization. The findings from the above studies illustrate the distinct relationship between perception of organizational support and

positive employee and employer outcomes. Kurtessis et al.'s (2017) quantitative analysis of perception of organizational support employing OST stated there is a benefit in building on the myriad of perception of organizational support studies. The authors affirmed that perception of organizational support had a positive relationship between employee and organizational reciprocity. Employees who feel their organization have their welfare in mind will have a different perception of their support and will act accordingly – work harder and access resources to manage their health. Also, perception of organizational support may reduce how employees experience work stressors and encourage timely and effective coping approaches (Baran et al., 2012; Blanco-Donoso et al., 2020; Boateng & Wu, 2018; Kurtessis et al., 2017).

The degree of employee's perception of organizational support may vary. Employees feelings of appreciation and resulting well-being can be impacted by the organization (Giorgi et al., 2016). Studies into OST support the premise that positive organizational support leads to positive personal and organizational outcomes (Downie, 2016; Eisenberger et al., 2016; Giorgi et al., 2016; Kurtessis et al., 2017). Employee quality of life is paramount to how one thinks about OST (Giorgi et al., 2016). Also, a study into perceived organizational support by Baran et al. (2012, as cited in Giorgi et al., 2016) found an association between perceived organizational support and employee's quality of life and a negative association with stress.

Further research into OST focused on job characteristics within the work environment, including stress. The studies identified organizational precursors to the perception of organizational support (Eisenberger et al., 2020; Giorgi et al., 2016; Imran

et al., 2020). According to the authors, factors such as how employees are treated, the quality of the relationship, human resources practices, and job conditions all serve to concretize how workers perceive organizations. All workers want to feel they are treated fairly by their employers. The alignment between workers' values, the organization, and an understanding of the unwritten cultural norms (e.g., social interactions, support, and working conditions) can colour how an employee perceives the organization and their support.

The ability to state a cause and effect relationship between precursors and perception of organizational support requires concrete evidence to support mitigating strategies. Eisenberger et al. (2020) discussed the concept of precursors or antecedents to the perception of organizational support. The authors stated that although researchers studied factors that preceded organizational support perceptions (positive employee attitudes, performance, and quality of life) and their repercussions, the evolving work environment is a relevant factor. Supports received from supervisors, tangible and intangible, also influence individuals' perception of organizational support (Caesens et al., 2017).

The perception of fairness is often an intangible concept but plays a part in how employees perceive the support received from their organization. Kurtessis et al. (2017) and Rhoades and Eisenberger (2002) studied procedural justice (e.g., human resources policies and practices), one of three fairness areas, and concluded that it is the most applicable to organizational support perception. An organization's sharing of information specific to their physical and psychological health and safety, rewarding workers for

achieving business targets, and including them in planning and decision making can influence how organizations are perceived. Eisenberger et al. (2020) deduced that employees would differentiate between the fairness of how they perceive their treatment and the source of that treatment which may influence perception of organizational support differently. A subsequent study on individual and organizational influences on first responder's quality of life concluded that perception of organizational support and quality of life were positively correlated (Miller & Unruh, 2019).

An organization's support can mitigate workers' levels of workplace psychosocial factors (vicarious trauma, compassion fatigue, and mental stress). Eisenberger et al. (2020), Miller and Unruh (2019), and Robaee et al. (2018) concluded that supervisors are seen by employees as 'the organization' and ascribe treatment, good or bad, from the supervisor as coming from the organization. As the desire for fairness is felt at all levels of an organization, diffusing the practice slowly throughout the organization can lead to positive perceptions of organizational support. Perceptions of organizational support might help reduce the emotional and psychological overload experienced by workers (Eisenberger et al., 2020; Giorgi et al., 2016; Liu, 2018). Additionally, organizational systems and operational practices affect social workers' stress and burnout levels, necessitating a focus on the root causes (Antonopoulou et al., (2017). Despite these findings, psychosocial workplace factors (vicarious trauma, compassion fatigue, mental stress, and burnout) continue to be a concern. Further, studies have focused less on workers in congregate settings than other categories of workers in other settings. The preponderance of the research focused on individuals in hospital, school, correctional,

emergency management, and law enforcement settings where there is a high level of direct interaction with others.

Although results from studies indicate agreement amongst many researchers that OST represents a solid theoretical foundation in exploring the perception of organizational support including the positive relationship between perception of organizational support and quality of life (Baran et al., 2012; Eisenberger et al., 2020; Kurtessis et al., 2017; Miller & Unruh, 2019; Wang et al., 2020), other studies highlight inconsistencies in results. Robaee et al. (2018) conducted a correlational study of perception of organizational support and stress among nurses in Italy that showed no statistical significance between perception of organizational support and stress. The author referenced a previous study by Maningo-Salinas in 2010 where the results indicated no mediating relationship and thus no statistical significance between stress and perception of organizational support. Although OST has broad appeal, as shown through the literature, it may not be applicable in all circumstances and contexts (Boateng & Wu, 2018; Caesens et al., 2020).

Quality of Life

The caliber of the feelings that employees have towards their work speaks to the quality of their work-life. Quality of life is described as a feeling a person has specific to their work (Monroe et al., 2020) or a reflection of how a caring worker appreciates their work (Itzhaki et al., 2018). Organizations expect multiple and sometimes competing actions from their workers, and these actions may revolve around the empathy felt for their patients and the resulting impact on their quality of life. According to Monroe et al.

(2020), nurses are either taxed or empowered by the compassion shared with their patients in the emergency room. As with nurses, congregate care workers cope with extensive mental health and physical stressors as a regular part of their job (Costakis et al., 2020). Compassion fatigue is said to be on the opposite end of the same scale although compassion satisfaction sits at the positive end. Workers whose compassion outstrips their ability to cope could extend beyond compassion fatigue and experience burnout. Burnout reflects workers' weariness from psychologically demanding situations that may lead to negative attitudes and separation from their work (Cohen et al., 2017). Unhealthy work environments can expose workers to psychological workplace factors (vicarious trauma, compassion fatigue, mental stress, and burnout) that impact workers professional quality of life.

Researchers exploration of compassion satisfaction and fatigue span decades. Studies on health care workers and specifically nurses indicate extensive exposure to traumatic situations that could increase their risk of compassion fatigue (Cohen et al., 2017). Beaumont et al. (2016) and Keesler and Fukui (2020) stated that the assessment of positive and negative work experiences through the use of the Professional Quality of Life (ProQOL) scale allows for exploration of the phenomenon.

The application of the ProQOL by researchers originated with nurses and has been subsequently applied to other professionals. Studies of the 30 items developed by Stamm was used to analyze compassion satisfaction and compassion fatigue (Cohen et al., 2017; Heritage et al., 2018; Staudt & Williams-Hayes, 2019) and the potential trauma and consequences of traumatizing events in midwives were explored using the ProQOL

(Cohen et al., 2017). Additionally, studies of child protection workers and compassion fatigue; palliative care workers and burnout used the ProQOL scale to gain insights into the quality of health care workers professional life (Keesler & Fukui, 2020).

The use of the ProQOL scale has been applied to other sectors and professionals. Two studies focused explicitly on workers in congregate settings (Keesler & Fukui, 2020b; Keesler & Troxel, 2020a). The author focused on the organization's environment, analysis of worker resilience, and self-care to ascertain the quality of workers' professional life. ProQOL was offered as a valuable tool in understanding compassion satisfaction and compassion fatigue of workers in the workplace in a recent study (Keesler, 2020).

Definitions

Vicarious Trauma: The effect from continuous emotional interaction with individuals who have experienced traumatic experiences allowing for the transference of the impact (Joint ILO/WHO Committee on Occupational Health, 1986).

Compassion Fatigue: The emotional exhaustion resulting from caring for individuals experiencing trauma or other severe stressors over a prolonged timeframe (Joint ILO/WHO Committee on Occupational Health, 1986).

Mental Stress: A natural response to pressures that are perceived to be threatening or harmful where prolonged exposure increases the likelihood of mental health issues that can overwhelm and debilitate emotionally and physically (The Center for Addiction and Mental Health, 2021).

Burnout: Resulting psychological and physical exhaustion from work-related demands or other prolonged and extreme stressors (Joint ILO/WHO Committee on Occupational Health, 1986).

Perceived Organizational Support: Employees feelings that the organization values their contribution and well-being and that actions taken to support them are done in good faith to influence commitment to the organization and its goals (Eisenberger et al., 2016).

Psychological Safety Climate: The values and actions of organizations in the form of policies, practices, and procedures in workplaces to benefit workers' psychological health and safety over organizational productivity (Dollard et al., 2012).

Significance

The outcome of this study can allow human services organizations to reconsider human resources policy directions that result in interventions to mitigate the levels of prolonged stressors in employees. Prolonged stress leads to mental health effects, such as vicarious trauma. The individual and organizational costs of not responding to various trauma include employee dissatisfaction, declining service quality, and increased staffing costs. Additionally, society continues to attach a negative lens to mental health issues, deterring individuals from seeking treatment. Policies that help normalize access to interventions within congregate care settings can offer a framework for other human service environments, allowing for a more systemic approach to mental health strategies.

As mental health costs to the health care system are both economic and non-economic, this study's findings may inform positive social change by influencing governments and other funders' funding strategies.

According to Walden University, positive social change is a deliberate process of creating and applying ideas, strategies, and actions to promote the worth, dignity, and development of individuals, communities, organizations, institutions, cultures, and societies. (Walden Center for Social Change, 2020)

In its 2020 Vision for Social Change, the author stressed how applying the relevant competencies and abilities can have an impact on society today and well into the future (Walden University, n.d.). Additionally, the focus on deliverables and continuous improvement principles ensure mental health problems that occur on a micro and macro level can be addressed. Since the start of the pandemic in 2020, employees and, by extension, the community have faced increased mental health distress. According to the Canadian Mental Health Association (2021), approximately 40% of Canadian citizens disclose that their mental health has decreased. The various levels of government and workplaces have a role to play in responding to this issue. Furthermore, while the cost of mental health to the Canadian economy is projected to grow to trillions of dollars, employers can anticipate increased staff absences, turnovers, decreased performance, and dissatisfaction (Milot, 2020). Specific sectors of the economy are disproportionately impacted by acute health risks such as mental stress for workers who regularly provide services to individuals with emotional and psychological trauma. This study may offer

improved outcomes for workers, reduce the burden on organizations, and reduce human and business costs in the furtherance of social good.

Summary

Workplace psychosocial factors (vicarious trauma, compassion fatigue, mental stress, or burnout) are experienced by congregate workers in the execution of their tasks. Costakis et al. (2020) concluded that workers are drawn to the helping profession for benevolent reasons and will over-extend themselves even at their peril. Their proximity to those they support require high levels of mental and emotional caring. Research into the above workplace's psychosocial factors (vicarious trauma, compassion fatigue, mental stress, or burnout) represents variables that have been shown to influence workers' perception of organizational support and quality of life (Jirek, 2020). Organizations' ability to support their employee's quality of life requires effective interventions that could improve performance and patient care. The COVID 19 pandemic propelled developmental services workers into the spotlight as they worked to keep individuals with intellectual and developmental disabilities safe (Bobbette et al., 2020).

Previous studies on workplace psychosocial factors mainly centered on the health sector and specifically health-related professionals including, nurses, doctors, therapists, and social workers. The studies found that health professionals experienced high levels of adverse mental distress (Blanco-Donoso et al., 2020; Dijxhoorn et al., 2020; Molnar et al., 2020; Russell, 2016). Also, subsequent studies concluded that workers might experience the same trauma symptoms as their patients, including lack of sleep, difficulty focusing, exhaustion, and self-isolation (Ludick & Figley, 2017). Workers' quality of life

can rely on individual self-care practices and organizational supports. Actions taken by organizations to promote and support workers' well-being is critical to the success of delivering supports and services to people in their care, reducing the potential costs to the healthcare system, and future organizational success (Bobbette et al., 2020). The perception of the supports provided by organizations, therefore could mean the difference between manageable levels of vicarious trauma, compassion fatigue, mental stress, and ultimately burnout.

Current studies into workplace psychosocial factors (vicarious trauma, compassion fatigue, mental stress, or burnout) have been extended to include other workplace settings, including first responders. As with health care workers, first responders (police, paramedics, and firefighters) are also exposed to environmental and psychological risks that may culminate in high levels of vicarious trauma, compassion fatigue, mental stress, and burnout. The occupational requirement for workers within emergency services exposes them to significantly elevated and unceasing hazards in the workplace. Therefore, how workers believe their contributions matter, the quality and value ascribed to their work, how committed they are to the organization are factors in the perception of support received at work; which ultimately impacts first responders' quality of life.

The ability to successfully mitigate workplace psychosocial factors on workers' quality of life is critical to how an organization develop and implement intervention strategies. Each worker may experience the buffering effects of organizational supports that reduce stressors beneficial to their quality of life differently (Xu & Yang, 2018).

Given the ongoing risk associated with interaction with traumatized patients or environments that put healthcare workers at risk, as in the COVID-19 pandemic, workplace psychosocial stressors are unavoidable. Mitigation strategies should address the issues of current and future healthcare workers (Blanco-Donoso et al., 2020).

Fortifying worker's capacity to cope was emphasized by Shanafelt et al. (2020) and Chen et al. (2020) advocated for distinct psychological and workload reduction approaches.

Workers in congregate sectors (shelters, group homes, long-term care homes, and correctional facilities) experience prolonged exposure to trauma and risky work environments. As a result of being deemed essential workers during the COVID 19 pandemic, developmental services employees experienced increased levels of stress (Lunsky et al., 2021). The literature reviewed indicated a scarcity of studies on workplace psychosocial factors (vicarious trauma, compassion fatigue, mental stress, and burnout) that shed light on congregate care workers' quality of life. The relationship between workers and their supervisors, the benefits offered by the organization, and the work environment contribute to how the workers perceive their treatment by the organization. This perception can influence how the worker manages their self-care and commits to their work and the business. The inability to cope with the stressors within the work environment can lead to burnout and disengagement from patients. Congregate workers' perception of the support received from their organization could have a mediating effect on workplace psychosocial factors (vicarious trauma, compassion fatigue, mental stress, and burnout) and possibly improve their quality of life.

In section one, the research study and relevant literature on workplace psychosocial factors defined as vicarious trauma, compassion fatigue, mental stress, and burnout was presented. OST grounded the research in concert with perception of organizational support. Section two will outline the research questions, hypotheses, methodology, research and sampling design, population, instrumentation and operationalization constructs, and data analysis plan guiding this study.

Section 2: Research Design and Data Collection

Introduction

The purpose of this quantitative, correlational study was to examine the relationship among two independent variables (workplace psychosocial factors and perceived organizational support) and the dependent variable of congregate workers' quality of life. I also conducted an analysis of whether the type of workplace psychosocial factor—vicarious trauma, compassion fatigue, burnout, or mental stress—and employment status of employees predicted access to organizational wellness interventions. In this section, the research design and rationale are outlined, and the variables are identified and analyzed. The target population of congregate care workers and the sampling design are discussed, and the instrumentation, operationalization, data analysis plan, and threats to validity are presented. Additionally, data protection and privacy are reviewed. The section concludes by discussing the ethical approach used with the data.

Research Design and Rationale

The research method used for this study was quantitative. Quantitative research helps shed light on a phenomenon or help address gaps in the literature by analyzing existing primary data (Creswell & Creswell, 2018). This quantitative study was non-experimental as the aim was to examine the relationship amongst the independent variables and the dependent variable and not to ascertain causality. A correlational research design was used to explore both research questions and hypotheses. Based on OST, the reciprocal relationship between employers and workers reflects an

interdependence and beneficial exchange between the two participants (Eisenberger et al., 2020). The research model thus included two independent variables: workplace psychosocial factors and perception of organizational support. There was one dependent variable (congregate workers' quality of life) and two co-variants (gender and employment status). The quantitative correlational design allows for the examination of the relationship between the independent variables and dependent variables without controlling them (Creswell & Creswell, 2018). Thus, a correlational design was an appropriate method to examine the relationship among workplace psychosocial factors, perceived organizational support, and congregate workers' quality of life.

The secondary data were acquired from Queen's University research database where the data set for the survey of psychosocial health and safety in Ontario's developmental services sector resided. The data set included the variables under examination—workplace psychosocial factors and perception of organizational support—which were used to determine the effect on congregate workers' quality of life while controlling for gender and employment status. There was no cost to access the data set. Permission was provided from the primary researcher, and any published literature will acknowledge Queen's University.

Methodology

Population

The workers in the developmental services sector in Ontario, Canada were the focus of this study. The approximately 200 developmental services organization in the province were targeted for the study. Developmental services workers have similar job

expectations as workers in the broader health sector. Similarly, their tasks expose them to the trauma and stress experienced by those in their care (Judd et al., 2017). A census sampling approach was used to select a representative sample of the workforce to examine the relationship between workplace psychosocial factors, perceived organizational support, and developmental services workers' quality of life. Participants from 43 developmental services organizations completed 1,400 surveys.

Sampling Design

Through inclusion and exclusion criteria, the appropriate participants were identified for the study. Identifying the basis for participation and exclusion from participation was linked to the purpose of the study (Hornberger & Rangu, 2020). All participants were 18 years of age or older. Other considerations regarding the sample included (a) the participant's tenure, (b) job title or classification, (c) employment status, (d) hours worked, (e) extra hours worked without pay, (f) rotating or irregular schedule, (g) additional job, (h) gender, and education level. Organizations that employ workers with the above characteristics were included in the study.

Appendices A and B shows a power analysis conducted using G* Power 3.1 to ensure the optimum sample of participants to reduce the likelihood of a Type II error. A Type II error could lead to an acceptance of the null hypothesis when it is false (Rudestam & Newton, 2015). Research Question 1 examined the statistical correlation between workplace psychosocial factors, perceived organizational support, and congregate care workers' quality of life after controlling for gender and employment status. Using a power level of .80 and an alpha of .05, a minimum sample level of 269

was determined to detect a medium (.3) effect. Using the same power level (.80) and alpha (.05) to calculate the minimum sample size to answer whether the type of workplace psychosocial factor and employment status of employees predict the utilization of organizational wellness interventions, a sample of 270 was determined. An adequate sample size allowed for the determination of the correlation between the variables in the study.

Instrumentation and Operationalization Constructs

Instrumentation Constructs

The developmental services psychosocial health and safety survey is grounded in the Copenhagen Psychological Questionnaire (COPSOQ). The COPSOQ was developed and validated by the National Institute of Occupational Health in Denmark and can be applied to multiple theories (Kristensen et al., 2016; Nübling et al., 2006). The survey instrument allowed for a complete evaluation of workplace psychosocial factors and is available in long, medium, and short versions. A representative sample of the working population ($N = 8,000$) between the ages of 20 and 59 in Denmark received the survey. The survey had 4,732 valid responses, with 1,215 excluded as the respondents were either not working or self-employed. The final sample of 3,517 employees represented a 60.4% response rate. The COPSOQ II was finalized using psychometric and statistical analysis. A differential item functioning was conducted using logistic regression to ensure the items in the survey measured differences in respondents in the same way (Pejtersen et al., 2010).

The survey scales consisted of 3–4 items, although there were many questions with more than four items. In the COPSOQ II, the majority of the questions have five response options. For example: (1) Always, Often, Sometimes, Seldom, Never/hardly ever and (2) To a very large extent, To a large extent, Somewhat, To a small extent, and To a very small extent. A Cronbach alpha score above 0.7 for most of the scales revealed internal consistency reliability (Pejtersen et al., 2010). Also, test and re-test reliability construct and predictive validity were conducted.

The COPSOQ II was adapted to address issues specific to the workplace in Ontario, Canada. The adapted survey format was self-reporting, thus reducing data collection bias (Rudestam & Newton, 2015). The revised COPSOQ II survey was sent to workplaces in the developmental services sector in Ontario, and 1,400 valid responses were received. Direct support workers represented 72% or 893 of the participants. All participants responded to 127 items measured on a five-point Likert scale. The survey domains included (1) Background information, (2) Satisfaction at work, (3) Work environment, health and safety climate at your workplace, (5) Physical work environment, (6) Your health and well-being during the last four weeks, (7) Workplace conflict and offensive behaviours, and (8) Workplace compassion. The study evaluated variables that could be mitigated to improve workplace psychosocial factors in congregate care settings. Specifically, the role of workplace psychosocial factors – vicarious trauma, compassion fatigue, mental stress, and burnout – and perceived organizational support.

The research problem is the ineffective response by organizations to workplace psychosocial factors that negatively affect congregate workers' quality of life. The ProQOL scale that evolved from Figley's original Compassion Fatigue Self-Test in 1980 continued to change between 1980 and 2000, before being renamed (Stamm, 2010). Although ProQOL is not a diagnostic tool, the four scales (compassion satisfaction, compassion fatigue, burnout, and secondary traumatic stress) effectively identify issues specific to workers' quality of life. The ProQOL is frequently used to assess the various impacts of the exposure by workers to the trauma experienced by individuals in their care (Heritage et al., 2018; Stamm, 2010). The focus of the ProQOL is on the positive and negative influences impacting the quality of workers' life. Construct validity of the tool is demonstrated through the more than 200 research papers that have used the ProQOL (Stamm, 2010).

Operationalization Constructs

The independent, dependent, and controlled variables are presented in Table 1. They include workplace psychosocial factors (vicarious trauma, compassion fatigue, mental stress, and burnout), perception of organizational support, gender, employment status, congregate workers' quality of life, and the utilization of organizational wellness interventions. Table 1 depicts variable names and meanings.

Table 1

Independent, Dependent, and Co-variants

| Name | Definition |
|--------------------------------|--|
| Workplace Psychosocial Factors | Risk factors at work causing mental harm |
| Compassion Fatigue | Emotional exhaustion from stress |

| | |
|--|--|
| Vicarious Trauma | Transference of trauma from others |
| Mental Stress | Prolonged exposure to pressures |
| Burnout | Exhaustion from sustained extreme stress |
| Perception of organizational support | Employee's belief of their worth to org. |
| Quality of Life | Employees healthy and active work life |
| Gender | Attributes differentiating men and women |
| Employment Status | Type of work arrangement with the employer |
| Utilization of organizational wellness interventions | Accessing and using work benefits |

Data Analysis Plan

Examination of the data was conducted with the IBM SPSS (Statistical Package for the Social Sciences) Version 27. SPSS 27 allowed for a better understanding of the relationship between variables through linear regression and identifying statistical significance through the ANCOVA (Wagner, 2020). The research questions and hypotheses examined included:

Research Questions and Hypotheses

Research Question 1: What is the statistical correlation between workplace psychosocial factors (vicarious trauma, compassion fatigue, burnout, or mental stress), perceived organizational support, and congregate care workers' quality of life after controlling for gender and employment status?

H₀1: There is no statistical correlation between workplace psychosocial factors (vicarious trauma, compassion fatigue, burnout, or mental stress), perceived organizational support, and congregate care workers' quality of life after controlling for gender and employment status.

H_a1: There is a statistical correlation between workplace psychosocial factors (vicarious trauma, compassion fatigue, burnout, or mental stress), perceived

organizational support, and congregate care workers' quality of life after controlling for gender and employment status.

Research Question 2 - Does the type of workplace psychosocial factor (vicarious trauma, compassion fatigue, burnout, or mental stress) and employment status of employees predict the utilization of organizational wellness interventions?

Ho2: Type of workplace psychosocial factor (vicarious trauma, compassion fatigue, burnout, or mental stress) and employment status of employees do not predict utilization of organizational wellness interventions.

Ha2: Type of workplace psychosocial factor (vicarious trauma, compassion fatigue, burnout, or mental stress) and employment status of employees do predict utilization of organizational wellness interventions.

The research questions, type of variables, and statistical analysis needed to operationalize the research questions are depicted in Table 2. Covariates were used to assess whether there is a statistical correlation between the independent and dependent variables after controlling for the identified covariates. Covariates can influence the outcome of the statistical analysis (Creswell & Creswell, 2018).

Table 2

Variables and Statistical Analyses

| Research Questions | Variables | Statistical Analysis |
|---|--|----------------------|
| RQ1 What is the statistical correlation between workplace psychosocial factors, perceived organizational support, and congregate care workers' | IV 1: Workplace Psychosocial factors IV 2: Perception of Organizational Support DV: Congregate Care Workers' quality of life CV 1: Gender | ANCOVA |

| | | |
|--|---|-------------------|
| quality of life after controlling for gender and employment status? RQ2 | CV 2: Employment Status | |
| Does the type of workplace psychosocial factor and employment status of employees predict the utilization of organizational wellness interventions? | IV 1: Workplace Psychosocial Factors DV 1: Utilization of organizational wellness interventions | Linear Regression |

Threats to Validity

Internal and External Validity

This quantitative correlational study aimed to examine the relationship between the independent variable of workplace psychosocial factors defined as vicarious trauma, compassion fatigue, burnout, or mental stress along with perceived organizational support and the dependent variable of congregate worker's quality of life. Therefore, the internal and external validity of the study is critical to the conclusions drawn from the results and subsequent ability to generalize to a broader population.

Internal validity refers to the inability to accurately interpret data about the population being studied, while external validity occurs from incorrectly generalizing results beyond the study's population (Creswell & Creswell, 2018). The threats to internal validity included having participants who may be predisposed to respond in a specific way. Participant's self-coping abilities may influence their responses to the questions on psychosocial factors in the workplace. The external threat to validity could include sampling bias resulting in participants not fully representative of the population under study. Consequently, the ability to generalize the results of the study would be

compromised. As the participants in the study were randomly chosen, external validity was maintained.

Data Protection and Privacy

Treatment of Data

Queen's University's General Research Ethics Board provided ethics approval for the primary data collection. The approval for this study was received from the institutional review board (IRB) of Walden University. I ensured the data collection method was ethical and responsive to legislation specific to participant's personal information and the IRB process. The Freedom of Information and Protection of Privacy Act in Ontario, Canada protects individual's personal information while simultaneously giving them access to their information (Freedom of Information and Protection of Privacy Manual, 2018). Data collected for this study will be kept confidential. All data from this study will be kept for a minimum of five years in a locked secure location and destroyed after the storage period.

Permissions

Walden's IRB approved the data collection procedures before collection of the data. Access to the secondary data was provided from Queens University after a formal written request was made to the primary researcher.

Ethical Procedures, Permission, and Concerns

Research including human participants require permission. The IRB process protects information shared by human participants in research studies (MacLean et al., 2019). All participant's information was protected and masked through the recoding data

gathering and analysis process. Approval from the IRB confirmed no ethical concerns for participants, researchers, or Walden that would negatively impact the study's outcome.

Maintaining the anonymity of participants was critical to the ethical procedures of the study. No identifying information that could be used to identify participants was retained. The Qualtrics platform allowed for anonymous participation of participants which helped maintain the study's external validity. Participants were free to refuse participation in the survey (forgo answering any question, withdraw) and did not directly benefit from its completion. The information collected was focused on helping to understand the relationship between workplace psychosocial factors, perception of organizational support, and the mitigation of congregate workers' quality of life. Participant's completion of the survey was deemed consent to participate in the study, although their legal rights were maintained.

Summary

The research design and data collection section presented the methodology of this quantitative correlational research study and outlined the steps taken to answer the research questions and hypotheses. By presenting the research and sampling design, population, instrumentation and operationalization constructs, and data analysis plan, I outlined the approach that will be used to analyze the relationship between workplace psychosocial factors, perception of organizational supports and congregate workers' quality of life. In section three, the study's findings and interpretation will be presented.

Section 3: Presentation of the Results and Findings

Introduction

The purpose of this quantitative correlational study was to examine the relationship among workplace psychosocial factors (defined as vicarious trauma, compassion fatigue, mental stress, or burnout), perceived organizational support, and congregate workers' quality of life. The main research question focused on the statistical correlation between workplace psychosocial factors, perceived organizational support, and congregate care workers' quality of life. The second research question focused on the ability to predict use of organizational wellness interventions.

Participants for the study were taken from the Queen's University research database. The data were collected using a psychosocial health and safety survey based on the COPSOQ and the ProQOL and analyzed using SPSS 27. The ANCOVA was examined to ascertain statistical significance for research question one and hypotheses. The resulting F statistic from the ANCOVA depicts the variances between-group (Creswell & Creswell, 2018); therefore, the statistical approach can reduce the error difference within variables: vicarious trauma and compassion fatigue identified as secondary traumatic stress, burnout, perceived organizational support identified as supervisory support, full-time, gender and quality of life identified as compassion satisfaction. Section 3 includes the secondary data collection approach, including the sample descriptive and demographic characteristics, the validity of the sample, and statistical analysis.

Data Collection of Secondary Data Set

The initial sample size from the secondary data set was 1,400 completed surveys. Before launching the project in March of 2020, the researchers collaborated with representatives from organizations to support participation in the survey. The link to the electronic survey was shared with agencies using email listservs for human resource managers and executives in the developmental services sector. Approximately 1,000 completed surveys were returned before the declaration of the COVID-19 global pandemic on March 11, 2020. The participation rate in the survey, which was impacted by its suspension resulting from the pandemic, represented approximately 47% or almost 5% of the developmental services workforce in Ontario (Hickey et al., 2018; Lunsky et al., 2021). The inclusion criteria for the data included agency-based developmental services workers. Of the 1,400-sample size, a review of the data set identified 1,328 fully completed surveys; therefore, the analysis included only 1,328 surveys. Workplace psychosocial factors were reverse coded using a Likert scale where “1” is the lowest response, and “5” is the highest level allowing for a consistent pattern. The survey question data was reverse coded to range from 0–100, leading to a more standardized scale.

Study Participants/Demographics

Table 3 displays the demographic data of the sample. Of the participants in the study, direct support professionals comprised the majority of respondents ($n = 895$; 67.4%). Other participants were supervisory ($n = 149$; 11.2%) and non-supervisory ($n = 203$; 15.3). Most respondents identified their employment status as regular full-time,

regular part-time, and casual ($n = 1,175$; 88.5%). Other respondents identified as either contract or seasonal ($n = 51$; 3.9%). Most of the respondents were female ($n = 1,053$; 79.3%), and 11% represented non-female respondents.

Table 3

Demographic Characteristics of Participants

| Variables | Categories | <i>n</i> | % |
|-------------------|--------------------------|----------|------|
| Job Title | Direct Support | 895 | 71.8 |
| | Professionals | | |
| | Supervisor | 102 | 8.2 |
| | Admin Support (i.e. HR) | 56 | 4.5 |
| | Sr Mgr./Executive | 47 | 3.8 |
| | Specialized Professional | 36 | 2.9 |
| | Other | 111 | 8.9 |
| | Missing | 81 | 6.1 |
| Employment Status | Regular F/T | 841 | 68.0 |
| | Regular P/T | 261 | 21.1 |
| | Casual/Relief | 73 | 5.9 |
| | Contract | 50 | 4.0 |
| | Seasonal | 1 | .1 |
| | Other | 10 | .8 |
| | Missing | 92 | 6.9 |
| Gender | Male | 142 | 11.7 |
| | Female | 1053 | 86.8 |
| | Non-Binary | 4 | .3 |
| | Prefer not to answer | 14 | 1.2 |
| | Missing | 115 | 8.7 |

Results

Workplace Psychosocial Factors, Perceived Organizational Support, and Quality of Life

The variables analyzed are outlined in Table 4. The alpha coefficient for the five variables falls between .72 and .89, representing good internal consistency. Reliability coefficients of .70 or more are considered acceptable (Creswell & Creswell, 2018). All data were evaluated to ensure alignment with statistical assumptions (e.g., outliers and

normal distribution). First, the descriptive statistics for support from supervisor has a lower mean than the other variables and even more from burnout. The variation between the standard deviation is low, indicating less of a spread in the data.

Table 4

Descriptive Statistics of Research Variables

| Variable | <i>N</i> | Minimum | Maximum | Mean | Stan. Dev. |
|--|----------|---------|---------|-------|------------|
| Secondary Trauma (Vicarious Trauma, Compassion Fatigue) | 1,045 | 5.00 | 25.00 | 9.95 | 3.73 |
| Stress | 1,070 | 4.00 | 20.00 | 12.07 | 3.52 |
| Burnout | 1,075 | 4.00 | 20.00 | 13.39 | 3.50 |
| Support from Supervisor (Perception of Organizational Compassion Satisfaction (Quality of Life)) | 1,178 | 2.00 | 10.00 | 7.42 | 2.07 |
| Compassion Satisfaction (Quality of Life) | 1,027 | 6.00 | 30.00 | 24.50 | 4.15 |

A Pearson correlation analysis was conducted to assess the violations of assumptions, allowing for the ANCOVA to test for the relationship between the independent variables, covariates, and dependent variable. The degree of the relationship can correlate with changes in either variable (Creswell & Creswell, 2018). In the model, the 1,019 participants assessed for secondary traumatic stress showed a statistically significant but very weak negative correlation with compassion satisfaction ($r = -.17$, $N = 1,019$, $p < .001$). Support from supervisor (perception of organizational support) had a weak positive correlation with compassion satisfaction ($r = .25$, $N = 1,023$, $p < .001$).

Burnout showed a statistically significant but weak negative correlation with compassion satisfaction ($r = -.21$, $N = 1,021$, $p < .001$). The two covariates had differing results. Employment status (regular full-time) was not statistically significant but had a correlation between compassion satisfaction ($r = .03$, $N = 1,027$, $p = .32$). Alternatively, gender (women) had a statistically significant and a weak positive correlation to compassion satisfaction ($r = .16$, $N = 1,025$, $p < .001$). Although secondary traumatic stress was shown to overlap with burnout ($p = .42$), it did not exert a high enough correlation to remove from the model. However, burnout and stress were highly correlated ($r = .82$, $N = 1,065$, $p < .001$), necessitating removing one of the two variables from the model. Burnout was used in the final model as it can result from ongoing work stress (Bottini et al., 2020; Elshaer et al., 2018; Judd et al., 2017).

A test of the assumptions was conducted for the ANCOVA model by examining the covariate (gender and full-time) interactions. The analysis of between-subjects effects showed gender and secondary traumatic stress, gender and burnout, gender and supervisory support ($p = .93$, $p = .74$, $p = .44$), full-time and support from supervisor, and full-time and secondary traumatic stress ($p = .54$, $p = .14$) lacked statistical significance while full-time and burnout had marginal significance ($P = .022$). Model 1 showed a marginally significant interaction between full-time and burnout, $F(16, 883) = 1.85$, $p = .022$, which may violate the homogeneity of regression lines if full-time was to be used as a covariate in the final model. Typically, full-time employees have more tenure, which was reflected in the effects from these items, although the correlation matrix did not show a significant relationship. Regardless, the covariate, full-time was maintained in the final model.

Levene's test was significant ($p < .001$) when gender and full-time were included in the model as covariates, hence Levene's test may not be sufficient to assess unequal variances that may negatively impact the model.

The model was re-run without full-time, resulting in an F statistic that compared systematic and systemic variances within the data. An F statistic indicating statistical significance at the $P < .05$ level will show a statistically significant difference between secondary traumatic stress, burnout, and supervisory support when controlling for gender and full-time. In testing the ANCOVA assumptions after replacing burnout with stress, stress and full-time was not found to have a significant interaction ($p = .13$). According to the results of this analysis, the p-value of .001 is significantly correlated. Secondary traumatic stress and supervisory support; secondary traumatic stress and stress; and secondary traumatic stress, stress, and supervisory support were found not to be statistically significant ($p = .11$, $p = .18$, $p = .07$). In Table 5, the final model of the ANCOVA test is shown.

Table 5

ANCOVA Results for Compassion Satisfaction and Psychosocial Factors, Support from Supervisor

| Source | SS | df | MS | Sig | F |
|-----------|-----------|-----|----------|------|--------|
| Gender | 5,188.88 | 1 | 5,188.88 | .000 | 584.94 |
| FT | 48.17 | 1 | 48.17 | .658 | .20 |
| STS | 4,879.04 | 19 | 256.79 | .404 | 1.05 |
| SS | 4,474.77 | 8 | 559.35 | .021 | 2.28 |
| BO | 10,304.52 | 16 | 644.03 | .001 | 2.63 |
| STS*SS | 33,836.74 | 97 | 348.83 | .010 | 1.42 |
| STS*BO | 38,160.76 | 147 | 259.60 | .328 | 1.06 |
| SS*BO | 29,489.63 | 96 | 307.18 | .07 | .125 |
| STS*SS*BO | 53,569.25 | 208 | 257.54 | .336 | 1.05 |

Note. R Squared = .676 (Adjusted R Squared = .180). (FT = Full-time, STS = Secondary Traumatic Stress, SS = Supervisory Support, BO = Burnout).

Hypothesis Results

Psychosocial factor differences (STS*SS*BO) represented the workplace psychosocial factors of vicarious trauma, compassion fatigue, burnout, and mental stress. Compassion satisfaction was used to represent QOL. The analysis showed no statistically significant interaction between secondary traumatic stress, burnout, and support from supervisors and congregate care workers' quality of life after controlling for gender and employment status, $F(208, 397) = 1.05, p = .34$. Thus, we fail to reject the null hypothesis that there is no statistical correlation between workplace psychosocial factors, perceived organizational support, and congregate workers' quality of life while controlling for gender and employment status. Notably, the interaction between secondary traumatic stress and support from supervisor was statistically significant ($p = .01$). However, the variables support from supervisor and burnout showed no statistically significant interaction with compassion satisfaction ($p = .07$).

Type of Workplace Psychosocial Factor, Employment Status and Utilization of Wellness Interventions

The relationship between variables was assessed using Pearson correlation. Gender (women), and burnout were strongly correlated and statistically significant ($r = .06, N = 1,073, p = .05$). Gender and psychological safety climate were found to have no statistical significance ($p = .07$), yet moderately correlated ($r = .06$). Utilization of wellness interventions (psychological safety climate) was found to be statistically

significant ($p < .001$) with burnout, stress, and secondary traumatic stress. Burnout, stress, and secondary traumatic stress are found to have a strong negative correlation ($r = -.40$; $r = .42$; $r = -.28$) to psychological safety climate while psychological safety climate and employment status is shown to have a weak positive correlation ($r = .02$). Burnout and stress were found to be statistically significant with a very high positive correlation ($r = .82$, $N = 1,020$, $p < .001$). Due to the high correlation between burnout and stress, only burnout was included in the final model.

A linear regression analysis was conducted to assess whether the type of workplace psychosocial factor (vicarious trauma, compassion fatigue, burnout, or mental stress) and employment status of employees predict the utilization of organizational wellness interventions (psychological safety climate). The model using burnout in place of stress is presented in Table 6.

Table 6

Regression Analysis Summary for Psychological Safety Climate (utilization of organizational wellness interventions)

| Variable | B | Beta | t | p |
|------------|-------|------|--------|------|
| (Constant) | 20.44 | | 54.00 | .000 |
| STS | -.03 | -.14 | -4.63 | .000 |
| Burnout | -.07 | -.34 | -10.92 | .000 |
| Regular FT | .13 | .01 | .51 | .61 |

Note. R squared adjusted = .18. SS = supervisory support, STS = secondary traumatic stress.

The regression model is statistically significant, $F(4, 1,019) = 60.52$, $p < .001$, indicating that type of workplace psychosocial factor and employment status could predict the utilization of organizational wellness interventions. The results, however,

indicate workplace psychosocial factors and employment status would only account for 18% of the variation in the utilization of organizational wellness interventions with an equivalent *adjusted R squared*, which is a small effect size as noted in Jacob Cohen's 1977 and 1988 benchmark studies (Funder & Ozer, 2019).

Hypothesis Results

Results from the evaluation using burnout and stress were similar. Full-time status was statistically significant in each model. However, the *R squared* is weak in explaining the variance in utilization of wellness interventions and burnout (.176) and secondary traumatic stress and employment status (.184). Secondary traumatic stress and burnout are highly statistically significant ($p < .001$). The results indicate that for every unit increase in secondary traumatic stress, utilization of organizational wellness intervention is predicted to decrease by .03, while for every unit increase in burnout, utilization of organizational wellness interventions is predicted to decrease by .07. Regular full-time was not statistically significant ($p = .61$). Although the results of the model were weak, they were highly statistically significant ($p < .001$) and the null hypothesis that the type of workplace psychosocial factor and employment status of employees do not predict utilization of organizational wellness interventions is rejected.

Summary

The data collection, analysis, and results were presented in Section 3 of this study. Using SPSS 27, linear regression and ANCOVA were conducted to examine the relationship between psychosocial factors, perception of organizational supports, and

congregate workers' quality of life. I also analyzed whether the type of psychosocial factor and employment status predicted the use of wellness interventions.

In assessing the first research question and hypotheses:

Research Question 1: What is the statistical correlation between workplace psychosocial factors (vicarious trauma, compassion fatigue, burnout, or mental stress), perceived organizational support, and congregate care workers' quality of life after controlling for gender and employment status?

Ho1: There is no statistical correlation between workplace psychosocial factors (vicarious trauma, compassion fatigue, burnout, or mental stress), perceived organizational support, and congregate care workers' quality of life after controlling for gender and employment status.

Ha1: There is a statistical correlation between workplace psychosocial factors (vicarious trauma, compassion fatigue, burnout, or mental stress), perceived organizational support, and congregate care workers' quality of life after controlling for gender and employment status.

The results ($p = .34$) suggest that workers' quality of life is not directly influenced by psychosocial factors and perception of organizational support when controlling for gender and employment status. Therefore, using a 5% significance level, we fail to reject the null hypothesis, suggesting there is insufficient evidence to reject the claim that workplace psychosocial factors and perceived organizational support do not influence congregate workers' quality of life when controlling for gender and employment status. Notably, the interaction between secondary traumatic stress and support from supervisor

was statistically significant, while support from supervisor and burnout showed no statistical significance. Gender (women) as a covariate was found to be statistically significant, while employment status was not statistically significant.

In assessing the second research question and hypotheses:

Research Question 2: Does the type of workplace psychosocial factor (vicarious trauma, compassion fatigue, burnout, or mental stress) and employment status of employees predict the utilization of organizational wellness interventions?

H₀₂ - Type of workplace psychosocial factor (vicarious trauma, compassion fatigue, burnout, or mental stress) and employment status of employees do not predict utilization of organizational wellness interventions.

H_{a2} - Type of workplace psychosocial factor (vicarious trauma, compassion fatigue, burnout, or mental stress) and employment status of employees do predict utilization of organizational wellness interventions.

The results ($p < 0.001$) suggested that the type of workplace psychosocial factor and employment status do appear to influence the utilization of organizational wellness interventions. The regression analysis utilized the complete construct of psychological safety climate as the outcome variable. Although it was not a true proxy for accessing organizational support, it provided insights into what factors influenced workers perception of a psychologically safe work climate. The culture of a psychologically safe work environment conveys to employees that they are protected from workplace psychosocial factors that could put a strain on their mental health and productivity while allowing them to remain resilient through accessing resources in the organization

(Dollard et al., 2012; Zadow et al., 2017). Therefore, using a 5% significance level, there was sufficient evidence to reject the claim that employees' type of workplace psychosocial factor and employment status does not predict the utilization of organizational wellness interventions. Additional interpretation of the findings, limitations of the study, recommendations, and implications for professional practice and social change are presented in Section 4.

Section 4: Application to Professional Practice and Implications for Social Change

Introduction

The purpose of this quantitative correlational study was to examine the relationship among workplace psychosocial factors, perceived organizational support, and congregate workers' quality of life. I wanted to illustrate that the ineffective response by organizations to workplace psychosocial factors may affect congregate care workers' quality of life. Whereas, organizations that are effective in their approach may have a positive influence on workers' behaviour related to their health and well-being. Section 4 discussed the interpretation of the findings, recommendations, and limitations.

Interpretation of the Findings

Data within the developmental services sector on workplace psychosocial factors (vicarious trauma, compassion fatigue = secondary traumatic stress, burnout, mental stress = stress) were collected using the adapted COPSOQII and the ProQOL by Stamm. SPSS 27 was used for analysis. I hypothesized that congregate workers' quality of life might be influenced by workplace psychosocial factors and how they perceive support from their organization. I also hypothesized that the utilization of wellness interventions might depend on the type of psychosocial factor being experienced and the employee's employment status.

The ANCOVA indicated that the differences in psychosocial factors did not interact significantly with compassion satisfaction. Both support from supervisor and burnout, however, significantly interacted with compassion satisfaction. The result ($r = .72; p < .001$) is consistent with a previous study that found burnout to have a significant

correlation ($r = .67$; $p < .001$) with compassion satisfaction (Pramilaa, 2018). Thus, the higher the quality of life, the more workers can guard against incidences of burnout. Additionally, secondary traumatic stress significantly interacted with support from supervisor. This result shows that supervisory support (perceived organizational support) moderates the secondary traumatic stress relationship and not the combined variables of secondary traumatic stress, supervisory support, and burnout. This finding is also supported by a 2020 study that found a negative correlation between compassion satisfaction and burnout (Notarnicola et al., 2020).

When examining supervisory support (perception of organizational support), the ANCOVA showed support from supervisor and compassion satisfaction (quality of life) to be statistically significant ($p = .021$). Similar to these results, previous research showed that perception of organizational support has a positive relationship with employees' quality of life (Boateng & Wu, 2018; Eisenberger et al., 2020). Supervisory support (perception of organizational support) appears to be a critical influencer of secondary traumatic stress (vicarious trauma, compassion fatigue; $P = .010$). This finding is consistent with other studies that showed employees who think highly of the support they receive from their organization tend to be happier and have a better quality of life (Eisenberger et al., 2020; Giorgi et al., 2016; Kurtessis et al., 2017; Miller & Unruh, 2019). The findings from this study are therefore consistent with OST theory.

Further, the reason for the support has been shown to be even more important than the type of support. Several studies on perceived organizational support were found to have a relationship between perception of organizational support and how fair workers

feel they have been treated (Shanock et al., 2019). The findings from this study confirm that supporting employees does impact their quality of life; however, the type of support provided to employees is also considered by them and will translate into how they respond to workplace psychosocial factors (Boateng & Wu, 2018; Kurtessis et al., 2017). Other studies also concluded that workers' quality of life is negatively impacted when they do not benefit from interaction with their organization (Keesler, 2020). The mitigations employed by organizations to treat employees positively are supported by numerous empirical studies and are grounded in OST (Eisenberger et al., 2020; Keesler & Troxel, 2020b; Shanock et al., 2019; Wang et al., 2020). Additionally, these mitigations could focus directly on workers (e.g., benefits) or the work environment (e.g., policies and culture; Keesler, 2020).

There were several notable results in considering the type of workplace psychosocial factor and employment status that predicts the use of organizational wellness interventions. The linear regression showed that workplace psychosocial factors and employment status might statistically significantly predict psychological safety climate, $F(5, 1,019) = 94.32, p < .001$. Employment status (full-time) was not found to be statistically significant ($p = .77$). Additionally, workplace psychosocial factors, but not employment status, accounted for 18% of the difference in psychological safety climate, which sheds light on how comfortable and safe employees feel about accessing wellness initiatives. Psychological safety signals employees to initiate using enabling resources (Loh et al., 2018) and high feelings of security by employees prompt them to use resources to manage adverse work effects (Dollard et al., 2012).

Based on the results from this study, it can be surmised that developmental service workers' utilization of organizational wellness interventions could be predicted by how burned out or stressed they feel. The results also inferred that although the model may be statistically significant ($p < .001$), it may not have a high enough effect size to significantly affect the practical application in the field. Effect size allows for drawing conclusions about the relationships of the variables in the study (Creswell & Creswell, 2018).

Limitations, Challenges, and/or Barriers

All research has limitations, challenges, and barriers that can impact addressing the research questions. A barrier to conducting this study included the availability of relevant secondary data sets. The lack of alignment between data descriptors and study variables was a challenge. As this study utilized secondary data, the possibility of not answering the specific research questions to their fullest extent was a concern (Hajia, 2019). The data limited the analysis of the research questions, especially Research Question 2, which was focused on whether the type of workplace psychosocial factor and employment status predicted the utilization of wellness interventions. Another limitation was the use of a quantitative research method. Quantitative research focuses on data that can be measured and quantified (Creswell & Creswell, 2018). Through close-ended questions, the study provided data organized into categories but was limited without gaining insights from data that could have been collected through open-ended questions. A third limitation was the impact of the COVID-19 pandemic on the collection of the primary data. The participation rate in the survey was reduced (47%) as the survey was

pre-maturely closed and may have impacted the response rate. A final limitation was the self-reporting nature of the survey used to collect the data. Personal and work-related conditions impact workers and may influence their responses (Rudestam & Newton, 2015). As the research questions were interested in workplace psychosocial factors (vicarious trauma, compassion fatigue, mental stress, burnout), the onset of the COVID-19 pandemic may have unduly colored the responses given by the respondents.

Recommendations

Workers in congregate care settings and specific to this study, developmental services workers are directly and indirectly exposed to stressors within the organization. These stressors could impact workers health and work output. Organizations that successfully implement interventions could influence how workers perceive the support offered by their organization leading to behaviours that influence their quality of life. Based on the results of this study and the identified limitations, there are numerous recommendations for additional research on workplace psychosocial factors, perceived organizational support, and congregate workers' quality of life when controlling for employment status and gender.

First, a qualitative research method may be used to gather detailed information on the variables under consideration. The exploratory nature of a qualitative study allows for examining and understanding phenomena (Creswell & Creswell, 2018). Qualitative research allows for open-ended questions that may provide more insight into workers' perceptions and organizational factors (e.g. culture) that could affect the study's outcome.

The second recommendation is the use of primary and not secondary data.

Primary research would allow the researcher to structure the data collection to gather the specific information required to answer better the research question instead of using already collected data that may have gaps.

Third, the use of a mixed-method research design (quantitative and qualitative) to allow a more participant-centered approach. Capitalizing on the strengths of both qualitative and quantitative approaches, future researchers can integrate the results from both methods (Rudestam & Newton, 2015). The collection of quantitative data is mainly presented with numbers, charts, and figures. Qualitative data allow for the documenting of themes or trends that emerge from participant's responses. The richness of the combined data may offer new areas of inquiry or lead to more suitable interventions.

Finally, design survey questions that are more aligned with the research problem. The onset of the COVID-19 pandemic may have exposed respondents to much greater levels of direct and indirect workplace psychosocial factors. Since individuals have various coping approaches, including self-care strategies, their responses to the survey questions may have been unduly influenced by their experiences during the pandemic. The original survey was not designed to focus on the COVID-19 pandemic, and the answers may have led to recall bias in the participants.

Implications for Professional Practice and Social Change

Professional Practice

This quantitative correlational study into the relationship between workplace psychosocial factors, perceived organizational support, and congregate workers' quality

of life examined the interaction between and with the key variables (workplace psychosocial factors – vicarious trauma, burnout, compassion fatigue, mental stress), perceived organizational support (support from supervisor), and gender and employment status. The variables met all statistical assumptions as confirmed through linear regression and ANCOVA. Although the models were found to be significant predictors, the results from the study may present limited application within the field.

Future studies could employ a different methodology to collect the data, including reviewing human resources management records and organizational and individual factors. Other variables could afford organizational leaders' additional insights into influences on congregate workers' quality of life. Individual variables may include culture, demographics, employment tenure, and social support system, while organizational variables may include workplace culture, leadership style, employee development, and organization size. Personalized benefits and strong social networks promote the perception of organizational support (Eisenberger and Stinglhamber, 2011, as cited in Caesens et al., 2020). The analysis of specific variables increases the identification and understanding needed to develop proactive interventions (Notarnicola et al., 2020).

OST and its underlying component, perception of organization support, was the theoretical framework used in this study. Purposeful actions to support employees, timeliness of supports, and ensuring that employees benefit more from interventions meant to support them than the organization are vital (Eisenberger et al., 1986). Organizations' understanding of the relationship between them and their employees may

aid in developing and successfully implementing these wellness initiatives.

Organizational leaders can use the concepts from organizational support to further shape strategies and policies without creating undue hardship for the organization. This combination of actions taken to manage workers' quality of life may mitigate the effects of workplace psychosocial factors.

This study grounded in OST included 1400 developmental services workers. There are numerous studies using OST, given its success in predicting relationship variances and influences (Eisenberger et al., 1986; Kurtessis et al., 2017). While the results of this study found a statistical correlation between workplace psychosocial factors, perception of organizational support, and congregate workers' quality of life, there are minimal studies focused on the quality of life of congregate care workers (Jirek, 2020; Judd et al., 2017). Thus, this study can add to the research using OST as a theoretical framework in identifying relationships between and among variables influencing quality of life.

Positive Social Change

Results from this study may be used to inform positive social change. As previously noted, the intentional actions used to implement ideas, create awareness, or develop strategies to better individuals, communities, or society furthers positive change. The study's results that secondary traumatic stress, burnout, and perception of organizational support showed a statistically significant relationship with compassion satisfaction, although having weak correlation aligned with findings that explored the level of professional quality of life between emergency room workers (Notarnicola et al.,

2020). The authors stated that the development of interventions by leaders at the micro (individual) and macro (organizational) levels should be a principal objective. These results can inform organizational leaders, funders (private or public), and policy makers. Human resources leaders could develop targeted or individualized wellness options to ensure workers have the resources needed to improve their specific quality of life while positively impacting their productivity.

Additionally, gender (female) was statistically significant, although with a weak positive correlation with compassion satisfaction. Women are known to address stress; however, their responses included socially interacting with others and using available supports (Kurtessis et al., 2017). Developmental services workers are predominantly female, and the strategies needed to respond to their needs may differ. Learning from the successful approaches used by female workers could lead to the development of promising wellness interventions that are more responsive to all employees.

This study also showed that the type of workplace psychosocial factor and employment status could predict the utilization of organizational wellness interventions. Developmental services workers are diverse, and their needs are also diverse. The establishment of various benefits may reflect the organization's concern for its employees. However, using those benefits is critical to workers' quality of life; therefore, the types of wellness initiatives should be beneficial to employees.

This same understanding can assist the development of community and societal responses. The increase in the effects of psychosocial factors on the mental well-being of individuals has increased throughout the pandemic. Strategies should promote this

change and grow the community and societal awareness of its effect through public health and governmental policies and interventions. Given society's lack of openness to mental health trauma and the effect on an individual's quality of life, research that shows the correlation between psychosocial factors and congregate workers' quality of life may allow for the development of communication strategies or targeted benefits. Workers in congregate settings should be supported in managing psychosocial factors that negatively impact their quality of life.

Conclusion

Many studies have focused on workplace psychosocial factors and their effect on workers' quality of life; however, the focus has not been on congregate workers. The work-related psychosocial stressors developmental services workers experience and their perception of how the organization values them could have a detrimental impact on their quality of life. This study is consistent with OST, and the findings confirm that supporting employees impacts workers' quality of life. The results also confirm that burnout and stress are highly correlated, while support from supervisors was also negatively correlated with quality of life.

Policies and benefits from organizations and government tend to focus more on workers' physical health with minimal regard for their mental well-being. Therefore, wellness interventions should focus on enhancing compassion satisfaction by decreasing the influence of workplace psychosocial factors and improving support to employees that could prompt the use of wellness interventions. The findings from this study can also

foster future research, and add to the literature and discussion on workplace psychosocial factors, perceived organizational support, and congregate workers' quality of life.

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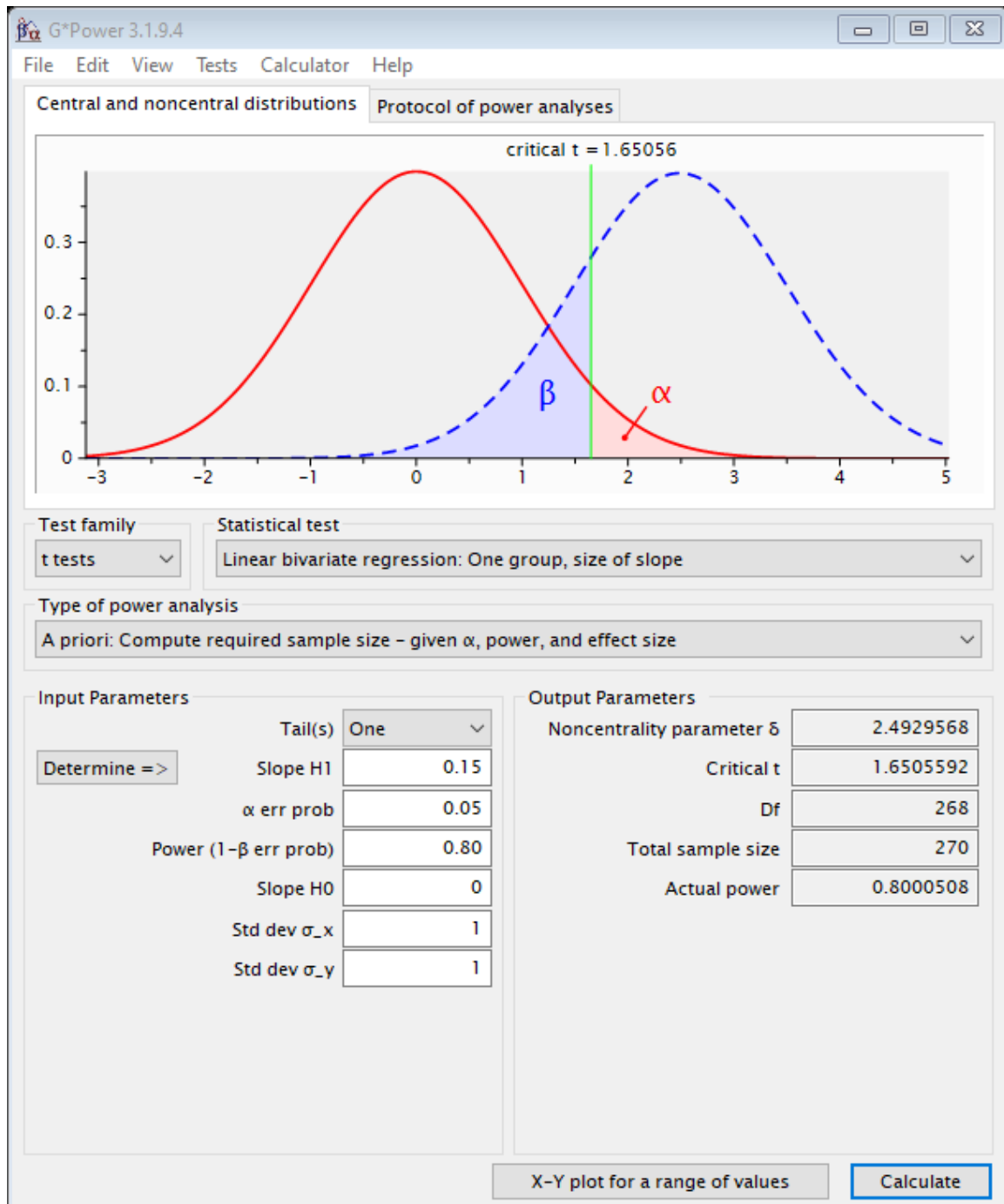
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Appendix A: G*Power Analysis

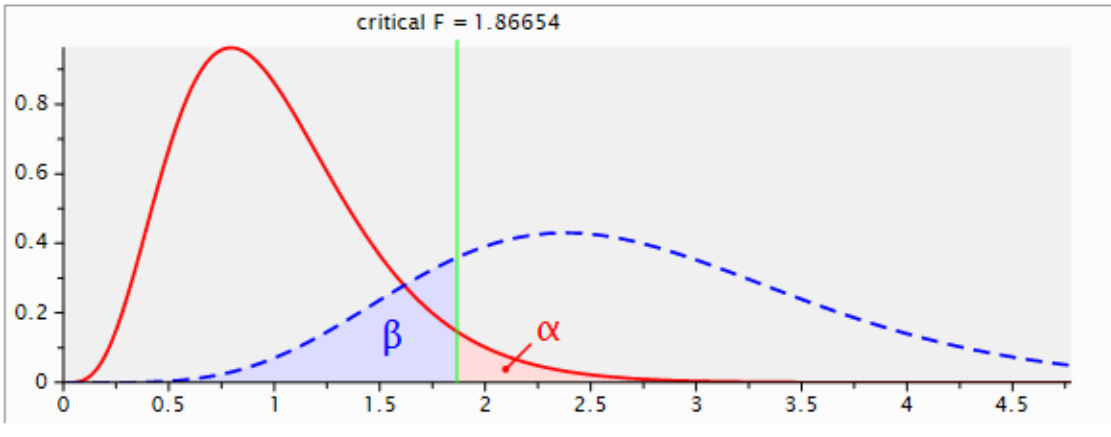


Appendix B: G*Power Analysis

G*Power 3.1.9.4

File Edit View Tests Calculator Help

Central and noncentral distributions Protocol of power analyses



critical F = 1.86654

Test family: F tests

Statistical test: ANCOVA: Fixed effects, main effects and interactions

Type of power analysis: A priori: Compute required sample size - given α , power, and effect size

Input Parameters

| | | |
|--------------|-------------------------------|------|
| Determine => | Effect size f | 0.25 |
| | α err prob | 0.05 |
| | Power ($1 - \beta$ err prob) | 0.80 |
| | Numerator df | 10 |
| | Number of groups | 2 |
| | Number of covariates | 2 |

Output Parameters

| | |
|-----------------------------------|------------|
| Noncentrality parameter λ | 16.8125000 |
| Critical F | 1.8665360 |
| Denominator df | 265 |
| Total sample size | 269 |
| Actual power | 0.8001907 |