

2016

Factors influencing the use of physical restraints on children living in residential treatment facilities

April M. Minjarez-Estenson
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

 Part of the [Psychology Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

April Minjarez-Estenson

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Vincent Fortunato, Committee Chairperson, Psychology Faculty

Dr. Bernadette Dorr, Committee Member, Psychology Faculty

Dr. Kizzy Dominguez, University Reviewer, Psychology Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2016

Abstract

Factors influencing the use of physical restraints on children living in residential
treatment facilities

by

April Minjarez-Estenson

M.A., University Of Phoenix, 2006

B.A., National University, 2001

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

March 2016

Abstract

The use of physical restraints in residential treatment centers for children has been shown to be detrimental to both staff and the children. Although there have been nationwide initiatives to reduce or eliminate the use of physical restraints on children, to date, researchers have not yet identified the organizational factors that predict the likelihood of using physical restraints on children. Based on the two-factor theory, in which two different types of predictors of motivation and behavior in the workplace were identified, the purpose of this quantitative non-experimental study was to examine whether satisfaction with pay, a hygiene factor, and satisfaction with supervision and perceived organizational support, motivating factors, predict the frequency of the use of physical restraints. Satisfaction with pay and supervision were measured using the Job Satisfaction Survey and perceived organizational support was measured using the Perceived Organizational Support Survey. Data were collected from 245 direct care staff members employed at residential treatment centers for children. Pearson product moment correlations and multiple regression analysis were conducted. The results indicated that satisfaction with supervision was negatively and statistically significantly related to the use of physical restraints on children in residential care and satisfaction with pay approached significance. Organizational changes that address training, development, pay, and best practices for supervision may aid in the reduction of physical restraints used on children. The reduction in physical restraints would thereby reduce the undesirable impact they have on children and result in positive social change.

Factors influencing the use of physical restraints on children living in residential
treatment facilities

by

April Minjarez-Estenson

M.A., University of Phoenix, 2006

B.A., National University, 2001

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

March 2016

Dedication

I dedicate this to my children, Isaiah and Saleen who waited patiently for me to finish. I also dedicate this to my dearest grandfather Felipe Sanchez who provided me a loving foundation, I am eternally thankful for your support and unconditional love. My husband, Dennis, has been instrumental in supporting me through this process. I thank you all with every beat of my heart.

Acknowledgments

I am thankful to all my committee members who have been very patient and supportive throughout the entire dissertation process. A special thank you to Dr. Fortunato as my dissertation chair- for your meticulous attention to detail ensuring the quality of my work.

Table of Contents

Chapter 1: Introduction to the Study.....	1
Background of the Study	1
Problem Statement	4
Purpose of the Study	5
Nature of the Study	6
Research Question and Hypotheses	7
Hypothesis One.....	7
Hypothesis Two	8
Hypothesis Three	8
Theoretical Framework.....	8
Definition of Terms.....	9
Assumptions.....	11
Limitations	12
Scope and Delimitations	13
Significance of the Study	13
Chapter 2: Literature Review.....	16
Introduction.....	16
Background and Organization of the Chapter	17
Residential treatment for Children and Adolescents	18
Job Satisfaction.....	20
Herzberg’s Two-Factor Theory	22

Empirical Review of Herzberg’s Two-Factor Theory	24
Perceived Organizational Support (POS)	29
Extrinsic Factors Related to Job Satisfaction.....	32
Employee Level Outcomes Related to Both Hygiene and Motivator Factors.....	34
Summary of Hygiene and Motivator Factors:	37
Criticisms of Herzberg’s Two-Factor Theory.....	38
The Use of Physical Restraints in Residential Treatment.....	46
Empirical Research Regarding the Use of Physical Restraints	47
Job Satisfaction, Management Support, and the Use of Physical Restraints	53
Summary and Conclusion.....	55
Chapter 3: Research Method.....	57
Introduction.....	57
Research Design and Rationale	57
Research Questions and Hypothesis	58
Research Question One.....	58
Hypothesis One.....	59
Research Question Two	59
Hypothesis Two	59
Research Question Three	60
Hypothesis Three	60
Methodology.....	60

Population	60
Sampling and Sampling Procedures	61
Participants.....	61
Sample Size.....	62
Recruitment.....	63
Instrumentation and Operationalization of Constructs	63
Job Satisfaction Survey.....	64
Perceived Organization Support Survey.....	65
Use of Physical Restraints	66
Data Analysis Plan.....	66
Threats to Validity	67
Ethical Procedures	69
Summary.....	70
Chapter 4: Findings and Analysis.....	72
Introduction.....	72
Data Collection	72
Description of the Sample.....	74
Data Analysis	77
Data Preparation.....	77
Normality Analysis	80
Hypothesis One.....	82
Hypothesis Two	83

Hypothesis Three	83
Summary	86
Chapter 5: Discussion	88
Introduction.....	88
Interpretation of Findings	88
Hypothesis 1.....	88
Hypothesis 2.....	91
Hypothesis 3.....	94
Herzberg’s two-factor theory of Job Satisfaction	95
Limitation of the Study	96
Recommendations.....	99
Recommendations for Action	99
Recommendations for Future Study	100
Implications for Positive Social Change.....	105
Conclusions.....	107
Appendix A: Demographic Information.....	132
Appendix B: Survey Questions.....	134
Appendix C: Script to be read and/or e-mailed to the organizational leader(s).....	136
Appendix D: Script to be given to employees at residential treatment facilities.....	137
Appendix E: Script to be posted with the social media posting	138
Appendix F: Consent Form.....	139
Appendix G: Permission to use: Dr. Spector	141

Appendix H: Permission to use: Dr. Eisenberger142

List of Tables

Table 1: Frequency Counts and Percentages for Participants.....	76
Table 2: Normality Testing Statistics of Study Variables	81
Table 3: Correlation Matrix for Independent and Dependent Variables in the Study (N=245).....	82
Table 4: Summary of Multiple Regression Analysis for Predictors of Restraint Usage (N=245).....	85

Chapter 1: Introduction to the Study

Background of the Study

After the Civil War, many children in the United States were orphaned and forced into homelessness. Today, many children face the same struggles of homelessness due to abandonment by or loss of parents. There were approximately 500,000 children requiring out of home placement in 1999 (Rosen, 1999), thus necessitating the need for different systems of care including residential treatment centers.

Due to the traumatic nature of parental abandonment as well as the issues at the root of the abandonment such as parental drug use and parental prostitution, many abandoned children require more than merely a place to live. Children in residential placements require residential treatment for a variety of psychological needs (Rosen, 1999). Residential treatment for children is a form of treatment in which a child is placed in an out-of-home environment, typically a residential treatment center. Children placed in residential treatment centers tend to have a variety of emotional and psychological problems. Some of the children come in with symptoms associated with depression as a response to a natural event, others come in with more serious etiologies with symptoms that may present as conduct disorder, and some children have behavioral problems coupled with learning disorders (Baker, Gries, Schneiderman, Archer, & Friedrich, 2008). The children often attend school at the residential treatment center and are monitored by a psychiatrist. A master's level or Ph.D. level clinician is usually available for psychotherapy of behavior, social, or emotional issues at each residential treatment center. Little, Kohn, and Thompson (2005), based on data available from state funding

agencies, indicated that at least 1 in 120 children in the United States are placed in a residential setting on any given night and Little et al. estimated that 140,000 to 210,000 children in the United States will at some point find themselves in a residential treatment setting of some type each year. However, Little et al. (2005) indicated that it is difficult to discern exactly the rate of placement of children in residential treatment centers in the United States because the data is only collected on children who are funded by the state in some way. According to Little et al. (2005), not all children placed in residential treatment centers are funded by the state and as a result, the total number of children placed at residential treatment centers per year is not available. As a result of the variety of diagnoses and symptoms demonstrated by the children at residential treatment centers, physical interventions by staff are sometimes implemented to help keep the client, other clients, and staff members safe (Day, 2002). Children in treatment can potentially harm themselves or others; for example, a child may decide to pick up a chair and throw it at another child and/or staff, may get a weapon, may begin hitting, kicking and otherwise assaulting others. In such instances, a physical intervention is needed to secure the safety of the surrounding children and staff (Crosland et al., 2008).

Although the primary reason for using physical restraint in a residential treatment center is to help keep children safe, the use of physical restraints may exacerbate existing psychological problems as well as cause physical injuries to staff and children (Holstead, Lamond, Dalton, Home, & Crick, 2010). There have been national initiatives to reduce the use of physical restraints because of the possibility of harm to staff and children and because the use of restraints does not coincide with best practices. The use of restraints

may have an impact on staff morale, the overall operations of the facilities and cause undesirable outcomes for the children involved (LeBel, Huckshorn, & Caldwell, 2010).

Based upon the literature to date, it is clear that although there have been statewide initiatives across the United States to limit the use of restraints and despite the fact that they can be demoralizing, counterproductive, and traumatic to the children, they continue to be used in residential treatment centers (Miller, Hunt, & Georges, 2006; LeBel et al., 2010). Moreover, research has shown that residential treatment center staff members typically report low levels of organizational support, low quality supervision, and low pay (dosReis & Davarya, 2008; Moses, 2000). Similarly, Jordan et al. (2009) found that staff members at residential treatment centers often experience decreased job satisfaction when they perceive a low level of support and unfair compensation.

Research has shown that job performance relates positively to the extent employees feel their organization is committed to them and the level of support they feel they have received from their supervisors (Herzberg, Mausner, & Snyderman, 1959; Rhoades & Eisenberger, 2002; Spector, 1985). Additionally, research has shown that job satisfaction related positively with job performance in the human services field (Wiggins & Moody, 1983). Moreover, Buffum and Konick (1982) stated in their research that job performance in the human services fields related positively with client outcomes, such as progress towards their treatment goals and overall success of the program the client is in. Given that research has shown that job satisfaction relates positively with job performance and that job performance relates positively with client outcomes, Crosland et al. (2008) recommended that increasing quality of training, increasing pay, and

providing adequate supervision would possibly reduce physical restraints in residential treatment centers. Therefore, it is reasonable to conclude that residential treatment center employees who are dissatisfied with their jobs might be more likely to use physical restraints than residential treatment center employees who are satisfied with their jobs. Satisfaction with pay has also been studied and it has been found that those who feel they are adequately compensated for the work they do tend to have increased job satisfaction, which could positive affect job performance (Greenberg & Baron, 1995).

What is known thus far in the literature is that individuals working in residential treatment centers have a stressful work environment as they work with challenging children who have had behavioral and other mental health issues (Miller et al., 2006). Staff members at some residential treatment centers have stated in various interviews and studies that they feel they are not justly compensated for their pay, they feel they need more support from their organization as well as supervision (Moises, 2000; dosReis & Davarya, 2008). Some staff members have also indicated they do not understand the policies regarding restraint procedures in their facility and perhaps if they had more support and direction they may use physical restraints less often (dosReis & Davarya, 2008). The problem statement, purpose of the study, hypotheses and implications of the study are discussed in this chapter.

Problem Statement

Although recent research has suggested that residential treatment center staff members continually state the need for higher pay and strong organizational support such as supervision, to date no one has examined the extent to which the use of physical

restraints in residential treatment centers is influenced by perceptions of organizational support, quality of supervision, and satisfaction with pay. As previously mentioned, physical interventions can have negative consequences for the staff, the organization, and the children (LeBel, Huckshorn, & Caldwell, 2010). Unfortunately, little is known empirically about whether residential treatment center employees who are dissatisfied with their jobs and their pay and who perceive a lack of organizational support are more likely to use physical interventions than employees who are satisfied with their jobs and who perceive high levels of organizational support. Although a relationship between counterproductive work behaviors and job satisfaction has been noted in the human services field (DosReis & Davarya, 2008), no one has specifically looked at the use of physical interventions as a potentially negative aspect of job performance.

Purpose of the Study

The purpose of this study was to examine the relationships between satisfaction with pay, satisfaction with supervision, and perceived organizational support on the frequency of use of physical restraints reported by residential treatment center staff using quantitative methods. Additionally, this study examined the extent to which each independent variable explains unique variance in the use of physical restraints. This study was designed to gain a better understanding of possible factors that might play a role in influencing the rate of physical restraints in residential treatment centers. Children have died while in the care of a residential treatment center where a physical intervention was used. By understanding the factors that may influence the use of physical restraints,

residential treatment centers can implement organizational change to reduce physical restraints used by employees.

Nature of the Study

This non-experimental study investigated the effects of three independent variables (perceived organizational support, satisfaction with pay, and satisfaction with supervision) on the dependent variable (rate of physical restraints). The number of physical restraints was calculated on the number of incidents reported by individual staff members to their agency over the past eight weeks. Physical restraints for the purposes of this study is defined as “any activity in which residential staff members laid hands on a client for any amount of time when the child was exhibiting imminent risk to self or others” (Miller, Hunt, & Georges, 2006, p. 203). Perceived organizational support was measured using the Perceived Organizational Support Survey (Eisenberger, Huntington, Hutchison, & Sowa, 1986). Satisfaction with pay and satisfaction with supervision was measured using the Job Satisfaction Survey (Spector, 1985). Various demographic information was gathered on a demographic form such as age of the staff member, length of time worked at the residential treatment center, how much they are paid and education level. Staff members who responded to this study were asked to give the name and description of the physical restraint used, as there are various forms of physical restraints that can be used with varying definitions. The nature of the study is discussed further in Chapter 3.

Research Question and Hypotheses

According to Buffum and Konick (1982), job performance in the human services fields has been shown to relate positively with client outcomes in which clients improve and gain therapeutic progress in their treatment. Researchers have also found that when residential staff members receive quality supervision, higher levels of pay and support from their organization, the rate of physical restraints may decrease (dosReis & Davarya, 2008; Jordan et al., 2009; LeBel et al., 2010; Lipschitz-Elhawi, 2009; Strolin-Goltzman, 2010). Hence, the research question in this study is: Does satisfaction of supervision, satisfaction with pay, and perceived organizational support have an impact on the use of physical restraints by staff on children in residential treatment centers?

Hypothesis One

H_01 : The level of perceived organizational support, as measured by the Perceived Organizational Support Survey (Eisenberger et al., 1986), will not relate to the number of physical restraints reported by staff used on children in residential treatment centers over an eight week period as reported by staff members.

H_{A1} : The level of perceived organizational support, as measured by the Perceived Organizational Support Survey (Eisenberger et al., 1986), will relate negatively to the number of physical restraints reported by staff used on children in residential treatment centers over an eight week period as reported by staff members.

Hypothesis Two

H₀₂: The perceived quality of supervision as measured by the Job Satisfaction Survey (Spector, 1985), will not relate to the number of physical restraints reported by staff used on children in residential treatment centers over an eight week period as reported by staff members.

H_{A2}: The perceived quality of supervision, as measured by the Job Satisfaction Survey (Spector, 1985), will relate negatively to the number of physical restraints reported by staff used on children in residential treatment centers over an eight week period as reported by staff members.

Hypothesis Three

H₀₃: The satisfaction with pay, as measured by the Job Satisfaction Survey (Spector, 1985), will not relate to number of physical restraints reported by staff used on children in residential treatment centers over an eight week period as reported by staff members.

H_{A3}: The satisfaction with pay, as measured by the Job Satisfaction Survey (Spector, 1985), will related negatively to the number of physical restraints reported by staff used on children in residential treatment centers over an eight week period as reported by staff members.

Theoretical Framework

Hertzberg's two-factor theory (Herzberg et al., 1959) and the Theory of Perceived Organizational Support (Eisenberger et al., 1986) form the theoretical foundations for this study. Two-factor theory (Herzberg et al., 1959) states that employees are driven by two

factors that lead to job satisfaction and dissatisfaction; hygiene factors and motivator needs. Hygiene factors include pay, benefits, and relationships with others, quality of supervision, job security and working conditions. Hygiene factors are responsible for job dissatisfaction when the factors are absent. For example, if job security is not present, then employee satisfaction will decrease (Herzberg et. al, 1959). Motivating factors include potential for growth, challenges on the job, higher responsibilities based on the employee's skill level, their ability to exercise some control over their own job destiny, and having a sense of empowerment and control. Motivating factors are responsible for employee satisfaction when they are present in the work environment (Herzberg et al., 1959).

Another theory that was used in this study is the theory of Perceived Organizational Support. According to Eisenberger et al. (1986), perceived organizational support is hypothesized to increase the employee's obligation to want to help the company achieve their goals. When employees are aware that their performance is regarded highly and that their organization is committed to them, the employee in turn will be committed to the organization. The theory provides that if an employee is committed to their organization job satisfaction may increase.

Definition of Terms

Children in residential treatment: Children living in an out home facility that provides for the needs of shelter, clothing, nutrition, education, medical care, psychotherapy (Lipschitz-Elhawi, 2009).

Job satisfaction: The degree to which the employee is satisfied with his or her job. There are many ways to define “satisfaction” as the word relates to employment (Moorman, 1993).

Perceived Organizational support: The degree to which employees perceive the organization they work for value and care for them (Duke, Goodman, Treadway, & Breland, 2009).

Physical Intervention: The term ‘physical intervention’ for the purposes of this paper is defined as any method of intervening physically with a young person in order to resolve an unsafe situation. For example, techniques of redirecting a young person from one place to another, or of escaping from a young person’s grasp, are methods of physical intervention, but are not restraint techniques.

Physical Restraint: Day (2002) and Walsh and Randell (1995) described physical restraint as some type of physical force a staff member will use on a child to restrict the child’s movement. Miller, Hunt, and Georges (2006) define the term as any touching the staff member does for any length of time due to the child being at risk to harm self or others. The term physical restraint has also been applied to staff members using medication to restrain a child, or using mechanical instruments such as cuff or specialized jackets (Day, 2002; Walsh & Randell, 1995). However, for the purpose of this paper physical restraint is defined as “any activity in which residential staff members laid hands on a client for any amount of time when the child was exhibiting imminent risk to self or others (Miller, Hunt, and Georges, 2006, p. 203).

Residential Treatment Center: A residential treatment center is an out of home facility where children live and receive treatment for the behavioral, social, emotional, and psychology issues that caused the children to be placed outside of their homes. In addition to the therapeutic aspect of the residential treatment center, the children also get a variety of other needs met such as clothing, nutrition, schooling, healthcare, and psychiatric needs. The staff arranges physical and dental appointments for the children, unless the parents are involved, and provide for, other needs that arise for the child while they are living at the residential treatment center (Lipschitz-Elhawi, 2009; Rosen, 1999).

Staff members: Staff members are the employees who have direct interaction with the children in residential treatment centers. Staff members included in this study were direct care staff members who takes care of the children's daily needs and had education levels between high school graduate and post graduate degrees.

Assumptions

One assumption is that research participants had a shared meaning for the terms *residential treatment center* and *residential treatment staff*. It is also assumed that physical restraints had a shared meaning among the residential treatment center staff surveyed. However, participants were asked to identify and define the type of physical restraint used at their respective facilities. It is also assumed that the participants answered questions honestly and accurately. Statistically it is assumed that the data were normally distributed, the relationship between the dependent and independent variables are linear, and that the variables were measured with minimal error.

Limitations

One limitation of this study is that participants may potentially underreport the incident of physical restraints. The participants may do so because of self-presentation issues, or they may not report accurately due to not recalling the number correctly. Additionally, the sample that was studied was a convenience sample, which is a potential threat to external validity. A randomized sample would give the study a greater ability to generalize the results. Furthermore, given that the study used a specific convenience sample of residential treatment center staff members, the study is limited in how generalizable it can be to the overall residential treatment staff population. Additional threats to external validity include interaction of selection and treatment as the individuals that took the survey were a set of individuals who had Internet access and had the motivation to do the survey online in their own time. The online survey in this study limited the respondents to those that felt comfortable using computers and neglected to include those who may not have felt comfortable using a computer for the purposes of taking an online survey. Threats to internal validity include selection, in which the selection of the individuals taking the test was not random, as the individuals came from a convenience sample. Individuals who chose to take the survey may have certain characteristics that those who did not choose to take the survey may not have. For example it may be possible that those who took the survey are employees who avoid physical restraints, or employees who are satisfied with their jobs. Threats to construct validity included mono-method bias as this study used an online survey only, and the survey was not available in other formats. Evaluation apprehension is another threat to

construct validity as the respondents may have perceive the survey as judging their personal performance and they may have skewed the results to make themselves appear more favorable. Threats to statistical conclusion validity include possible violations of assumptions of the statistical test. Additionally, random irrelevancies in the experimental settings may impact the statistical conclusion validity, as there may be differences in the work setting that may have an effect on the dependent variable and inflate error variance. Random heterogeneity of respondents may have an impact on statistical conclusion validity because respondents may have propensity to use physical restraints or not and in those cases, the results may be skewed.

Scope and Delimitations

One delimitation of this study is that the report of the occurrence of physical restraints comes from the staff members directly rather than client files. Having the client files may give a more accurate picture of how many physical restraints occurred and why. Additionally, this study relies on the staff members being honest and answering the questions in a manner that is most representative of what actually occurred in the therapeutic environment.

Significance of the Study

The positive social change implications for this research are to invest time, funding and attention to the organizational climate to ensure staff members are feeling supported by feeling satisfied with their supervision, pay, and organizational support. Once information is available individuals that are involved with organizing and funding residential treatment may see the importance and influence rates of pay, organizational

support, and supervision have on therapeutic outcomes. The therapeutic outcomes for children is especially important as children will be the leaders of the future. Children may benefit tremendously from a supportive environment where physical restraints are not a choice. Additionally, the lack of restraints may reduce the number of accidents and injuries to the staff and the children reducing financial cost to the residential treatment center.

Summary and Transition

Children are placed in residential treatment centers because, at some point, a life changing event occurred where they could not reside in a home with a parent or other responsible caregiver due to their emotional, psychological and behavioral needs. The children are placed in a residential treatment center to improve their daily functioning and work on their symptom management by using a variety of interventions such as medication management and psychotherapy. It is imperative that the children who reside in residential treatment centers receive excellent care that will help them progress past their traumas, however, this may not always be possible with the use of physical interventions that may aggravate a difficult situation and/or further traumatize a child. Research shows the staff members at residential treatment centers feel they are not justly compensated and require better supervision and organizational support. The purpose of this study was to address the gap in the literature regarding the possible connection between perceived inadequate pay, supervision and organizational support with the rate of physical interventions used on children placed in residential treatment centers.

Chapter 2 describes, in detail, the variety of residential placements and their evolution, the types of children placed in residential treatment centers, interventions used and staff member and child reports from different studies that will give the reader a better understanding of the operation and management of a typical residential treatment center. Additionally Chapter 2 comprehensively covered a review of job satisfaction and perceived organizational support. Chapter 3 explains the planned quantitative methodology planned to analyze the effect the independent variables may have on the dependent variable.

Chapter 2: Literature Review

Introduction

Many children are placed in residential treatment centers each year for a variety of reasons. Some children are placed in residential treatment centers due to behavioral issues; others may lack responsible family members and have no alternative for placement. The use of physical restraints by employees at residential treatment centers can lead to re-traumatization of a child who is residing in such a facility. There has been a nationwide effort to reduce the amount of physical restraints due to the possible injury the restraints may cause to the child (Holstead, Lamond, Dalton, Home, & Crick, 2010).

Little has been reported in the literature regarding which variables are associated with the use of physical restraints in residential treatment centers. However, there is a plethora of information regarding the variables that influence employee job satisfaction, which in turn, decreases burnout (Wolpin, Burke, & Greenglass, 1991) and the tendency to take actions that are not in line with organizational goals (Spector, Bauer, & Fox, 2010). Research has indicated that factors that lead to increased employee job satisfaction include feelings that their organization is committed to them, their supervisors are supportive, and they have adequate pay (Rhoades & Eisenberger, 2002; Herzberg et al., 1959; Spector, 1985). Additionally, satisfaction with a job may predict higher productivity because the employee tends to take more ownership of his/her work and exhibits a desire for the organization to succeed (Hackman & Oldham, 1974; Herzberg et al., 1959). The purpose of this study was to examine the relationship

between satisfaction with pay, satisfaction with supervision, and perceived organizational support and the use of physical restraints reported by staff in residential treatment centers.

Background and Organization of the Chapter

This chapter includes a review of the relevant literature on theories of job satisfaction, residential treatment centers, the prevalence of restraints used in residential treatment centers, restraint reduction policies, and practices in residential treatment centers. Peer-reviewed sources were obtained from EBSCO, PsycINFO, PsycARTICLES, ProQuest, Academic Search Premier Databases, search engines, and online libraries containing relevant books and professional journals. Peer reviewed sources were searched in abstracts and full-text articles. Search terms used included residential treatment centers, children in residential treatment, residential treatment, physical restraints, physical restraints in residential treatment, residential care, restraints, seclusion, Herzberg, two factor, dual factor, motivation, motivator, hygiene, criticism, job satisfaction, organizational support, perceived organizational support, theories of job satisfaction, theories of organizational support, and burnout.

The remainder of the chapter includes a review of current literature regarding the use of physical restraints in residential treatment, job satisfaction, and perceived organizational support. The review concludes with a summary and critique of existing literature followed by a discussion of the specific research question and hypotheses suggested by the review and examined in this dissertation.

Residential treatment for Children and Adolescents

A residential treatment center is defined as an out-of-home, 24-hour facility designed to provide intensive treatment for persons with cognitive, emotional, and social disorders (Abramovitz & Bloom, 2003). A residential treatment center is different from a psychiatric hospital in that a residential treatment center does not require 24-hour medical attention as is common in psychiatric hospitals (Asarnow, Aoki, & Elson, 1996). Residential treatment centers for children and adolescents typically serve youths with serious behavioral and emotional issues (Abramovitz & Bloom, 2003). Frensch and Cameron (2002) described residential treatment for children as an invasive intervention that not only affects the children, but also the children's family, when there is family involved.

Children are typically placed in a residential treatment center due to having a variety of emotional and behavioral problems that could not be adequately treated on an outpatient basis. Many children are products of the social services system that have been unable to find appropriate placements because of behavioral issues (Baker, Gries, Schneiderman, Archer, & Friedrich, 2008; Rosen, 1999). In 1991, researchers Abramovitz and Bloom (2003) reported that children entering residential treatment at one center in New York had a high rate of abuse. Abramovitz and Bloom (2003) found that 56% of youths who were referred for residential placement had come from abusive families, and that an increase of sexual abuse victims has occurred over time. In addition to the multiple traumas the children in residential treatment may have faced prior to entering a residential facility, Frensch and Cameron (2002) noted that outpatient

alternatives have typically been unsuccessful for children, making residential treatment a last resort option. For example, children may be placed in various foster homes, group homes, or adoptive homes before being placed at a residential treatment center. Multiple placements with multiple traumas may only serve to exacerbate the problems these children in residential treatment face, so a reduction in the use of physical restraints is appropriate to reduce the occurrence of additional trauma, and thus suggests the need for a nationwide focus on reducing restraints (Holstead et al., 2010).

Many children need a residential placement option (Rosen, 1999). Because some youth placed in residential treatment centers have a history of being abused, their behaviors can be volatile and unpredictable (Baker et al., 2008). As Abramovitz and Bloom (2003) pointed out, the behaviors of children placed in residential treatment can lead to residential staff distancing themselves or implementing stricter controls. One of the forms of stricter controls has been the use of physical restraints.

For the purposes of this study, physical restraints are defined as any activity where a residential staff member touches and/or restricts a child's movement if the child is assessed to be at risk for harming self or others (Miller, Hunt, & Georges, 2006). Residential treatment centers generally have strict guidelines pertaining to restraints, and it is required that only trained staff members are to perform a restraint. There has been a nationwide effort to reduce the amount of physical restraints due to the possible injury the restraints may cause to the child (Holstead et al., 2010). The use of restraints has continued to be a topic of controversy. Proponents state that restraints are useful to help keep the child safe, especially those children with psychiatric disorders (Sourander,

Ellialä, Välimäki, & Piha, 2002). Others state that restraints have the high potential to become abusive and may blur the line between clinical needs and legal rights (Sourander et. al, 2002). Restraints may not only blur the lines between clinical needs and the legal rights of the child, at times they have also been proven deadly. Weiss (1988) estimated that approximately 142 restraint-related mortalities took place from 1988 to 1998. Of those 142 restraints, 37 of the fatalities were children in psychiatric facilities such as a residential treatment center (Fogt, George, Kern, White, & George, 2008).

LeBel, Huckshorn, and Caldwell (2010) proposed that reducing the amount of physical restraints would result in positive outcomes not only for the children, but also for the staff. Children and staff would suffer fewer injuries, and there would be less staff turnover, higher staff satisfaction, significant cost savings and a shorter duration of in-patient stay for the child. Restraints cost agencies money, decrease staff and child morale, and cause injuries to both staff and child (LeBel et al., 2010). Although the literature has different definitions for what is considered a physical restraint, this study focused on those activities where a residential staff member touched a child in an effort to restrict a child's movement due the child being at risk of harming self or others.

Job Satisfaction

Job satisfaction has been a concept of interest for many years. Evans and Aluko (2010) estimated that over 2,000 articles on the subject of job satisfaction had been published by 1955 and over 4,000 had been published by 1969. Currently a search of the EBSCOhost scholarly database for "job satisfaction" returned over 73,000 results. It is

clear that job satisfaction is a concept that has been studied and discussed at length. Many companies, organizations, and governmental offices have attempted to determine factors that influence employee motivation to work, employee retention, and employee satisfaction and dissatisfaction (Hackman & Oldham, 1974). According to Hackman and Oldham (1974) if employees feel they are valued, organizational commitment and job satisfaction increase, thereby increasing organizational outcomes.

The now famous Hawthorn studies in the 1920's and 1930's at the Western Electric Company near Chicago, IL were conducted in order to answer the questions of what influenced productivity with workers and whether or not job outcomes were associated with certain working conditions (Mayo, 1930). After several studies between the years 1924 and 1933, Sonnenfeld (1985) came up with a set of conclusions:

Individual work behavior is rarely a pure consequence of simple cause and effect relationships, but rather is determined by a complex set of factors.

The informal or primary work group develops its own set of norms that mediates between the needs of the individuals and work setting.

The social structure of these informal groups is maintained through job-related symbols of prestige and power.

Supervisors need to listen to the personal context of employee complaints to understand the unique needs and satisfaction of each individual.

Awareness of employee sentiments and employee participation can reduce resistance to change. (Sonnenfeld, 1985, pp. 114-115)

The Hawthorne studies helped to raise questions about what influences individual work behavior. As a result, various theories including Herzberg's two-factor theory (Herzberg et al., 1959) were formulated regarding what motivated individuals to work and which conditions needed to be present to influence job production and job satisfaction. Herzberg's two-factor theory forms the theoretical foundation for this study.

Herzberg's Two-Factor Theory

Herzberg proposed that two independent aspects characterize job satisfaction: one related to job satisfaction and one related to job dissatisfaction (House & Wigdor, 1967). Herzberg et al. (1959) theorized that the two factors used when examining employee satisfaction and dissatisfaction are categorized as hygiene factors and motivator factors. Herzberg explained that hygiene factors such as pay and benefits, company policy and administration, relationships with coworkers, and the physical environment are factors that, if present, would prevent the employee from feeling unhappy or dissatisfied. Hygiene factors were proposed to be unrelated to ensuring employee happiness or satisfaction. Instead, motivator factors, such as achievement, responsibility, promotion, growth, and recognition were proposed to be factors that could potentially contribute to the happiness or satisfaction of the employee, thereby motivating the employee to work (Herzberg et al., 1993).

According to Sachau (2007), researchers have often misinterpreted Herzberg et al.'s (1959) theory by failing to understand Herzberg's use of terminology and meaning. Herzberg was essentially arguing for "two dimensions of satisfaction" (Sachau, 2007 p. 383) within the standard definition of job satisfaction (the evaluation of whether the job

fills any needs). Herzberg's research aimed to identify the qualitative difference between factors (motivator factors) that contributed to long-term job satisfaction and those (hygiene factors) that lent short-term satisfaction, or "at best, contentment in the long term" (Sachau, 2007, p. 382). Herzberg's distinction between motivator and hygiene factors was, in effect, a distinction between types of motivation. Sachau (2007) stated that Herzberg's concept of motivator factors was similar to the current research regarding intrinsic motivation (i.e., motivation for one's inner satisfaction or psychological growth), and hygiene factors were similar to factors of extrinsic motivation (i.e., motivation related to external rewards). Whitsett and Winslow (1967) and Herzberg (1968/1987) described hygiene factors as filling the basic physiological and safety needs of human beings, whereas motivator factors fill the advanced needs of achievement and psychological growth.

The types of motivation provided by motivator and hygiene factors are qualitatively different (Herzberg, 1968/1987). Herzberg often stated, "the opposite of job satisfaction is not job dissatisfaction, but, rather, *no* job satisfaction; and similarly, the opposite of job dissatisfaction is not job satisfaction but *no* job dissatisfaction" (Herzberg, 1968/1987, p. 9). According to Sachau (2007), researchers have often misinterpreted the states of 'not satisfied' and 'not dissatisfied' as "neutral states" (Sachau, 2007, p. 382). Instead, 'not satisfied' is the negative affective state of boredom (the lack of growth, challenge, and achievement), and 'not dissatisfied' is a temporary positive affective state of affirmation (Sachau, 2007). The feelings associated with hygiene (extrinsic) factors are more acute than the feelings associated with motivator

(intrinsic) factors; feelings from extrinsic factors are related to an employee's perceptions of justice and fairness (Sachau, 2007), pain avoidance (Herzberg, 1968/1987), and "discomfort-relief" (Grigaliunas & Wiener, 1974, p. 841). The feelings associated with motivator factors arise from the deeper senses of self-efficacy and psychological growth (Sachau, 2007), or "emptiness-fulfillment" (Grigaliunas & Wiener, 1974, p. 841). In 12 studies with 1,685 participants across jobs and industries, Herzberg (1986) found that 69% of the factors contributing to job dissatisfaction were hygiene factors.

Empirical Review of Herzberg's Two-Factor Theory

Researchers have studied two-factor theory using many methodologies. Many researchers have found that motivator factors had a greater influence on overall job satisfaction than did hygiene factors (Ewen, Hulin, Smith, & Locke, 1966; Graen, 1966; Herzberg, 1968/1987; Knoop, 1994; Lindsay, Marks & Gorlow, 1967). Other researchers have found that the relative influence of motivator or hygiene factors varied based on job level (Locke & Whiting, 1974; Lee, 2006). Researchers have found that supervision, leadership, and interpersonal relationships (classified as hygiene factors) actually functioned as motivator factors (Hines, 1973; Lundberg, Gudmundson, & Andersson, 2008; Ondrack, 1974). The measurement of job satisfaction as a one or two-dimensional construct is discussed in the Criticisms of Herzberg's Two Factor Theory section of this chapter. The research is discussed in the following sections.

Herzberg (1968/1987) found that the level of employee satisfaction with motivator factors predicted overall job satisfaction. Two of Herzberg's (1968/1987) studies were performed using a compilation of studies to achieve a sample population

that crossed job types and industries. In Herzberg's (1959) study, 10 studies were combined (17 different populations and 1,220 participants), and in Herzberg's (1968/1987) study, 12 studies with 1,685 participants were combined. In both meta-studies, Herzberg concluded that measures of satisfaction with motivator factors predicted job satisfaction and that his theory was able to adequately predict the nature of the employees' job satisfaction (Herzberg (1968/1987)). Herzberg (1968/1987) reported that 81% of the factors contributing to job satisfaction were motivator factors and 69% of the factors contributing to job dissatisfaction were hygiene factors. In a study of 289 male professionals, Lindsay et al. (1967) found that motivator factors shared 57% of the variance in job satisfaction and hygiene factors shared 17%. Lindsay et al. (1967) also reported that the interactions between motivator and hygiene factors were not statistically significant.

Ewen et al. (1966) found that both motivators and hygiene factors contributed to overall job satisfaction, but that motivator factors had a greater impact on job satisfaction. Ewen et al. tested two motivator factors, the work itself and promotions, as well as one hygiene factor, pay, with six groups of participants grouped by whether the person was satisfied, neutral, or dissatisfied with the motivators and satisfied, neutral, or dissatisfied with pay. Ewen et al. hypothesized that dissatisfaction with the motivator factors should cause only a neutral state, but should not cause job dissatisfaction if Herzberg's theory was supported; however, as discussed previously, Sachau (2007) explained that the absence of job satisfaction does not result in a neutral state. Ewen et al. (1966) found that there was a difference in the way motivator factors and hygiene factors affected job

satisfaction. Motivator factors were found to have a greater effect on overall job satisfaction, both positively (labeled job satisfaction) and negatively (labeled job dissatisfaction) than the hygiene factor. Ewen et al. concluded that the statistically significant relationships, both positively and negatively, between motivator factors and job satisfaction were evidence for only one dimension of job satisfaction, and Ewen et al. concluded that Herzberg's theory regarding motivator factors was not supported. Ewen et al. (1966) found support for Herzberg's theory regarding the hygiene factor because satisfaction with the hygiene factor provided no statistically significant contribution to overall job satisfaction: the hygiene factor was found to affect overall job satisfaction only when participants were dissatisfied with pay. Other researchers have also found that the correlations between motivator factors and job satisfaction were statistically significantly higher than the correlations between hygiene factors and job satisfaction (Halpern, 1966; Iacqua, Schumacher, & Li, 1995; Knoop, 1994; Schwartz, Jenasaitis, & Stark, 1963; Wignall, 2004). According to Noell (1976), many organizations and agencies all over the United States that had implemented Herzberg's two-factor theory reported increased worker productivity.

In a survey of 83 faculty members at an independent private business college, Iacqua et al. (1995) found that hygiene factors, such as the tenure process and the retirement program, negatively correlated with job dissatisfaction. Similarly, in a factorial analysis study of 420 inmates working in prison industries compensation ($M = 13.32$) was the only factor that was categorized as a factor contributing to job dissatisfaction (Wignall, 2004). Wignall (2004) found that the mean values for the 11

hygiene factors in the study ranged between 13.32 for compensation and 19.30 for technical supervision, and Wignall reported that the mean values for the hygiene factors other than compensation fell within the neutral range (15.00-19.99) regarding their relationship to overall job satisfaction. Dalton (2010) found that money, although it had some motivating characteristics, was not enough to motivate physicians, nurses and others working in healthcare in Australia. Oman, Moulds, and Usher (2009) found that doctors felt that they were undervalued and sought to be acknowledged for their work. Recognition is a motivator factor (Herzberg, 1968/1987).

The psychiatric nurse participants in Sharp's (2008) study reported that they were generally satisfied with their jobs, particularly in relation to using their skills and abilities on the job and to their feelings of accomplishment. Factors that influenced job dissatisfaction included mandatory overtime, working conditions, hostile work environments, and the lack of technology or poor use of technology (Sharp, 2008). Sharp (2008) found support for Herzberg's two-factor theory for this particular group.

Filandro (1979) found that the relative contribution of motivator or hygiene factors to job satisfaction varied with an employee's occupation level. Motivator factors were found to be more valued by participants at higher job levels, and hygiene factors were more greatly valued by participants at lower job levels (Filandro, 1979). Similarly, Smith (1983) found in a study of registered nurses (RNs) and licensed practical nurses (LPNs) that the LPNs, whose salaries were lower than those of the RNs, placed a greater relative value on hygiene factors than did the RNs. Smith (1983) found a statistically significant difference between the groups of RN's and LPN's ($t = 2.80, p = .0003$). In a

study of MBA students evaluating potential jobs, Ondrack (1974) found that the participants rated salary as the second most important factor (of 19 job factors) for both anticipated job satisfaction ($N = 70$, source of 15.56% of overall job satisfaction; $N = 55$, 12.08%) and anticipated job dissatisfaction ($N = 70$, 13.69%; $N = 55$, 11.33%) for prospective jobs. Locke and Whiting (1974) found that white-collar workers were more likely to value motivator factors, but blue-collar workers were more likely to value hygiene factors. The results of these researchers would seem to be consistent with Herzberg's (1986) view that hygiene factors serve to fill more basic physiological and safety needs because persons earning lower salaries would have greater needs for compensation to meet their basic life needs. Ondrack (1974) concluded that hygiene factors could:

Constitute an implicit minimum psychological contract, which acts as a base line for an individual's assessment of job satisfaction. If the base line is satisfied, an individual will then be concerned with motivators as sources of satisfaction and dissatisfaction, and hygiene factors become relevant only if the base line is threatened. (Ondrack, 1974, p. 88)

Ondrack (1974) concluded that the hygiene factors are or were important to job satisfaction only when the psychological contract had not been met, (i.e., the person did not feel the basic hygiene expectations had been met). Motivators were important to overall job satisfaction when the basic hygiene needs had been met (Ondrack, 1974).

Grigaliunas and Herzberg (1971) reiterated that two-factor theory was meant to apply equally to all levels of workers. Grigaliunas and Herzberg stated that researchers

had been measuring the differences in social values for persons in different types of work rather than differences in types of motivations. A person's values, though, play a significant role in differentiating the types of things that will motivate that person (Locke, 1976). Alternatively, Hines (1973), in a study of 327 managers and salaried employees in New Zealand, found that the relative importance of motivator and hygiene factors did not vary with occupation level. Hines (1973) did not provide information about the disparity in compensation for his participants, so it was possible that the managers and salaried employees had similar needs.

In a study of 384 office workers in various industries in Michigan, Lee (2006) sought to understand how an employee's expectations about the physical environment (a hygiene factor) interacted with the employee's attitude toward job satisfaction. Although Lee (2006) did not base the study on two-factor theory, the results supported Ondrack's (1974) idea that hygiene factors would be important to job satisfaction until a baseline had been met. Lee (2006) found that the gap between employee expectations and perceptions about the physical environment negatively impacted job satisfaction when the actual environment did not meet an employee's expectations. When the actual physical environment met or exceeded an employee's expectations, the physical environment made little contribution to the employee's job satisfaction (Lee, 2006).

Perceived Organizational Support (POS)

Research has shown that perceived organizational support relates positively with job satisfaction (Eisenberger et al., 1986). POS is theorized to create a relationship between an employee and the organization that increases the employee's concern about

the welfare of the organization and sense of commitment to and belonging within the organization (Eisenberger et al., 1986). Therefore one can conclude that if an employee has concern about the welfare of the organization and sense of commitment to and belonging within the organization that POS is an important variable to consider when assessing job satisfaction and motivation. Specifically, how POS is related to job satisfaction and the use of physical restraints on children studied in this paper.

Employees tend to personify the organizations in which they work and form perceptions about the degree to which the organizations value and care for them (Duke et al., 2009). An employee will increase efforts to help the company's mission and goals if the employee perceives the company's willingness and ability to reward the employee with pay raises and professional development trainings (Lynch, Eisenberger, & Armeli, 1999). Based on perceptions of organizational support, the employee will give back to the organization what he or she feels he or she is getting from it. If an employee does not feel the organization cares about him or her, the employee may develop negative attitudes and behaviors (Aselage & Eisenberger, 2003; Settoon, Bennet & Liden, 1996).

According to Eisenberger, Huntington, Hutchison, and Sowa (1986), there are four factors that should influence POS: supervisor support, fairness, job conditions, and employee rewards.

Rhoades and Eisenberger (2002) compiled 70 studies in which researchers studied the causes and effects of POS and found that POS correlated positively and statistically significantly with supervisor support, job conditions, rewards of doing a job well, being treated fairly, and the employee's positive emotional attachment to the organization.

Riggle, Edmondson, and Hansen (2009) conducted a meta-analysis to examine the effects of perceived organizational support on four employee outcomes: job satisfaction, performance, intention to leave, and organizational commitment. In an analysis of 167 studies published between 1986 and 2006, Riggle et al. found that POS correlated strongly with job satisfaction ($r = .61$) and organizational commitment ($r = .71$), moderately with performance ($r = .18$ for task performance and $r = .26$ for OCB), and strongly and negatively with turnover intentions ($r = -.49$). POS has been found to have a positive relationship with job satisfaction (Baotham, 2011; Ren-Tao, 2011), and organizational commitment (Baotham, 2011). In a study of 1,400 Thai employees working in a university setting, POS was found to be “an important predictor of organizational commitment” (Chuebang & Baotham, 2011, p. 7). In a study of 388 retail employees, Duke et al. (2009) found that POS moderated the relationship between emotional labor demands (i.e., the emotional exhaustion resulting from the requirement that employees must control their own emotions to fulfill their jobs) and job satisfaction. Ren-Tao (2011), in a study of Chinese steelworkers, found a correlation ($r = .18$) between POS and job satisfaction, although each was statistically significant in influencing the outcomes of job performance and organizational citizenship behaviors. Eisenberger, Cummings, Armeli, and Lynch (1997) found a correlation ($r = .68$) between POS and job satisfaction. The degree of discretionary control that the employees believed the organization had over job conditions was found to be a differentiating factor of POS (i.e., when the employee perceived high discretionary control, the job condition more strongly related to POS; conditions perceived to have lower discretionary organizational control

more strongly related to job satisfaction) (Eisenberger et al., 1997). Duffy, Bott, Torrey, and Webster (2013) found POS to be statistically significantly and positively correlated with job satisfaction.

Extrinsic Factors Related to Job Satisfaction

Herzberg et al. (1959) considered supervision and relationships at work to be hygiene factors. Researchers have found that interpersonal or social relationships at work (Hines, 1973; Lundberg, Gudmundson, & Andersson, 2008; Ondrack, 1974), supervision or relationships with supervisors (Hines, 1973; Smerek & Peterson, 2007), and the leadership of senior management (Smerek & Peterson, 2007), provided sources of growth and motivated employees toward greater job satisfaction. Therefore it follows that not only is supervision an important factor in what constitutes job satisfaction; relationships on the job are important as well.

Lundberg et al. (2008) applied Herzberg et al.'s (1959) two-factor theory to seasonal migrant workers in the hospitality and tourism sector. The survey results provided information concerning work motivation related to hygiene and motivator or growth factors. Lundberg, et al. (2008) found that the highest predictor of work satisfaction was the level of social interaction of the seasonal workers. This was especially true with the migrant seasonal workers. Wage level was found to be less important than interpersonal relations, responsibility, recognition, or employer feedback with both seasonal and non-seasonal migrant workers, and wages were found to be less important to the seasonal workers than to the non-seasonal migrant workers. Lundberg et al. (2008) hypothesized that the desire to meet new people balances the desire for a high

wage. Although pay was important, social relationships were more important to the workers and contributed to greater job satisfaction (Lundberg et al., 2008). Lundberg et al. (2008) concluded that Herzberg's two-factor theory was supported based because the motivator needs contributed to job satisfaction. However, Herzberg et al. (1959) did not classify social relationships at work as motivators. Hines (1973) and Ondrack (1974) found that interpersonal relations were considered by their participants to be important contributors to job satisfaction. In a study of 218 manager and 228 salaried employees in New Zealand, Hines (1973) examined how motivator and hygiene factors of job satisfaction were perceived by participants in relation to the participants' perception of overall job satisfaction. Hines grouped the participants (managers and employees) as satisfied or dissatisfied based upon the measure of overall job satisfaction. Hines then examined whether the motivator factors (recognition, achievement, the work itself, advancement, and growth) and hygiene factors (supervision, interpersonal relationships, work conditions, status, and salary) were perceived differently by the groups of satisfied or dissatisfied managers and satisfied or dissatisfied employees. Hines found that there were statistically significant differences between the satisfied and dissatisfied managers regarding supervision ($t = 2.13$), interpersonal relationships ($t = 1.92$), and between groups of satisfied and dissatisfied salaried employees ($t = 3.06$ for supervision and $t = 2.85$ for interpersonal relationships). Ondrack (1974) found that relationships with peers were considered to be sources of job satisfaction by 9.72% of a sample of 70 Toronto MBA students and 9.89% of 55 Michigan MBA students. In a study of 1,132 business operations employees of a university, Smerek and Peterson (2007) found that satisfaction

with supervision related positively and statistically significantly ($\beta = .15$) and satisfaction with the leadership of senior management related positively and statistically significantly ($\beta = .08$) with job satisfaction controlling for all motivator and hygiene factors as well as gender, race, and age.

Employee Level Outcomes Related to Both Hygiene and Motivator Factors

Udechukwu (2009) used Herzberg et al.'s (1959) two-factor theory of motivation and Maslow's (1943) hierarchy of needs to help understand the problem of high correctional officer turnover by exploring job satisfaction and work attitudes. According to Udechukwu, in 2002, 77% of the total correctional officer turnover in one state correctional agency was due to voluntary turnover. Udechukwu reported that, in 2003, turnover was 76% and noted that correctional officer turnover was widespread in many states across the United States (Udechukwu, 2009). Udechukwu had expected the lack of organizational commitment to be related to pay; however, not many people were dissatisfied with pay. Instead, officers were found to be motivated to leave their jobs due to other extrinsic factors such as infrequent pay raises as well as one intrinsic factor related to feelings that efforts were not rewarded.

Many researchers have found positive relationships between job satisfaction and job performance (Babakus et al., 1996; Jaramillo et al., 2011; Raja et al., 2011). Researchers have noted that early studies of the relationship between job satisfaction and job performance indicated that job satisfaction had little effect on job performance (Harrison et al., 2006; Saari & Judge, 2004). Two developments have prompted researchers to reconsider the relationship between job satisfaction and job performance:

(a) Organ (1988) found moderate positive relationships between job satisfaction and factors of OCB ($r = .20$: courtesy, $r = .16$: civic virtue, and $r = .23$: sportsmanship) and Organ asserted that job performance was greater than merely task performance; job performance should be defined more broadly to include other behaviors that promote the organization along with task performance; and (b) Judge et al. (2001) demonstrated that early meta-analyses had included significant measurement error. When Judge et al. (2001) corrected for measurement error, even results based on a narrow definition of job performance (80% of the studies used supervisor ratings) showed a more statistically significant relationship between job satisfaction and job performance than had been reported in the uncorrected results. For example in one meta-analysis, Iaffaldano and Muchinsky (1985) had reported a positive correlation of $r = .17$ between job satisfaction and job performance, whereas Judge et al. (2001) reported a corrected correlation of $r = .33$ from the data used by Iaffaldano and Muchinsky (1985). In a meta-analysis of 254 studies ($N = 54,417$), Judge et al. (2001) found a statistically significant and positive relationship ($r = .30$) between job satisfaction and job performance.

In a meta-analysis of the relationship between job attitudes (job satisfaction and organizational commitment) and job performance, Harrison et al. (2006) studied a broad definition of job performance including task performance and OCB. Job satisfaction was found to positively correlate with task performance ($r = .19$) and OCB ($r = .28$). Harrison et al. (2006) studied various models that might explain the relationship between job attitudes and job performance and found that the data were best explained by the conceptualization of a higher-order criterion they called individual effectiveness.

Individual effectiveness was defined as “a general response that involves the overall engagement with, or contribution of favorable efforts to, one’s work role” (Harrison et al., 2006, p. 315) and “a general tendency of employees to contribute desirable inputs toward their work roles rather than withhold those inputs” (p. 316). Overall job attitudes, measured as both job satisfaction and organizational commitment, explained a statistically significant amount of variance in the higher order criterion of individual effectiveness (beta = .50), controlling for the influence of job performance and withdrawal behaviors. As a mediator between overall job attitudes and outcomes, individual effectiveness explained a statistically significant amount of variance in task performance (beta = .53) OCB for (beta = .52), turnover, (beta = -.28), absenteeism (beta = -.38), and lateness (beta = -.33), controlling for the others. Harrison et al. (2006) concluded that a higher level of abstraction is necessary to understand how job attitudes affect job performance because overall job attitudes affect overall job behavior.

Shore, Thornton, and Newton (1990) found that the lack of organizational commitment was a better predictor for employee turnover (beta = -.24) than was job satisfaction (beta = -.04) when controlling for the other. However, intention to quit or leave a job was related negatively and statistically significantly to both job satisfaction (beta = -.24) and organizational commitment (beta = -.38) when controlling for the other (Shore et al., 1990). Chen, Ployhart, Thomas, Anderson, and Bliese (2011) found further that whether the level of job satisfaction was increasing or decreasing over time was a factor that explained a portion of the variance in the relationship between job satisfaction and turnover intentions beyond the absolute measure of job satisfaction.

Hulin et al. (1985) defined withdrawal behaviors to include behaviors beyond the traditional definition of turnover. Hulin et al. (1985) recognized that job dissatisfaction could influence other employee behaviors including intentionally lowering productivity and absenteeism. Many withdrawal behaviors beyond actual turnover have been studied as a component of CWB (Harrison et al, 2006; Whitman et al., 2010). Hom and Kinicki (2001) found that absenteeism and lateness were actually precursors to actual turnover rather than alternatives to turnover (i.e., the employees demonstrating those behaviors were more likely to leave the organization).

Algera (1981), in a survey of 366 employees at a Dutch steel company, found that attitudes differed between task performers and non-task performers. Algera (1981) found that the degree to which individuals experienced meaningfulness from the job, the degree to which individuals perceived themselves to be personally accountable to the job, and the perception of the individual's own job performance predicted how well individuals performed their job.

Summary of Hygiene and Motivator Factors:

The aforementioned studies, new and old, confirmed Herzberg et al.'s (1959) theory that the hygiene factors, if present, will prevent employees from being dissatisfied. The same researchers found that turnover was related to other considerations classified as motivator factors (Herzberg, Mausner, & Snyderman, 1993; Noell, 1976; Whitsett & Winslow, 1970).

Criticisms of Herzberg's Two-Factor Theory

Herzberg recognized that his theory is not applicable to all populations (Herzberg et al., 1993). One of the reasons for the controversy and criticism of his two-factor theory results from the application of his theory to groups that are very different from his original sample (Herzberg et al., 1993). Herzberg et al. (1959) conducted 10 studies with participants in various professional job positions including managers, engineers, scientists, nurses, administrators, military officers, and manufacturing supervisors. When two-factor theory was studied in contexts similar to the original study (i.e., with educated professionals), results show strong support for two-factor theory (Herzberg et al., 1993; Noell, 1976; Whitsett & Winslow, 1970). The criticism that two-factor theory was not supported in non-U.S. and nonprofessional samples relates to Herzberg's (1968/1987) idea that hygiene factors fulfill physiological and safety needs for employees. In some cultures and for some lower level jobs, employees have greater needs for their jobs to provide physiological and safety factors than for their jobs to provide psychological growth. Two-factor theory may not generalize to populations in which motivating variables are not deemed important.

Culture. Evans and Aluko (2010) questioned the relevance of Herzberg's two-factor theory in a study involving Nigerian teachers. Evans and Aluko stated that two-factor theory does not apply in situations in which work is difficult to come by, paychecks are intermittent, and teachers need to take second jobs because the wages provided by their teaching job is either too low or nonexistent. Evans and Aluko argued that two-factor theory does not stand up in developing countries in which a paycheck is

often the only motivator. Similarly, Sohag, Memon, Mahmood-ur-Rahman and Rao (2012) found that hygiene factors were more important than motivator factors to doctors in Pakistan where violence and abductions in the workplace were constant threats. Herzberg conceded that his theory is not applicable across cultures and industries and that one of the major flaws of studies rebutting his theory is that the researchers have attempted to apply his theory to situations that were very different from his original sample of white-collared engineers (Herzberg et al., 1993).

Measurement. Herzberg's two-factor theory has been criticized due to the measurement-taking methods, particularly the use of the semi-structured interview involving the story-telling method (i.e., critical incident method). The story-telling method, in which subjects were asked to recall a time when they had felt exceptionally good about their jobs, has been criticized as being insufficient and of questionable validity (House & Wigdor, 1967). Most of the criticisms involve how the variables are measured, and not the theory itself. Many initial studies that were unsupportive of two-factor theory avoided using the story-telling technique used in the original study (Schwab, DeVitt, & Cummings, 1971). Although two-factor theory may not perfectly predict individual responses in relationship to job satisfaction, the story-telling technique has been shown to yield data which can be reliably classified and can aid in the prediction of job satisfaction and dissatisfaction (Schwab & Heneman, 1970).

Studies that did not use the story-telling technique often used a questionnaire based on Herzberg's classification scheme (Maidani, 1991). In a study of 204 accountants and engineers, Maidani (1991) found that there was a statistically significant

difference in job satisfaction between the group of participants who were satisfied with motivator factors and the dissatisfied group ($t = 1.98, p = .025$). There was no statistically significant difference in job satisfaction between the groups of participants who were satisfied or dissatisfied with hygiene factors. Maidani (1991) concluded that although motivators are sources of satisfaction, it was not clear that hygiene factors were sources of dissatisfaction. As a response to early criticisms of the theory, Schwab, DeVitt, and Cummings (1971) tested Herzberg's two-factor theory using the original story-telling method and found that the hygiene factors influenced job dissatisfaction; however, they were unable to find evidence that the motivator factors were more frequently associated with positive performance (a proposed outcome of job satisfaction).

Many of the studies criticizing two-factor theory did not use the storytelling method that was used in the original study (Ewen, 1964; Ewen et al., 1966; Hinrichs & Mischkind, 1967; House & Wigdor, 1967; Schwab, et al., 1971; Soliman, 1970; Waters & Roach, 1971). Graen (1966) used factor analysis in an attempt to develop a psychometric measure from Herzberg et al.'s (1959) interview questions. Graen (1966) developed questions to represent the content of each interview question, and the engineers of Graen's study judged how the content was categorized into job dimensions. Graen found that the content from only 4 of the 11 dimensions were categorized consistently with Herzberg et al.'s (1959) interview structure. Graen (1966) found that the interview content as represented by Herzberg et al. (1959) did not "demonstrate sufficient homogeneity" (p. 566) to represent the measured job dimensions. It is unclear whether the item content as written and categorized by Graen (1966) sufficiently

represented the motivator and hygiene dimensions as conceived by Herzberg et al. (1959). For example, the factor found to account for the largest portion of the variance in job satisfaction ($r = .12$) combined items related to salary (a hygiene factor) and items related to advancement (a motivator factor; Graen, 1966). Gardner (1977) stated that there was “no single test of validity for the M-H theory” (p. 203) and questioned the “robustness” (p. 203) of a theory that could not be verified using multiple methods. Behling, Labovitz, and Kosmo (1968) argued that the consistency with which studies using the critical incident methodology supported two-factor theory and studies using surveys did not support the theory was, in itself, evidence that the job satisfaction construct was not one-dimensional.

Researchers have not identified a way to test the qualitative differences in the two dimensions (motivator and hygiene) of attitudes about job satisfaction other than the critical incident method (Gardner, 1977; Grigaliunas & Wiener, 1974). Grigaliunas and Wiener (1974) reviewed the literature regarding tests of two-factor theory from its inception through the date of their study. In all studies other than those using the critical incident method, researchers had effectively split one uni-dimensional measure of job satisfaction at a neutral point and called the positive side ‘job satisfaction’ and the negative side ‘job dissatisfaction’ (Grigaliunas & Wiener, 1974). Grigaliunas and Wiener (1974) examined eight studies in which the researcher used a survey method. In each of these studies, the researchers had actually tested one construct of job satisfaction by splitting the results from one instrument at an arbitrary point and labeled one side ‘job satisfaction’ and the other side ‘job dissatisfaction’ rather than testing whether there was

a difference in the ways the factors influenced their participants. A test of a difference in the ways that motivator or hygiene might have contributed to the attitude of job satisfaction required a more complex methodology (Grigaliunas & Wiener, 1974). The authors concluded that two-factor theory was “not an easy theory to test, and its constructs are not readily amenable to operational definitions” (Grigaliunas & Wiener, 1974, p. 867). Despite this methodological issue in testing two-factor theory, researchers have continued to use a survey methodology that measures one construct of job satisfaction (e.g., Iacocca et al., 1995; Wignall, 2004).

In an effort to address methodological constraints in testing two-factor theory, French, Metersky, Thaler, and Trexler (1973) used a written (versus verbal) form of the critical incident methodology. Although the results were similar to studies using the standard verbal application of the critical incident method, French et al. (1973) found that a hygiene factor—interpersonal relationships—was an important motivational factor in job satisfaction. French et al. concluded that data collection using the written instrument likely prompted or brought certain factors to the attention of the participants that would not have been prompted in a verbal interview. Researchers have found that interpersonal relations could be a motivator factor (Hines, 1973; Ondrack, 1974), and its classification as a hygiene factor might have been an artifact of the verbal critical incident methodology (French et al., 1973).

Crede, Chernyshenko, Bagraim, and Sully (2009) used confirmatory factor analysis to test whether job satisfaction and job dissatisfaction were distinct dimensions and found that a two dimensional model was a statistically significantly better fit than a

one dimensional model of job satisfaction across all four samples in the study. Crede et al. (2009) measured the dimension of job satisfaction as a computation of positively worded scores from the Illinois Job Satisfaction Index (JSI) and the Job Descriptive Index (JDI) and the dimension of job dissatisfaction as a computation of score from the negatively worded questions of the JSI and JDI. Researchers have found that negatively worded items can influence participant responses (called response style) and the results can be attributed to the methodology rather than the content of the questions (Marsh, 1996). Problems with negatively worded items include that the negative wording requires more cognitive focus and energy than is required for understanding positively worded items and that respondents are influenced by context in which a question is presented (Podaskoff, MacKenzie, Lee, & Podsakoff, 2003). Marsh (1996) stated that it is commonly accepted to include a balance of positively and negatively worded items in one construct to avoid measurement issues related to the methodology. Using factor analysis, Marsh found that negatively worded items in a measure of self-esteem resulted in a measurement artifact unrelated to content of the survey. Using structural equation modeling and path analysis with negatively worded questions on scales of self-esteem and anxiety, DiStefano and Motl (2006) found that a measurement artifact related to response style was present in both scales and could be related to aspects of personality referred to as “self-reflective tendencies” (p. 461; self-consciousness and the fear of a negative evaluations from others). Crede et al. controlled for careless responding, positive affect, negative affect, personality traits, and education levels of the participants (4 university samples: 1,149 U.S. nonacademic employees, 375 U.S. nonacademic

employees, 295 Australian teachers, and 252 South African teachers) and applied confirmatory factor analysis at the subscale levels for the JSI and JDI. Crede et al. (2009) reported that, for each subscale of the JSI and JDI using data from each sample, a two dimensional model of job satisfaction was a statistically significantly better fit than a one dimensional model (chi square difference was significant at $p = .001$).

In Lee's (2006) study, a hygiene factor (the physical environment) was found to behave in a way consistent with two-factor theory. The physical environment had a statistically significant negative relationship with job satisfaction when the physical environment did not meet employee expectations (the baseline), but no statistically significant relationship when it met expectations. Based upon the results of Lee's (2006) study, it would seem that employee expectations and the gap between those expectations and perceptions of the contextual hygiene factors would be important in the methodology for understanding the behavior of hygiene factors. I found no studies that might have shown whether the gap between employee expectations and perceptions similarly affected motivator factors, although such a study could add to the literature about the qualitative difference between motivator and hygiene factors as dimensions of job satisfaction.

Individual Differences and Contemporary Factors. Other critics suggested that a defensive mechanism in the workers may skew the results, causing the workers to attribute job satisfaction to their own accomplishments while attributing dissatisfaction to what was happening in the work environment (Brenner, Carmack, & Weinstein, 1971). Grigaliunas and Wiener (1974) described the 'social desirability' criticism of two-factor

theory as the tendency for “defensive responding” (p. 864), in which people respond in ways that enhance or exaggerate their abilities. The self-serving attribution bias is the tendency for workers to attribute the positive aspects to themselves, whereas they may tend to attribute the negative aspects to the environment and/or working conditions (Brenner et al., 1971). Results of a study by Wall (1973) somewhat supported the suggestion that ego defensiveness contributed to the classification of events as intrinsic or extrinsic. In a study of 77 male employees at various job levels, Wall (1973) found that participants who scored higher in a measure of social desirability or ego-defensiveness (i.e., the tendency to avoid attributing the cause of negative events to oneself) more often attributed dissatisfaction to hygiene factors. Wall (1973) found, though, that the measure of social desirability did not impact the tendency to attribute satisfaction to motivator factors.

Researchers have criticized two-factor theory for failing to consider the ways that personality and the values of employees could affect the types of motivation to which employees may respond (Gaziel, 1986; Sachau, 2007). Karp and Nickson (1973) found that an attribute of individual differences, the orientation toward motivation or hygiene factors, was statistically significantly related to their participants’ ratings of the importance of motivator and hygiene factors to job satisfaction; however, the employees’ orientation did not statistically significantly relate to turnover as an outcome of job satisfaction. Personality traits have been found to account for approximately 10% of the variation in job satisfaction (Furnham, Petrides, Jackson, & Cotter, 2002). Furnham et al. (2002) attempted to determine whether personality traits could predict the relative value

an employee might place on motivator or hygiene factors. Furnham et al. (2002) found that one personality trait, conscientiousness, predicted the value that employees placed on both motivator and hygiene factors. Furnham et al. concluded that personality traits did not affect the types of workplace factors that employees find to be important. It should be noted, however, than Furnham et al. (2002) used the original classifications of supervision and interpersonal relationships as hygiene factors despite research showing those to function as motivator factors.

Some critics have questioned the relevance of two-factor model in today's society. A longitudinal study that focused on factors influencing perceptions of the workplace for African-American accountants revealed that over time, contemporary factors have surfaced that may influence job satisfaction (Redd, Moyes, & Sun, 2011). Factors mentioned include job stress, job discrimination, and work-life balance. Redd et al. (2011) considered the aforementioned factors to be hybrid factors, which may influence both hygiene and motivator factors and further complicate the premise of two-factor model. Nonetheless, Herzberg's two-factor theory has worked well with moderately to highly educated employees. Given employees at residential treatment facilities minimally have an Associates degree and higher; this theory is applicable and appropriate for this study.

The Use of Physical Restraints in Residential Treatment

Researchers have noted that the working conditions in residential treatment centers are stressful (Braxton, 1995; Connor et al., 2003; Seti, 2007). The children placed in residential care are frequently seriously emotionally disturbed and volatile.

Residential treatment agencies tend to be underfunded and unable to hire staff with the appropriate skills to manage and therapeutically help highly disturbed children (Braxton, 1995). The work is demanding and emotionally challenging for the typically inexperienced residential care worker who must manage the crises of the children as well as his or her own related emotions and anxiety. The emotional stress is exacerbated by the fact that troubled children are often able to express their issues only behaviorally, and residential care workers have continuous contact with the children within their residences (Eastwood & Ecklund, 2008). Annual employee turnover rates range from 30% to 72% in residential treatment facilities (Connor et al., 2003). Human services jobs tend to be lower paying than jobs in many other industries, and residential care workers often fall at the lower end of the human services scales for pay, respect, and appreciation (Lakin, Leon, & Miller, 2008; Seti, 2007). The working conditions in residential treatment facilities may influence the care workers' attitudes toward their work via levels of job satisfaction and perceived support, and thus, the ways they perform their jobs. In this study, I propose to study whether staff levels of job satisfaction and POS relate to their use of physical restraints with children and adolescents in residential care facilities.

Empirical Research Regarding the Use of Physical Restraints

Few researchers have studied the antecedents for the use of physical restraints in any human services setting. Certain researchers have focused on the minimization of the use of restraints through staff training programs (Baker & Bissmire, 2000; Evans, Wood, & Lambert, 2002; Miller, Hunt, & Georges, 2006) or individual youth characteristics or diagnoses that may predict challenging behavior so adequate training can be provided

(dos Reis et al., 2010; Leidy, Haugaard, Nunno, & Kwartner, 2006; Matson & Boisjoli, 2009; McGill, Murphy, & Kelly-Pike, 2009). Training has been shown to be one of the key components to effectively reduce the use of restraints by focusing on the needs of and care for children. In a study of the Andrus Children's Center, a residential and day treatment program for 150 emotionally disturbed children between the ages of 5 and 15, Farragher (2002) found that many physical restraint incidents originated when a staff member used touch to guide a child away from a confrontation. The touch then escalated to a power struggle between the staff member and child and often led to the use of restraints (Farragher, 2002). In a related study of nurses' perceptions regarding the use of physical restraint with psychiatric patients, the nurses noted that training targeted toward methods of coping with violence would help to reduce the physical restraint incidents (Gelkopf et al., 2009).

Agency personnel who have been effective in reducing the use of restraints have attributed their success to leadership commitment, support, and multiple efforts targeting organizational change (LeBel, Huckshorn, & Caldwell, 2010; Miller et al., 2006; Nunno, Day, & Bullard, 2008). Researchers have recommended that the minimization of restraints in treatment settings requires an organizational cultures that support employees by providing the knowledge and resources to manage patient violence (Deveau & McDonnell, 2009; dos Reis & Davarya, 2008; Holstead, Lamond, Dalton, Horne, & Crick, 2010; Graham, 2002). Using a system-wide approach (including leadership commitment, supervision, support, and training) to identify and address the issues that led to the use of restraints, the Andrus Children's Center staff reduced the use of restraints by

approximately 90% over 6 years while simultaneously reducing incidents of physical aggression by the children (Farragher, 2002). Similarly, the restraint usage at two residential treatment centers in Pennsylvania serving 409 children was reduced by 20% and 42% over 2 years using a combination of initiatives targeted toward a change in the organizational cultural (leadership commitment, supervision, support, and training) with an increase in behavioral incentives for the children (Miller et al., 2006). Efforts targeted toward change in organizational culture can take time to permeate through and build commitment from the various levels of staff. Van Doeselaar, Slegers, and Hutschemaekers (2008) found a gap between the attitudes toward the use of seclusion with psychiatric inpatients held by managers and the attitudes held by the workers who interacted directly with patients. Managers described the use of seclusion as undesirable, although direct care professionals continued to focus on the positive aspects of seclusion (van Doeselaar et al., 2008).

Braxton (1995) proposed that employees subjectively evaluate the actions of the children in residential care through the employees' own perceptions, anxiety, and fears (Braxton, 1995). In a qualitative study of the use of touch and restraint by residential childcare workers in Scotland, Steckley (2012) found that any use of touch with children causes anxiety and heightened emotions in the childcare workers. Workers expressed concerns about the potential for misinterpretation of the touch by the child or others as well as the possibility that touch could exacerbate the problem rather than calm the child (Steckley, 2012). Workers in residential facilities for adults with intellectual disabilities described the experience of applying restraints as an "emotional rollercoaster" (Hawkins,

Allen, & Jenkins, 2005, p. 28) including the negative emotions of fear, self-doubt, anger, frustration, worry, and shock.

At the Andrus Children's Center, staff members and supervisors received ongoing training and support to learn to differentiate their own feelings of anger and fear about a given situation so they would be able to identify whether or not the behavior of the child was actually dangerous (Farragher, 2002). In a study of staff perceptions of challenging behavior in residential and nursing homes for aged populations, Moniz-Cook, Woods, and Gardiner (2000) found relationships between the levels of staff anxiety and supervisor support to the staff perceptions of whether or not behavior was challenging. In the vignettes of Moniz-Cook et al.'s (2000) study, staff anxiety was found to relate positively to a tendency to evaluate patient behavior as challenging. Contrary to expectations, Moniz-Cook et al. (2000) found that higher levels of supervisor support increased the tendency to perceive behavior as challenging. The authors speculated that the staff members might be more willing to admit to the difficulties in handling patients when they felt supported by their supervisors or that staff members might be more liable to depend on the supervisor in difficult situations (Moniz-Cook et al., 2000).

The working conditions in residential care can lead to burnout in residential care workers (Lakin et al., 2008; Seti, 2007). Researchers have found that residential care workers suffer from burnout (Lakin et al., 2008) and compassion fatigue (Eastwood & Ecklund, 2008). Lakin et al. (2008) compared the levels of burnout from 375 frontline residential care workers who work with children to the norms for mental health care workers and found 50% had high levels of emotional exhaustion, 53% had a high

measure of depersonalization, and 35% had a high measure of reduced personal accomplishment. Lakin et al. (2008) found that levels of management support were negatively related to levels of the burnout components of emotional exhaustion and depersonalization. Compassion fatigue refers to the tension, stress, and anxiety resulting from working with the traumatic experiences of others (Eastwood & Ecklund, 2008). Eastwood and Ecklund (2008) found a positive correlation ($r = .59$) between burnout and compassion fatigue in a study of 57 residential childcare workers.

Levin and Decker (2006) proposed that burnout compromises residential childcare workers by breaking down the workers' psychological stability and ability to cope with the children's crises. Burnout has been found to affect how care workers evaluated a patient's behavior. In a study of the use of seclusion (another regulated intervention to be employed only as a last resort) by nurses in acute mental health inpatient units, Happell and Koehn (2011) found that emotional exhaustion (a component of burnout) was positively related to the evaluation of agitated, but nonviolent and nonthreatening, behaviors as those warranting seclusion (Happell & Koehn, 2011). Nurses who reported lower levels of emotional exhaustion did not consider the nonviolent and nonthreatening behaviors to warrant seclusion (Happell & Koehn, 2011). Burnout has been found to influence general attitudes toward patients by staff in inpatient psychiatric wards (Bowers, Nijman, Simpson, & Jones, 2011). Bowers et al. (2011) found a moderate negative correlation ($r = -.35$) between burnout and the care workers' attitudes of enjoyment, security, acceptance, purpose, and enthusiasm toward their patients.

The literature regarding the relationship between job satisfaction and the use of restraints is limited. Moniz-Cook et al.'s (2000) study of residential and nursing home staff working with aged patients included a measure of job satisfaction, but the authors found no relationship between job satisfaction and the staff's perceptions of patient behavior as challenging. Other researchers have found job satisfaction to be related to the ways staff members handle challenging behavior. In Happell and Koehn's (2011) study of nurses in acute mental health inpatient units, the researchers found an inverse relationship between job satisfaction and the nurses' willingness to justify the use of seclusion. Nurses with low levels of job satisfaction were more likely to justify the use of seclusion than were nurses with high measures of job satisfaction. Lakin et al. (2008) found that higher levels of job satisfaction were related to lower levels of the burnout component of emotional exhaustion in a study of frontline residential treatment staff.

Care workers have expressed frustration with aspects of their work environments in qualitative studies regarding the use of restraints. During semi-structured interviews designed to provide an understanding of the experiences of 78 children and residential childcare workers with the use of restraints, workers expressed frustration and anger at facility management for inadequate staffing levels, the lack of support, and the lack of acknowledgment of issues and injuries (Steckley, 2012). Moore and Haralambous (2007) interviewed residents, staff, and family members of the residents of residential elder care facilities to better understand the barriers to the reduction of the use of restraints in residential eldercare. Inadequate staffing levels and inconsistent staffing that affected the quality of the staff-patient relationships were identified as key issues that made it difficult

to reduce the use of restraints (Moore & Haralambous, 2007). Understaffing and the presence of inexperienced staff were identified as reasons for increased use of restraints by nurses working with psychiatric inpatients in an Israeli government hospital (Gelkopf et al., 2009) and in a meta-analysis of 19 studies regarding the use of restraints by nurses on aged persons (Lane & Harrington, 2011). Workers in residential care facilities for adolescents noted the need for increased management support to maintain worker morale, additional training on the management of aggressive behavior, and better communications between workers during shift changes (dos Reis & Davarya, 2008).

Job Satisfaction, Management Support, and the Use of Physical Restraints

I found no studies that directly examined the relationship between job satisfaction and the use of restraints, although limited research was available regarding job satisfaction, burnout, and anxiety in relation to care worker perceptions of the behavior of their patients. The challenges in the work environments of residential childcare treatment facilities include high turnover, relatively inexperienced staff, challenging and volatile youths, emotional exhaustion, underfunding, and understaffing (Braxton, 1995; Seti, 2007). Researchers have found that residential care workers suffer from burnout (Lakin et al., 2008; Seti, 2007), and burnout has been found to affect the workers' general attitudes toward their patients (Bowers et al., 2011).

Burnout and job satisfaction have both been shown to affect the decisions that care workers make about whether the behaviors of their patients warrant seclusion (Happell & Koehn, 2011). Managing the volatile behaviors of disturbed children creates an environment that is emotionally charged for both the worker and the child (Braxton,

1995). The presence of anxiety has also been shown to influence whether or not patient behaviors are perceived as threatening by care workers (Moniz-Cook et al., 2000). Given that burnout and job satisfaction are separate, but related (with a high level of shared variance) constructs and that work environment factors have been shown to have a stronger direct relationship to job satisfaction than to burnout (Wolpin et al., 1991), research findings regarding the presence of burnout in residential care and the effects of burnout on care workers' attitudes would indicate that job satisfaction could be a factor in care workers' attitudes toward their patients. Additionally, research results showing that job satisfaction predicts CWB (Harrison et al., 2006) could influence employees' decisions to use restraints in opposition to management directives to reduce restraint usage.

Residential care workers have expressed the need for more adequate staffing and increased management support to reduce the use of restraints (dos Reis and Davarya, 2008; Lane & Harrington, 2011; Moore & Haralambous, 2007; Steckley, 2012). Given that burnout can relate to how patient behavior is perceived and handled by care workers, it seems likely that management support may influence the use of restraints through the association between management support and burnout. Lakin et al. (2008) found that higher levels of management support were related to lower levels of emotional exhaustion and depersonalization. The only study identified at this time focusing on the relationship between management support and care worker perceptions of patient behavior found that higher levels of supervisor support increased the tendency to perceive

behavior as challenging (Moniz-Cook et al., 2000). I found no studies examining the relationship between management support and the use of restraints.

This study sought to determine whether job satisfaction and POS correlate with or predict the use of physical restraints in residential treatment centers for children. This study has extended the literature by providing information regarding whether the factors of job satisfaction and POS might be important factors in organizational efforts to minimize the use of physical restraints.

Summary and Conclusion

According to Herzberg et al.'s (1959) two-factor theory, employees are motivated to work and derive job satisfaction from various factors, primarily factors that provide opportunities for psychological growth (Herzberg, 1968/1987). Job satisfaction is an overall attitude toward work and has been found relate to or predict employee behaviors (OCB and CWB) in the workplace as well as turnover and employee productivity.

Some of the children placed in residential treatment centers come with histories of being abused, and staff working at the residential treatment centers may need to use physical restraints to keep children safe. Physical restraints may exacerbate symptoms related to past traumas of children placed in the residential treatment centers. Because of the possible psychological and physical damage physical restraints that may result from the use of restraints, nationwide initiatives have been in place to reduce and/or entirely stop the use of physical restraints.

Researchers have noted that the working conditions in residential treatment centers are stressful, demanding, and emotionally challenging (Braxton, 1995; Connor et

al., 2003; Seti, 2007). Residential care workers have been found to suffer from burnout, and turnover has been found to be higher in residential care than in other types of health services organizations. Burnout and job satisfaction have both been found to affect the decisions that care workers make about whether the behaviors of their patients warrant seclusion (Happell & Koehn, 2011), and burnout has been found to influence care worker perceptions of whether patient behavior is threatening. This study aims to investigate whether or not the variables of perceived organizational support, quality of supervision, and satisfaction with pay influence the use of physical restraints in residential treatment centers for children and adolescents. The study methodology are discussed in Chapter 3.

Chapter 3: Research Method

Introduction

The purpose of this study was to examine the extent to which satisfaction with pay, satisfaction with supervision, and perceived organizational support may predict the use of physical restraints by staff in residential treatment centers. Researchers have found that there are certain variables that may predict job satisfaction and job performance (Eisenberger et al., 1986; Hackman & Oldham, 1974; Herzberg et al., 1959).

Given the research presented in Chapter 2, I hypothesized that satisfaction with pay, satisfaction with supervision, and perceived organizational support would inversely relate to the dependent variable of physical restraints (i.e., higher degrees of satisfaction and perceived support are expected to be related to fewer incidences involving the use of physical restraints with clients). One purpose of this study was to determine which variable is the best predictor of the use of physical restraints.

In this chapter, the research design and methodology including data collection and data analysis are explored. Additionally, the research question and hypothesis are reviewed, instrumentation and materials and a summary of the measures taken for the protection of participants' rights are discussed.

Research Design and Rationale

This was a cross-sectional predictive non-experimental study that investigated the effects of three independent variables (perceived organizational support, satisfaction with pay, and satisfaction with supervision) on the rate of the use physical restraints.

The methodology selected for this study was an online survey. In quantitative studies, surveys are often used as the survey is formal and standardized so that each participant is given the same information and the data given is predictable. Additionally, quantitative data is used when a researcher wants to compare data in a systemic way. Another rationale for using a survey design is that in quantitative analysis, researchers may reveal relationships by using surveys in a natural setting (Creswell, 2009). Given the survey was taken online and was disseminated electronically; time and resource constraints are not such that a participant may not want to complete the survey. Surveys are often used in psychology research to advance the knowledge for a particular sample of a population (Creswell, 2009). A survey was used to collect data from a sample of the population of residential treatment center staff.

Research Questions and Hypothesis

To date, no research has been conducted that has addressed whether or not there is a connection between rate of pay, satisfaction of supervision and perceived organizational support with the rate of physical restraints used on children placed in residential treatment centers. As such, the main research questions and hypothesis for this study are as follows:

Research Question One

Will increased levels of perceived organization support as measured by the Perceived Organizational Support Survey relate negatively with physical restraints reported by staff used on children in residential treatment centers?

Hypothesis One

H_01 : The level of perceived organizational support, as measured by the Perceived Organizational Support Survey (Eisenberger et al., 1986), will not relate to the number of physical restraints reported by staff used on children in residential treatment centers over an eight week period as reported by staff members.

H_A1 : The level of perceived organizational support, as measured by the Perceived Organizational Support Survey (Eisenberger et al., 1986), will relate negatively to the number of physical restraints reported by staff used on children in residential treatment centers over an eight week period as reported by staff members.

Research Question Two

Will increased levels of satisfaction of supervision as measured by the Job Satisfaction Survey relate negatively with physical restraints reported by staff used on children in residential treatment centers?

Hypothesis Two

H_02 : The perceived quality of supervision as measured by the Job Satisfaction Survey (Spector, 1985), will not relate to the number of physical restraints reported by staff used on children in residential treatment centers over an eight week period as reported by staff members.

H_A2 : The perceived quality of supervision, as measured by the Job Satisfaction Survey (Spector, 1985), will relate negatively to the number of physical restraints reported by staff used on children in residential treatment centers over an eight week period as reported by staff members.

Research Question Three

Will increased levels of satisfaction with pay relate negatively with physical restraints reported by staff used on children in residential treatment centers?

Hypothesis Three

H_03 : The satisfaction with pay, as measured by the Job Satisfaction Survey (Spector, 1985), will not relate to number of physical restraints reported by staff used on children in residential treatment centers over an eight week period as reported by staff members.

H_A3 : The satisfaction with pay, as measured by the Job Satisfaction Survey (Spector, 1985), will relate negatively to the number of physical restraints reported by staff used on children in residential treatment centers over an eight week period as reported by staff members.

Methodology

The following section describes the population that was targeted, sampling and sampling procedures, procedures for recruitment and data collection, and instrumentation and operationalization of constructs. Finally, the data analysis plan is discussed.

Population

The target population was comprised of staff members that work in residential treatment centers who have direct contact with the children. Staff members that were considered for this study were those staff members that are responsible for the children daily in the therapeutic milieu. The survey asked the population sampled how much time they spend with the children per week. The residential treatment centers that were

sampled were those that treat children with behavior disorders often categorized as severely emotional disturbed or severely emotionally disabled. The sample consisted of those staff members that responded to an online survey tool and who had worked in a residential facility for at least six months. Staff members were defined in Chapter 1 as those who either are directly responsible for the children on a daily basis.

Sampling and Sampling Procedures

Data was initially to be collected from four different residential treatment centers for children. However, additional survey participants were recruited from online social media when the targeted amount of participants was not met. Data was collected from residential treatment center staff members that responded to the online survey via social media or from a link given by their organizational leaders. The sampling population was composed of residential treatment center staff members who are directly responsible for children on a daily basis. Participants must have been working in a residential treatment center for children, have direct contact with the children, and have had worked at the residential treatment center for at least six months.

A convenience sample was used for this study, as the sample sites were residential treatment centers that are known to the researcher by proximity and affiliation. However, I also reached out to residential treatment centers that were beyond proximity and affiliation and requested their participation due to low survey response rates.

Participants

The participants studied were between the ages of 18 to 65, with varying levels of education ranging from high school diploma to master's degree. The participants were

employed by various residential treatment centers and were of various ethnic backgrounds and socioeconomic status. The sample population were representative of the target population since every staff member in each facility were given equal opportunity to respond to the online survey.

Sample Size

The sample consisted of 245 participants with a target of 218 participants needed. As recommended by Maxwell (2000), a multiple regression study with three predictors, an alpha of .05 and a statistical power of .80 requires a sample size of 218 participants assuming all zero-order correlations are medium (i.e., effect size medium). Sample size requirements in regression analysis vary not only with the expected effect size or correlation between the independent variables and the dependent variable, but also with the exchangeability or correlation between the independent variables (Maxwell, 2000). When research is unavailable for the intercorrelations between independent variables, Maxwell (2000) recommends assuming all zero-order correlations (i.e., controlling for intercorrelation of independent variables) are medium. The assumption of a medium effect size can be supported by researchers' findings showing the predictors in this study have influenced outcomes ranging from .03 (low) to .44 (high). Eisenberger et al. (1986) found that the main effect of perceived organizational support on absenteeism was .08. Oldham, Hackman, and Pearce (1976) found that salary predicted motivation and productivity at rates ranging between .03 (low growth need) and .44 (high growth need).

Recruitment

The recruitment phase consisted of two different methods. The first method included contacting the human resources department of each organization and/or other organizational leaders and requesting a distribution list of staff or requesting the organizational leaders forward an e-mail directly to the staff with the survey introduction and link. The organizations were chosen by proximity and affiliation in the San Diego, California area. The second method included inviting residential center staff members to take the online survey via social media. Those survey participants who were invited via social media could have been anywhere in the United States. In both instances, the participants were advised that the survey is voluntary, all responses are anonymous, and individual-level results will not be shared with anyone. The survey used to collect demographic information is available in Appendix A. The participants took the online survey and the data was collected online using Survey Monkey. Informed consent was addressed prior to beginning the survey. Participants were asked to provide an e-mail address to receive a \$5.00 Starbucks card for their participation..

Instrumentation and Operationalization of Constructs

Data collection consisted of using the Job Satisfaction Survey and Perceived Organizational Support Survey. Additional information regarding amount of physical restraints reported by staff members at residential treatment centers is located and collected in the demographic section located in Appendix A.

Job Satisfaction Survey

One of the instruments used was the Job Satisfaction Survey (Spector, 1985). The concepts in the survey are measured by job facets. Job facets measured are pay, promotion, supervision, benefits, contingent rewards, operating procedures, coworkers, nature of work and communication. For the purpose of this study, only the supervision and pay facets were measured. This survey was originally developed to assess job satisfaction in human services, non-profit and public organizations (Spector, 1985). The Job Satisfaction Survey is scored using a 6-point Likert scale with 1 = disagree very much to 6 = agree very much. The entire survey consists of 36 questions, of which 19 are reverse coded. The subset of the survey used in this study consists of 8 questions, of which 4 are reverse coded. The answers to reverse questions were recoded so that the results from all questions in the survey consistently represent a scale of 1 = negative response to 6 = positive response. Reverse coded items were recoded by subtracting the participant's response on the item from 7 (the highest value of the scale plus 1). For example, if the participant responds with a 5 to a reverse scored (i.e., negatively worded) question, the score were recoded as $7 - 5 = 2$. For each participant, a mean was computed to represent that participant's job satisfaction score.

In a study consisting of 2870 individuals, Spector (1985) reported coefficient alpha estimates of reliability of .75 for pay satisfaction and .82 for satisfaction with supervision. Blau (1999) reported a coefficient alpha estimate of reliability of .89 for job satisfaction measured by the Job Satisfaction Survey. Spector (1997) found a positive correlation between all nine facets of the job satisfaction survey. The Job Satisfaction

Survey was used in approximately 116 studies and administered to 30,582 employees between the years 1985 and 1997 (Spector, 1997). Permission from Spector to use the Job Satisfaction Survey was obtained.

Perceived Organization Support Survey

The Perceived Organizational Support Survey (POS) was developed in 1986 to measure perceived organizational support (Fields, 2002). Perceived organizational support was defined by Eisenberger et al. (1986) as “employees’ inferences concerning the organization’s commitment to them” (p. 500).

The POS is scored using a 7-point Likert scale in which 1 = strongly disagree and 7 = strongly agree. The Survey of Perceived Organizational Support (SPOS) has 36 questions. However, for the purposes of this study the 17-question short version of the POS (Eisenberger et al., 1986) was used. Seven of the questions on the survey are reverse scored. For each participant, a mean was computed to represent that participant’s POS score. The 17-item SPOS measures “an employee’s perceptions of the degree to which the organization values the worker’s contributions” and “actions that the organization might take that would affect the well-being of the employee” (Fields, 2002, p. 117).

Eisenberger et al. assessed the reliability for the long and short versions of the SPOS with two studies (Eisenberger et al., 1986). In the first, 316 employees of 9 different organizations responded to the long version of the survey. Analysis of the results revealed a reliability coefficient (Cronbach’s alpha) of .97. In the second, 97 private high school teachers completed the short version of the survey and analysis of the

results revealed a reliability coefficient (Cronbach's alpha) of .93. Shore and Tetrick (1991) established uni-dimensionality and found evidence of construct validity of the SPOS.

The participants in the current study were asked to complete the 17-item survey using Survey Monkey. I was granted permission from Eisenberger to use the Perceived Organizational Support Survey.

Use of Physical Restraints

The rate of physical restraints was calculated on the number of incidents reported by individual staff members over the last eight weeks. Physical restraints are defined as “any activity in which residential staff members laid hands on a client for any amount of time when the child was exhibiting imminent risk to self or others” (Miller, Hunt, & Georges, 2006, p. 203).

Data Analysis Plan

The null hypotheses in the study state that the dependent variable of the use of physical restraints will not relate to the independent variables of perceived organizational support, satisfaction with supervision and satisfaction with pay. The alternative hypotheses propose that there is an impact of the use of physical restraints based on the independent variables. Hypotheses 1 through 3 were tested using Pearson product-moment correlation. A Pearson product-moment correlation test is used to establish whether a linear relationship or correlation exists between two variables (Field, 2005). Multiple regression using backward stepwise entry of the independent variables was used to determine which combination of independent variables best predicts the use of

physical restraint (the dependent variable). The order in which predictor (i.e., independent) variables are entered into a regression equation can affect the results because regression coefficients are calculated based upon the variables in the model (Field, 2005). The backward stepwise entry methods allow SPSS to determine mathematically which variables are the most important predictors (i.e., the researcher does not control the order) (Field, 2005). In backward stepwise entry, all variables enter the regression model initially; then SPSS calculates the contribution of each variable and determines, based upon the contribution is statistically significant, whether that particular variable remains in the model (i.e., is actually a predictor of the outcome) (Field, 2005). Backward stepwise data entry is planned for this study as this entry method provides the following advantages over other entry methods: (a) the order in which the independent variables enter the model is determined purely mathematically within SPSS, and (b) it minimizes the risk of missing a predictor due to suppressor effects (Field, 2005).

To ensure accurate data is obtained, I confirmed that each possible common answer was available as well as a space for “other”. The survey participant was not be able to progress unless all the data is answered on the page to reduce missing data. All questions on the survey were entered accurately into SPSS including reverse scored items. Only surveys that had been completely filled out were used, those that were abandoned during the process were not included in this study.

Threats to Validity

The primary threat to external validity is that this study is using convenience sample of residential treatment center staff and as such the results obtained from this

study may not generalize to other staff members in similar organizations. Another possible threat to external validity was the interaction of selection and treatment as those taking the survey are those that use the Internet and are comfortable with Internet access and feel comfortable enough using the internet to complete a survey (Cook & Campbell, 1979).

One threat to internal validity is selection (Cook & Campbell, 1979). The selection of the individuals taking the online survey was not randomly picked or randomly assigned. The individuals taking the survey did so for two reasons. One group did so because their organization's human resources professional and/or organizational leader(s) forwarded a link from this researcher. However, the e-mail with the link sent to the staff members stated the staff members were not required to participate in the study, that the researcher is a third party and that none of the individual responses would be reported to the facility. As a result the potential for the staff member feeling obligated to complete the survey may be a factor. However, their residential treatment center was chosen by proximity and/or familiarity to the researcher. Another group had access to the link via social media and therefore the sample was limited to those online on social media. Additionally, those individuals who choose to take the survey may be more likely to have a different set of personality traits than those who do not, and this may skew the results in a way that would not be representative of the population. An additional threat to internal validity is that participants may underreport the use of physical restraints, or perhaps over report due to not recalling the incidents accurately or for self-preservation reasons. The inability to conclude cause and is also a limitation to this study.

Mono-method bias is a potential threat to construct validity as this study used an online survey and there was not be another method of delivery of this survey (Cook & Campbell, 1979). Another threat to construct validity is evaluation apprehension. Although the individuals that responded to the survey were informed that their responses would be confidential, they may have responded differently if they believed the survey could be a reflection of their skill and/or work performance. The validity of statistical conclusions could be threatened if assumptions made in this study are incorrect. Random irrelevancies in the residential treatment center settings could also threaten statistical conclusion validity. Random heterogeneity of respondents may have an impact on statistical conclusion validity as the respondents may have a predisposition to use physical restraints or not and in those cases, results may be skewed in a manner that is not representative of the norm for that particular residential treatment center.

A gift card to Starbucks for the amount of \$5.00 was provided to those that took, completed and noted an e-mail address. This incentive was provided to attract those who would not normally take the survey in an attempt to gather data that may not have otherwise been gathered.

Ethical Procedures

A variety of ethical concerns were addressed before and throughout the process of conducting the study. The participants remained and will continue to remain anonymous, ensuring that participants will not suffer negative repercussions related to the information they shared on the surveys. Informed consent was addressed prior to any information gathering at the beginning of the survey indicating that the participants had the right to

stop participating in the study at any point throughout the exercise. Given that all responses were anonymous, privacy of responses were be respected and maintained. Additionally, the survey instruments that were used in this study have been determined to not cause undo distress on the participants. The participants were asked on a voluntary basis for their names and e-mail addresses for the purposes of providing the \$5.00 Starbucks gift card. However, their names were not associated with any of the answers to the survey questions. Data is stored on Survey Monkey, however, once collection and analysis have been conducted and the study approved, the information will be kept in a password protected encrypted file on this researchers computer. An additional back up password protected encrypted file will be kept on a USB drive that will be locked in a confidential file cabinet. All raw data is available upon request. IRB approval was gained prior to any data collection.

Summary

The present study examined the extent to which satisfaction with pay, satisfaction with supervision, and perceived organizational support predict the use of physical restraints by staff in residential treatment centers. A survey design was used. The Job Satisfaction Survey was used to measure the satisfaction with rate of pay and quality of supervision and the POS survey was used to measure the perceived organization support. These scales have been used in multiple studies and have strong reliability and validity. Multiple linear regression analysis using backward stepwise entry of the independent variables was performed using the Statistical Software for Social Science (SPSS). In summary, I have discussed in this chapter the research design and rationale, the

methodology, threats to validity and ethical procedures. In Chapter 4, I discuss the results of the analyses in detail.

Chapter 4: Findings and Analysis

Introduction

The purpose of this study was to examine the extent to which satisfaction with pay, satisfaction with supervision, and perceived organizational support predicted the use of physical restraints by staff in residential treatment centers. I hypothesized that satisfaction with pay, satisfaction with supervision, and perceived organizational support would relate inversely to the dependent variable of physical restraints (i.e., higher degrees of satisfaction and perceived support are expected to be related to fewer incidences involving the use of physical restraints with clients). A second purpose of this study was to determine which variable is the best predictor of the use of physical restraints.

The data collection process is explained in this chapter, followed by a description of the sample. Procedures for analysis of the data, including those for the handling of missing data, identification of potential outliers, coding of Likert-scaled questions, and analysis of whether or not the data meets the assumptions of the planned statistical procedures, are explained. Lastly, the results of this study are presented.

Data Collection

Data collection began with an attempt to recruit specified residential treatment facilities as outlined in Chapter 3. The survey became open for participant recruitment on November 16, 2014. The survey was then extended to additional residential treatment facilities on December 17, 2014. Initially five residential facilities were contacted, four of which were county run facilities in San Diego, California and one was a state run facility in Camden New Jersey. Later an additional 17 facilities, eight in California, eight in

Arizona and one in Washington State were contacted. Out of these facilities two residential facilities, one in Tucson, Arizona and one in Camden, New Jersey (sent out by a senior program director) agreed to send out the survey link to their staff. The residential director of the facility in Arizona sent out the survey to 80 of its employees and the senior program director of the residential facilities in New Jersey sent out the survey to 30 of its employees. Given the lack of response, the survey was then offered to participants on social media on February 4, 2015. There were four total responses to the survey before the survey was offered via social media out of 110 that received the survey. The survey closed on February 28, 2015.

The original recruitment plan consisted of contacting residential facilities directly and requesting that they send the survey to their staff members. However, recruitment was slow and response rate was below expectations. Given that the response rate was not satisfactory, a request was made to extend the survey to include social media. On February 4, 2015, I created a Facebook link via Survey Monkey and a Facebook page and promoted the survey using key words (residential treatment facilities; residential care worker; mental health workers; care workers, mental health care workers; disruptive behavior disorders; children in residential care; psychology; direct care workers; and mental health and children). I also posted the survey link created on Survey Monkey and posted to Linked-In and Twitter requesting those who work at residential treatment facilities for children to consider taking the survey. The survey itself had a screening question asking if the participant currently worked at a residential facility for children and if they have direct contact with the children. If the answer was no, then the survey

would not go on. This was an attempt to screen out those that did not have direct involvement with children and/or did not work at residential facilities for children. Originally, I had created survey questions that did not require a specific type of answer in the answer box on SurveyMonkey. As a result, a web robot, that runs automatic tasks over the Internet, was able to answer my survey. Consequently, I deleted over 150 survey results that were answered by the web robot. In order to ensure real individuals were answering the questions, I changed the way the survey questions could be answered, without changing the survey. For example, requiring the fields to require more than just numbers in the question box. Essentially, in a question box that asked how long the survey taker had been working at their place of employment; instead of only being able to say 6 or 10, the answered required letters and numbers, 10 months, or 6 years, and this stopped the ability for the web robot to answer the questions.

Description of the Sample

The frequency counts and percentages for the demographics of the sample that included 245 residential care employees are presented in Table 1. The data were collected using a convenience sampling method. As such, the sample was not expected to replicate the demographic characteristics of the population of residential care workers, and persons who use the results of this study must determine whether the sample sufficiently represents the demographic characteristics of their particular residential care facilities.

As presented in Table 1, participants differed according to their gender, age, educational level, and length of employment with their current residential care

company. In terms of gender distribution there were more women (87.8%) than men (12.2%). In terms of the ethnicity, more than half of the participants considered themselves to be Hispanic or Latino (91.8%). In terms of race, more than half of the participants considered themselves to be American Indian or Alaskan Native (68.2%). Race, as reported by the remainder of the sample participants, was composed of White (26.5%), Black or African American (2.9%), Asian (1.2%), and Other (1.2%). Ages ranged between 20 and 68, and the participants had been employed by their current residential care employer between 6 months and 17 years. Many of the participants were high school graduates (39.2%) or held master's degrees (32.7%), baccalaureate degrees (15.1%), or associate's degrees (10.6%). There were a few participants with some college credit (1.2%), doctorate degrees (0.4%), 12th grade completed without a high school diploma (0.4%), and no schooling completed (0.4%).

Table 1

Frequency Counts and Percentages for Participants

Variable	<i>N</i>	<i>Percentage</i>
Gender		
Female	215	87.8
Male	30	12.2
Ethnicity		
Hispanic or Latino	225	91.8
Not Hispanic or Latino	20	8.2
Race		
American Indian or Alaska Native	167	68.2
Asian	3	1.2
Black or African American	7	2.9
White	65	26.5
Other	3	1.2
Total	245	100
Education level		
No schooling completed	1	0.4
12 th grade, no diploma	1	0.4
High school	96	39.2
Less than 1 year of college	1	0.4
1-2 years of college, no degree	2	0.8
Associate's degree	26	10.6
Bachelor's degree	37	15.1
Master's degree	80	32.7
Doctorate degree	1	0.4
Total	245	100
Years with current employer		
0.5-1	42	17.1
1-3	48	19.6
3-5	102	41.7
5-7	46	18.7
7-17	7	2.9
Total	245	100
Type of employment		
Full time	140	57.1
Part time	105	42.9
Company size: Employees		
1-30	22	9.0
31-60	36	14.7
61-90	179	73.1
91-200	2	0.8
Over 200	3	1.2
Unknown	3	1.2
Total	245	100

Because participants were directly asked to fill in their current age and length of time with their current employer, the descriptive statistics (mean, median, and mode) were attainable. The mean age of the participants was 34.3. As for the years of employment with their current employer, the mean years of experience was 3.2 years, indicating that most of the participants had been working for their current employer for 3 years.

Data Analysis

The data were reviewed for completeness and accuracy prior to conducting the statistical analysis. The data were then reviewed to ensure it conformed to the assumptions of the planned statistical procedures.

Data Preparation

Handling of missing data. The original data collection process yielded 283 participant responses. Of these, 34 responses contained missing data (i.e., items that had not been answered) in the variables identified in my planned statistical procedures as the dependent variable (number of restraints reported by staff used in the last 8 weeks) or as independent variables (survey responses for satisfaction with supervision, satisfaction with pay, and POS). Records with missing data in one or more data points in the dependent variable or survey questions for the independent variables were removed from the sample. Additionally, one record containing a data anomaly (participant age of 29 with 55 years of employment with the current employer) was removed from the sample. Three records were removed because the participants had been with the current employer for less than 6 months. Missing data was replaced in one instance: the number of years of

employment with the current employer was replaced with the sample mean for years with the current employer (3.170) on one participant response. The variable in question, years with the current employer, was not an independent variable in the data analysis plan, and handling missing data by replacing the value with the sample mean is a valid method for handling missing data (Tabachnick & Fidell, 2007).

Likert-scaled questionnaire preparation. The study variables of POS, satisfaction with pay, and satisfaction with supervision were measured by Likert-scaled questionnaires with several responses for each variable (17 responses for POS, four responses for satisfaction with pay, and four responses for satisfaction with supervision). Data preparation for the Likert-scaled questionnaires involved two processes: (a) the negatively worded responses were reverse coded, and (b) mean values were calculated from the questionnaire responses to represent the variables of POS, satisfaction with pay, and satisfaction with supervision.

Reverse coding of negatively worded items. Reverse coding of the negatively worded items was necessary to obtain a uniform scale of positive and negative answers. On the POS scale, the negatively worded items were reverse coded so that a response of 1 (Strongly Disagree) implied that the participant's perception of organizational support as positive was converted to 7 (Strongly Agree). A response of 2 (Disagree) was converted to 6 (Agree), and a response of 3 (Disagree slightly) was converted to 5 (Agree slightly). On the Job Satisfaction survey, the first four items comprise the *satisfaction with pay* subscale, and the last four items measured *satisfaction with supervision* subscale. The negatively worded

questions on the Job Satisfaction scale were reverse coded so a response of 1 (Disagree very much) was converted to 6 (Agree very much), a response of 2 (Disagree moderately) was converted to 5 (Agree moderately), and 3 (Disagree slightly) was converted to 4 (Agree slightly).

Mean values for study variables. After the negatively worded questions were reverse coded, three means were calculated for each participant to obtain one value for each study variable: (a) the mean of the satisfaction with pay survey questions, (b) the mean of the satisfaction with supervision survey questions, and (c) the mean of the POS survey questions. The means were used in the statistical analysis as the variables of satisfaction with pay, satisfaction with supervision, and POS.

Assessment of outliers. A visual inspection of scatterplots revealed no obvious univariate outliers. An assessment of multivariate outliers was made to test the normality of residuals for the planned multiple regression test. The Mahalanobis D^2 was computed using the four study variables (number of restraints, POS, satisfaction with supervision, and satisfaction with pay), along with the probability of the Mahalanobis D^2 value occurring given a chi-square distribution. The Mahalanobis D^2 for each record provided a measure of variance from the multidimensional mean (considering all 4 variables). Outliers that may cause nonnormality in a distribution of regression residuals are records for which the probability associated with the Mahalanobis D^2 is 0.001 or less. In the analysis of the sample (all 245 records, prior to removal of the univariate outliers), no records had a Mahalanobis D^2 probability of 0.001 or less, so outliers were not expected

adversely impact the normality of the distribution of residuals in the multiple regression test.

Normality Analysis

Prior to conducting the different statistical analyses to address the research hypotheses, a preliminary screening of the data was conducted to ensure its integrity and that the data did not violate the rules of the required assumptions of the planned statistical tests. The planned statistical tests, Pearson Product Moment correlation and multiple regression, are parametric tests that are based on certain assumptions about the data including (a) the data is normally distributed for the Pearson correlation or the residuals are normally distributed for the regression procedure, (b) there is homoscedasticity of the data, and (c) there is a linear relationship between the variables under investigation. Whether or not the data conforms to these assumptions affects the ability of the statistical tests to produce valid results (Tabachnick & Fidell, 2007).

The normality of the distributions of the study variables was tested by investigating the skewness and kurtosis of the data as summarized in Table 2. In samples over 200, skewness and kurtosis statistics greater than an absolute value of 3.29 may indicate non-normality (Field, 2005). The skewness and kurtosis value summarized in Table 3 indicated that all of the skewness values were in the acceptable range. The values of skewness were between -1.776 and 1.736. The kurtosis value of the dependent variable, number of restraints (-1.062), was in the acceptable range. The values of kurtosis statistic for the independent variables were between 7.520 and 14.548 indicating leptokurtic data distributions (i.e., the data

were weighted toward the mean with a small portion in the tails). Because the distributions were consistently leptokurtic, the homogeneity of variance assumption was not violated, and the kurtosis statistics were acceptable for the planned parametric statistical tests.

Table 2

Normality Testing Statistics of Study Variables

	Skewness			Kurtosis	
	SD	Statistic	Std. Error	Statistic	Std. Error
POS	0.544	-0.741	0.156	14.548	0.310
Satisfaction with supervision	0.579	1.736	0.156	7.520	0.310
Satisfaction with pay	0.477	-1.776	0.156	8.124	0.310
Number of restraints (DV)	6.039	-0.360	0.156	-1.062	0.310

Note. POS = Perceived organizational support, DV= Dependent variable, SD= Standard deviation.

The assumption of homoscedasticity is defined as “that the variability in scores for one continuous variable is roughly the same at all values of another continuous variable” (Tabachnick & Fidell, 2007, p. 85). Homoscedasticity of the data was checked using scatterplots as recommended by Tabachnick and Fidell (2007), and the scatterplots revealed no patterns that would indicate a violation of the homoscedasticity assumption.

The sample data conformed to the normality assumptions required for the planned parametric tests.

Hypotheses

This study explored the correlation between the use of restraints with children in residential care and factors of POS, satisfaction with supervision, and satisfaction with pay. POS, satisfaction with supervision, and satisfaction with pay were independent

variables. The use of restraints with children in residential care was the dependent variable. The results of a Pearson Product Moment correlation between all study variables presented in Table 3 are discussed in the following sections.

Table 3

Correlation Matrix for Independent and Dependent Variables in the Study (N=245)

Variable	Mean	SD	Number of Restraints Used	POS	Satisfaction with supervision	Satisfaction with pay
No. of restraints (DV)	11.520	6.039	--			
POS	4.054	0.544	-0.004	--		
Satisfaction w/ supervision	3.341	0.579	-0.255***	0.415***	--	
Satisfaction w/ pay	3.211	0.477	0.043	0.668***	0.424***	--

Note: DV=Dependent variable

*** Correlation is statistically significant at the 0.001 level (2-tailed).

Hypothesis One

H_01 : The level of perceived organizational support, as measured by the Perceived Organizational Support Survey (Eisenberger et al., 1986), will not relate to the number of physical restraints reported by staff used on children in residential treatment centers over an eight week period as reported by staff members.

H_A1 : The level of perceived organizational support, as measured by the Perceived Organizational Support Survey (Eisenberger et al., 1986), will relate negatively to the number of physical restraints reported by staff used on children in residential treatment centers over an eight week period as reported by staff members.

As shown in Table 3, the correlation between POS and the number of restraints reported by staff used on children in residential care was not statistically significant, $r(244) = -0.004, p = 0.954$. Thus, Hypothesis 1 was not supported.

Hypothesis Two

H_{02} : The perceived quality of supervision as measured by the Job Satisfaction Survey (Spector, 1985), will not relate to the number of physical restraints reported by staff used on children in residential treatment centers over an eight week period as reported by staff members.

H_{A2} : The perceived quality of supervision, as measured by the Job Satisfaction Survey (Spector, 1985), will relate negatively to the number of physical restraints reported by staff used on children in residential treatment centers over an eight week period as reported by staff members.

As shown in Table 3, satisfaction with supervision correlated negatively and statistically significantly with the number of restraints reported by staff used on children in residential care, $r(244) = -0.255, p < 0.001$. The r coefficient indicated that restraint usage decreased as the satisfaction with supervision became more positive. Thus, Hypothesis 2 was supported.

Hypothesis Three

H_{03} : The satisfaction with pay, as measured by the Job Satisfaction Survey (Spector, 1985), will not relate to number of physical restraints reported by staff used on children in residential treatment centers over an eight week period as reported by staff members.

H_{A3} : The satisfaction with pay, as measured by the Job Satisfaction Survey (Spector, 1985), will relate negatively to the number of physical restraints reported by staff used on children in residential treatment centers over an eight week period as reported by staff members.

As shown in Table 3, the correlation between satisfaction with pay and the number of restraints reported by staff used on children in residential care was not statistically significant, $r(244) = 0.043$, $p = 0.503$. Thus, Hypothesis 3 was not supported.

Multiple Linear Regression Analysis and Results

Multiple linear regression was conducted to determine the partial influence of each independent variable on the dependent variable of the use of restraints on children in residential care when modeled within a single multiple regression equation. The multiple regression equation provided the estimated coefficients and corresponding t-values to determine the individual contribution of each independent variable in predicting the dependent variable. Unlike the statistical procedures of a Pearson's correlation, the purpose of the multiple regression was to analyze whether each of the independent variables was a statistically significant predictor of the usage of restraints on children in residential care and which combination of independent variables best predicted the use of physical restraint (the dependent variable).

A multiple linear regression model was conducted to determine the extent of the influence of the independent variables (perceived quality of supervision, satisfaction with pay, and POS) on the number of restraints. Table 4 provides a summary of the results of

the multiple regression, including the estimated coefficients, standard error, confidence intervals, and significance for each variable.

Table 4

Summary of Multiple Regression Analysis for Predictors of Restraint Usage (N=245)

Variable	Standardized	Unstandardized Coefficient		Confidence Interval	<i>p</i>	<i>R</i> ²
		<i>B</i>	Std. Error			
Constant		15.112	3.061	9.082	21.141	<.001
Satisfaction with supervision	-0.338***	-3.533***	0.721	-4.953	-2.113	<.001
Satisfaction with pay	0.163	2.062	1.069	-0.043	4.168	.055
POS	0.035	0.392	0.933	-1.445	2.229	.674
<i>R</i> ²						0.093
<i>F</i>			8.269***			<.001

Notes. Dependent Variable: Use of restraints on children in residential care
 ***. Statistically significant at the 0.001 level (2-tailed).

Table 4 summarized the model fit measured in terms of *R*² of the generated linear regression model by SPSS. The *R*² or the coefficient of determination is the indicator of how well the model fits the data. *R*² is calculated as 1 minus the ratio of residual variability. Looking at the *R*² value enumerated in the note portion of Table 4, the model had *R*² value of 0.093. The *R*² value indicates that 9.3% of the dependent variable of number of restraints used with children in residential care was explained by the independent variables (satisfaction with supervision, satisfaction with pay, and POS) in the model. However, only satisfaction with supervision and satisfaction with pay appeared to explain unique variance in the number of restraints. Satisfaction with supervision was statistically significant, whereas, satisfaction with pay approached statistical significance (*p* = .055).

Tolerance and Variance Inflation Factor (VIF) statistics were run to test whether the data met the assumption of collinearity. Tolerance is measured as $1 - R^2$. Tolerance values less than 0.1, particularly in combination with large standard error values, may indicate multicollinearity (i.e., the variable may have an almost perfect linear correlation with other independent variables in the model). The VIF statistic is measured as $1 / \text{Tolerance}$. Values of VIF of 10 or greater may indicate multicollinearity. The tolerance and VIF statistics for this model indicated that multicollinearity was not a concern (satisfaction with supervision: Tolerance=0.789, VIF=1.268; satisfaction with pay: Tolerance=0.533, VIF=1.877; POS: Tolerance=0.528, VIF=1.895). Finally, visual inspection of the residuals confirmed the normality assumption (i.e., that residuals were normally distributed) had been met in this regression model.

Summary

In this study, I sought to answer the extent to which satisfaction with pay, satisfaction with supervision, and perceived organizational support predicted the use of physical restraints by staff in residential treatment centers. Using Pearson's correlations, I found a negative and statistically significant relationship between satisfaction with supervision and the use of physical restraints. Neither POS nor satisfaction with pay were found to statistically significantly correlate with the use of physical restraints. Using multiple regression, I found that a model including the three independent variables (satisfaction with supervision, satisfaction with pay, and POS) predicted 9.3% of the variance in the use of physical restraints with children in residential care. Only one

independent variable, satisfaction with supervision, was found to be a statistically significant contributor to the regression model.

In the next chapter, I provide an overview of the study and the rationale for pursuing this study. I highlight of the findings and conclusions, implications for social change, recommendations for action, and recommendations for future study.

Chapter 5: Discussion

Introduction

The purpose of this study was to examine the extent to which satisfaction with pay, satisfaction with supervision, and POS predicted the use of physical restraints by staff in residential treatment centers. I hypothesized that satisfaction with pay, satisfaction with supervision, and POS would each relate inversely to the dependent variable of physical restraints (i.e., higher degrees of satisfaction and perceived support are expected to be related to fewer incidences involving the use of physical restraints with clients). The hypotheses that POS and satisfaction with pay would relate to the use of restraints were not supported. The hypothesis that satisfaction with supervision would relate to the use of restraints was supported. Satisfaction with supervision correlated negatively and statistically significantly with the number of restraints used on children in residential care. The data showed that restraints usage decreased as the satisfaction with supervision became more positive.

Interpretation of Findings

Hypothesis 1

Hypothesis 1 was based on the theory that POS increases an employee's obligation to help the organization achieve its goals and the lack of POS may contribute to negative attitudes and behavior by the employee (Aseage & Eisenberger, 2003; Settoon et al., 1996). In this study, I found no relationship between POS and the use of restraints on children in residential care.

My results were inconsistent with those of researchers who found that POS correlated with the outcomes of overall job performance (Duke et al., 2009) and dimensions of job performance, including job task performance (Eisenberger et al., 1986, 1990; Ren-Tao, 2011), CWB (Dalal et al., 2012; Shoss et al., 2013), and OCB (Chen & Eisenberger, 2009; Kaufman et al., 2001; Moorman, et al., 1998; Ren-Tao, 2011; Shore et al., 1990). In a meta-analysis of POS research between 1986 and 2011, Kurtessis et al. (2015) found correlations between POS and employee level outcomes including task performance ($r = 0.17$), OCBO ($r = 0.34$), and CWB toward the organization ($r = -0.18$). As such, a negative relationship between POS and the use of restraints would be expected.

In a sample of 199 of the sales employees, Chen and Eisenberger (2009), using a cross-lagged model, found that the temporal change in POS was related to the temporal change in OCB, and the authors concluded that their results provided strong evidence that POS predicts OCB. Kaufman et al. (2001) found that POS related more strongly with OCBO than with behaviors directed toward helping coworkers. My results, however, were not consistent with the relationship between POS and the specific behavioral outcome of the use of restraints.

One explanation for the lack of relationship between POS and the use of restraints is that organizational cultures regarding the acceptability of restraints may vary in that certain less invasive restraints may be considered acceptable, and in some cases, the use of less invasive restraints may be encouraged. Contextual factors, including the nature of each crisis itself, organizational leadership's commitment to the reduction of restraint

usage (for example, organizations whose populations are primarily nonverbal may encourage the use of minimally invasive restraints such as hand guidance as a preventative measure against crisis escalation), the employee's motivation for using the restraint, and available alternatives, may influence how the usage of restraints may be conceptualized within an employee's job.

Another explanation for the lack of relationship between POS and the use of restraints is that organizations may have provided differing levels of crisis management training and invested at differing levels to provide available alternatives to the use of restraints. Diffusing escalating, emotional situations to ensure protection of children in residential care is a standard responsibility of the job for residential care workers. Crisis management requires building, over time, a relationship of trust with each child, understanding environmental influences, using preventative measures tailored for each child, recognizing early warning signs for crisis behavior, understanding continually evolving reward preferences for each child, and making decisions throughout the crisis situation to minimize a child's escalating behavior and protect all persons involved. The primary responsibility of residential care workers is to ensure the safety of all persons involved in the crisis situation. The use of an invasive restraint during a crisis has been described as a judgment call regarding the relative danger of the situation and whether or not alternatives have been exhausted. Direct care workers may perceive the individual responsibility for handling a crisis without tools as a lack of organizational support; however, direct care workers may remain personally motivated to minimize the use of restraints.

Hypothesis 2

Hypothesis 2 was based on the relationship between job satisfaction and job performance (Judge et al., 2001), OCB (Harrison et al., 2006; Organ, 1988), and CWB (Harrison et al., 2006). In this study, I found a negative and statistically significant relationship between satisfaction with supervision and the use of restraints on children in residential care. In a study of 142 bank employees, Gibbs, Rosenfeld, and Javidi (1994) found a statistically significant relationship between satisfaction with supervision and two of three factors of OCB: sportsmanship ($r = 0.172$) and conscientiousness ($r = 0.312$). In a study of 444 manufacturing employees, Edwards et al. (2008) found a statistically significant relationship between satisfaction with supervision and contextual performance ($\gamma = 0.36, t = 2.83$). Edwards et al. (2008) found that satisfaction with supervision was more strongly related to OCB than task performance and postulated that “employees who are satisfied with the relationship with their supervisors may reciprocate by engaging in helpful behaviors that contribute to contextual performance” (Edwards et al., 2008 p. 458). The results of this study were consistent with the findings of researchers who reported relationships between job satisfaction and job performance (Judge et al., 2001) or dimensions of job performance including OCB (Edwards et al., 2008; Gibbs et al., 1994; Harrison et al., 2006; Organ, 1988) and CWB (Harrison et al., 2006).

The results of this study provide quantitative results that are consistent with the results of researchers who reported that residential care workers have identified the need for increased management support to reduce the use of restraints (dos Reis & Davarya, 2008; Lane & Harrington, 2011; Moore & Haralambous, 2007; Steckley, 2012). My

results are also consistent with the work of Barak et al. (2009) who, in a meta-analysis of the impact of supervision for mental health professionals, found that increased supervisor support contributed to positive subordinate outcomes. In mental health services, Barak et al. (2009) concluded that increased supervisor support contributes to a positive work environment that, in turn, contributes to the quality and effectiveness of the services provided by subordinates.

Although Moniz-Cook et al. (2000) found that higher levels of supervisor support increased the tendency to perceive client behavior as challenging, control of action (in this case, the use of restraints) is affected by factors beyond perception. Perception primes a person toward a given action and has a direct impact on the resulting behavior (Diksterhuis & Knippenbreg, 1998); however, behavior is a social phenomenon that is impacted by the examples set by others (Knoblich & Sebanz, 2006). Support from supervisors may enable employees to refrain from reacting solely based on their perceptions. My results are similar to the work of Happell and Koehn (2011) who found that increased job satisfaction reduced employee's willingness to justify the use of seclusion, which is an invasive intervention similar to physical restraints. There were few studies regarding how contextual variables impact the use of restraints in residential care. The identification of a contextual factor, supervisor support, as a predictor of the use of restraints is an important extension of the literature.

In this study, I found that satisfaction with supervision was a statistically significant predictor of the use of restraints, but that POS was unrelated to the use of restraints. My results were not consistent with those of Eisenberger et al. (2002) who

found that perceived supervisor support predicted POS, and the relationship was stronger when supervisors were perceived to be highly regarded within the organization.

Perceived supervisor support refers to an employee's evaluation of "the degree to which supervisors value their contributions and care about their well-being" (Eisenberger et al., 2002, p. 565). It follows that perceived supervisor support is closely related to satisfaction with supervision. Eisenberger et al. (2002) described highly regarded supervisors as those who were perceived to embody or align with the values of organizational leadership. Employee perceptions of the value and desirability of restraints may differ from perceptions of organizational leadership (van Doeselaar et al., 2008), and the organization's values and initiatives are often communicated from supervisors to employees. According to Eisenberger et al. (2002), the supervisor is perceived by subordinates as a representative of the organization. Eisenberger et al., (2002) found that perceived supervisor support was an antecedent to POS and that perceived supervisor status in the organization moderated the relationship between perceived supervisor support and POS. Eisenberger et al. (2002) concluded that employees evaluated POS based on the treatment they received from their supervisors. The results of my study did not support Eisenberger et al.'s (2002) conclusion that employees would evaluate POS based on the level of perceived support from, or satisfaction with, supervision.

My results are consistent with those of Stinglhamber and Vandenberghe (2003) who found that supervisors and organizations are perceived to provide distinct types of support. In a meta-analysis of studies published between 1986 and 2011, Kurtessis, et al.

(2015) found that the relative weights of the major antecedents to POS included supervisor support ($\beta = 0.20$), fairness perceptions ($\beta = 0.51$), positive affectivity ($\beta = 0.06$), and negative affectivity ($\beta = -0.24$). Consistent with the results of Kurtessis et al.'s (2015) results showing that supervisor support is not the largest contributor to POS, it seems that antecedents or moderators beyond satisfaction with supervision influenced POS in this study.

Hypothesis 3

Hypothesis 3 was based on the relationship between job satisfaction, of which satisfaction with pay is one facet, and job performance, which in this study was measured by the use of physical restraints. According to Judge et al. (2012), satisfaction with pay results from a discrepancy, or lack thereof, between the amount an employee believes he or she should be paid and the amount of actual compensation. In this study, I found no relationship between satisfaction with pay and the use of restraints with children in residential care. My results are consistent with those of Edwards et al. (2008) who found no statistically significant relationship between satisfaction with pay and task performance. Edwards et al. (2008) described pay as an “expected extrinsic reward” (p. 458) and noted that extrinsic rewards do not necessarily contribute to motivation to increase task performance.

My results were not consistent with those of Heneman and Judge (2000) and Currall et al. (2005) who reported positive relationships between pay satisfaction and employee outcomes; as satisfaction with pay increased so did desirable employee outcomes. When controlling for socioeconomic status, facilities, and teacher experience,

Currall et al. (2005) found that pay satisfaction for teachers was statistically significantly and positively related to the academic performance of their students as well as to teacher and student retention. The outcomes influenced by pay dissatisfaction in the meta-analysis of Heneman and Judge (2000) included specific behavioral outcomes, such as tardiness, type of union vote, or interviewing for another position, in addition to task performance or overall job performance. It is possible that outcomes other than job performance have a stronger relationship to pay satisfaction for employees in residential care facilities.

Herzberg's two-factor theory of Job Satisfaction

Satisfaction with supervision was originally classified as a hygiene factor (Hertzberg, 1959), but has since been recognized as a motivator factor (i.e., an intrinsic motivator) by researchers of two-factor theory (Hines, 1973; Lundberg et al., 2008; Ondrack, 1974; Smerek & Peterson, 2007). Satisfaction with pay is a hygiene factor (i.e., an extrinsic motivator) as defined two-factor theory (Hertzberg, 1959). My results supported two-factor theory because I found a statistically significant relationship between the motivator factor, satisfaction with supervision, and the use of restraints on children in residential care, but I found no relationship between the hygiene factor, satisfaction with pay, and the use of restraints.

Researchers have identified contextual factors, such as job level, that impact the relative influence of hygiene factors on motivation and job satisfaction. Employees would be concerned with motivator factors only after the baseline need for hygiene factors (pay, in this study) had been satisfied (Lee, 2006; Ondrack, 1974). Gregory et al.

(2012) found that satisfaction with pay moderated the relationship between abusive supervision and OCBs and concluded that satisfaction with pay likely represented an employee's perceived distributive justice from the organization. When controlling for satisfaction with pay in my results, the correlation between satisfaction with supervision and the use of restraints was stronger ($r = -0.320$) than the direct correlation between satisfaction with supervision and the use of restraints ($r = -0.275$). My results were consistent with the premise that dissatisfaction with hygiene factors can suppress the impact of motivator factors on behavioral outcomes.

Limitation of the Study

My research used a cross-sectional non-experimental design, and as such, my results are limited by general limitations of cross-sectional non-experimental studies including the inability to further investigate how and why particular variables impacted, or did not impact, the use of restraints that were reported. There are many contextual variables that might have impacted perceptions of any given participant in this study, and contextual variables that functioned as confounding variables might have been undetected in my study. Further, the sample was a convenience sample and this sample may not be representative of the overall residential treatment staff population.

Several limitations to the study were discussed in Chapter 1 and additional limitations were noted when gathering data and interpreting the results of the study. Limitations discussed in Chapter 1 included a potential problem of staff members underreporting having been involved in using a physical restraint either for self

preservation or because they may not have remembered. The majority of the sample consisted of residential treatment staff that responded to a survey request via social media and those that responded may have characteristics that may not be representative of the overall residential treatment staff population as the survey did not reach those staff members that are not on social media or do not tend to take surveys online.

One limitation of the study after gathering the data was the inability to follow up with those that received access to the survey. In the first instance, I did not have access to the direct emails of the staff members and it was the organizational leaders/HR representatives that were asked to send out the surveys to their staff. Given this method I was unable to follow up with the staff members and did not follow up with the HR/Organizational leaders to request them to resend the survey. If this study were to be replicated, having access directly to the staff members would be ideal and/or having an agreement with the organizational leaders/HR professionals to send out at least three reminder emails to their staff.

Traditional methods of survey design include the ability to follow up with possible participants to remind them to take the survey either by direct mailing or direct emailing as previously discussed. However, in the second instance, given the survey was also available to those targeted through social media I was unable to follow up or gather an accurate response rate. If this study were to be replicated, perhaps the social media component would be done in a way that tracking of who received the survey could be possible.

Other limitations include the choice of survey and the design of the survey questions. A survey choice in the future should include a way to verify that the participant taking the survey is a human via a CAPTCH code. Unfortunately, Survey Monkey did not have this feature and this allowed a web robot program(s) to answer the questions as discussed previously in this chapter.

In terms of the ethnicity, more than half of the participants considered themselves to be Hispanic or Latino (91.5%). In terms of race, more than half of the participants considered themselves to be American Indian or Alaskan Native (68.1%). Race, as reported by the remainder of the sample participants, was composed of White (26.6%), Black or African American (7%), Asian (3%), and Other (3%). The participant responses to the ethnicity/race question (91.5% Hispanic and 68.1% American Indian or Alaskan Native) caused me to question whether respondents answered the survey questions honestly. An important assumption of this study was that participants answered survey items honestly and accurately. Although, the values reported for ethnicity might be indicative of responses to the survey that were less than truthful, with the exception of the hypothesis regarding satisfaction with pay, my findings were consistent with theory. In addition, Decker (2011) reported that there is currently a trend in which persons who identify as Hispanic also report themselves as American Indian. Decker (2011) reported that 70% of the American Indians in the New York metropolitan area were of Hispanic origin. Researchers at the Pew Research Center found that 6.9% of U. S. adults could be considered multiracial, and disclosed a plan to

collapse race and ethnicity into one item for the 2020 census (Pew Research Center, 2015). It is difficult to discern whether those numbers were accurately reported. Still this research captures the current real-world experience of employees in residential care facilities who actively use restraints rather than from laboratory settings or contrived scenarios. Persons using this research must assess the generalizability of the results of this study based on the contextual factors in their own organizations. Minimally, the results of this study provide information regarding factors for consideration in efforts to reduce the use of restraints in residential care.

Recommendations

There are several recommendations to be made as a result of this study.

Recommendations for Action

Focus on general job attitudes in restraint reduction initiatives. In the reduction of restraints, successful organizational initiatives have often relied on a system-wide approach including leadership commitment, staff supervision, support, and training (Farragher, 2002; Miller et al., 2006). These initiatives have generally focused on support relationships specific to training, guidance, and direction for managing crisis situations rather than employees' perceptions of the overall quality of supervision. The results of this study suggest that efforts directed toward improving general job attitudes, specifically perceptions of supervisor support and satisfaction with supervision, may be a worthy investments toward the goal of reducing the use of restraints.

Supervisor development. One recommendation is to develop supervisor training and development to aid in addressing the needs of staff members. In a meta-analysis of 130 studies including 457 samples and 20,963 participants, Judge, Piccolo, and Ilies (2004) found a meta-analytic correlation ($r_c = 0.78$) between leader consideration and subordinate satisfaction with supervision. Because I found that satisfaction with supervision predicted the use of restraints on children in residential care, the strong correlation between leader consideration and satisfaction with supervision suggests that an emphasis on leader consideration behaviors including expressing support and appreciation, showing respect and concern, and promoting the welfare of subordinates might improve organizational efforts to minimize the use of restraints. Further, a program of supervisor skills development might integrate employee evaluations of their supervisors' performance that would enable the organizational leadership to proactively respond to development needs.

Recommendations for Future Study

Temporal factors. One recommendation is to get actual data from residential treatment facilities regarding the use of restraints over a longer period of time. In addition to gathering data from the residential facilities themselves, surveys of job satisfaction including perceived organization support could be given to staff members at residential treatment facilities over a period of time to identify trends in the use of restraints relating to different time periods.

Contextual factors. Despite substantial organization-wide efforts to reduce the usage of restraints, no researchers have reported that an organization has been able to

completely eliminate the usage of restraints (Farragher, 2002; Miller, Hunt & Georges, 2006). The continued use of restraints, despite the best efforts of organizational leadership and staff to identify effective alternatives to restraint usage, indicates that a level of restraint usage remains necessary, or at least accepted, in residential care at this time.

Given the industry guidelines that restraints should be used only as a last resort and the recent literature focusing on efforts to reduce the use of restraint, it was reasonable to expect that the minimization of restraint usage is a goal for most organizations in the residential care industry. However, there is variation in the extent to which organizational leaders have prioritized efforts to reduce the use of restraints as well as the conceptualization of which restraints should be reduced. For example, restraint reduction efforts in facilities whose populations include primarily children with severe autism spectrum disorders and cognitive deficits such as Andrus Children's Center, the Grafton School (LeBel et al., 2010) and Kennedy Krieger (Villani et al., 2012) have targeted only the most restrictive restraints for reduction. For populations with language, social, and cognitive impairments, the primary alternative strategies for managing aggression such as conflict resolution, anger management, and problem solving strategies (Miller et al., 2006) are not feasible. Moreover, authors have identified beliefs that less restrictive restraints such as hand guidance may be used, when appropriate for the specific child, to prevent escalation to a crisis situation. Further, studies have shown that employee perceptions about the value and acceptability of restraints, at times, differ from those of organizational leaders (van Doeselaar et al., 2008). Contextual factors that

may be relevant for future studies regarding the use of restraints include employee perceptions about whether the minimization of restraint usage is an organizational goal and about the level of restraints targeted for reduction.

Satisfaction with pay. Given that satisfaction with pay approached statistical significance when controlling for other variables, further research regarding the relationship between satisfaction with pay and the use of restraints is recommended.

A change in pay structures may increase the success of efforts to minimize or reduce restraints. Satisfaction with pay has been recognized to be a multidimensional construct including satisfaction with pay level, benefits, structure, raises, and administration (Heneman, 1985). Researchers have reported a range of effects of pay level on pay satisfaction. Heneman (1985) found that pay level strongly predicted pay satisfaction. In a meta-analysis of research published through 2007, Judge et al. (2010) found that pay level itself was only weakly related to pay satisfaction. As suggested by Judge et al. (2012), employee perceptions of distributive justice including expectations regarding what the employee believes he or she should be paid would be an important consideration in a compensation structure.

In a meta-analysis of 126 studies of pay satisfaction including 53,823 participants, Williams et al. (2006) found that satisfaction with pay was more strongly related to attitudinal outcomes such as turnover intentions than to behavioral outcomes such as job performance or actual turnover. In the results of Williams et al.'s meta-analysis, contingent rewards such as commission-based pay were related to increased job performance, however, general pay satisfaction was found to have a weak relationship

with job performance ($\rho = 0.05$, $p < .05$). The successful restraint reduction program at Grafton Schools in Virginia integrated contingent rewards into their initiative by compensating for the reduction of restraints as a performance indicator in an incentive bonus plan (Holstead et al., 2010). Consideration of pay structures, general and contingent reward based, warrants further study in organizational initiatives designed to reduce or minimize the use of restraints.

POS. The lack of relationship between POS and the use of restraints in the results of this study indicates further investigation is warranted. In a meta-analysis of POS research between 1986 and 2011, Kurtessis et al. (2015) found correlations between POS and employee level outcomes including task performance ($r = 0.17$), OCBO ($r = 0.34$), and CWB toward the organization ($r = -0.18$). As such, a relationship between POS and the use of restraints would be expected.

POS is a job attitude for which many antecedents and moderators have been identified. Aselage and Eisenberger (2003) identified the three major antecedents of POS to include (a) organizational rewards and working conditions including developmental experiences, autonomy in the job, and opportunities for visibility to organizational leadership, (b) perceived supervisor support, and (c) procedural justice including the perceived fairness of pay and promotions as well as perceptions about the impact to the employee from organizational politics. Shanock and Eisenberger (2006) identified a supervisor's level of POS as an antecedent to employee level POS and stated that POS trickles down from a supervisor to lower-level employees. Shanock and Eisenberger (2006) found that a supervisor's level of POS was related to subordinates' POS,

perceptions of supervisor support (PSS), task performance, and OCB. Further, the relationship between a supervisor's POS and the POS and job performance of subordinates was mediated by PSS. Other significant moderators in the relationship between an employee's experience at work and POS included perceptions about whether the organization's actions were voluntary or mandated, perceptions about the supervisor's status in the organization, and perceptions about whether coworkers were treated fairly (Aselage & Eisenberger, 2003).

Witt et al. (2007) found that global mental ability of the employee moderated the relationship between POS and job performance such that the influence of POS was greater when employees had higher abilities to perform. By increasing the abilities of employees to manage client aggression, employee training regarding ways to diffuse crisis situations and the availability of alternative interventions may similarly impact the relationship between POS and job performance. Studies focusing on the dimensions and moderators of POS, as well as the level of crisis management training and available alternatives to the use of restraints, in relation to the use of restraints are needed.

Emotional labor. Barak et al. (2009) found that increased supervisor support reduced the anxiety and burnout experienced by subordinates. Residential care workers suffer from burnout (Lakin et al., 2008) and compassion fatigue (Eastwood & Ecklund, 2008). Given that the employees in my study work with children who are often emotionally volatile and the employees are responsible for diffusing emotionally charged crises, the work may be characterized as emotional labor, which has been defined as work that requires employees to manage their own core emotional states in meeting job

requirements and organizational goals (Duke et al., 2009). The demands of emotional labor can lead to emotional exhaustion and burnout (Duke et al., 2009). In a study of 338 retail service employees when controlling for negative and positive affectivity, Duke et al. (2009) found statistically significant relationships between emotional labor and job satisfaction ($\beta = -0.26, p < 0.01$) and that POS moderated the relationship between emotional labor and job satisfaction. The relationship between the use of restraints, POS, employee emotional exhaustion, and burnout may prove informative for initiatives to reduce the use of restraints. Given this information, it may be beneficial for organizations to make changes consistent with caring for employees who are at risk for emotional exhaustion and burnout.

Implications for Positive Social Change

The subject of this study, the use of restraints in residential care agencies, is an important, current topic about positive social change in the way care is provided to children in residential treatment centers. The effects are widespread as approximately 1 in 120 children in the United States will, at some point, be placed in residential care. The federal government, Mental Health America (MHA), and the National Association of State Mental Health Program Directors have published guidelines encouraging organizations to work toward the ultimate goal of abolishing the use of seclusion and restraints. Physical restraints are considered invasive as well as potentially unethical and unconstitutional (Miller et al., 2006, Luiselli, 2009). The goal of this study was to investigate whether employee job attitudes might be related to the use of restraints and to

provide information that might be useful in efforts to abolish the use of restraints on children in residential care.

In my review of the literature, I found no other studies that examined the relationships between facets of job satisfaction and the use of restraints on children in residential care or between POS and the use of restraints. According to the available literature, successful restraint reduction programs to date have used a system-wide approach that provided training, support, and communication for crisis management. Initiatives for which studies have been published have not focused on, or integrated efforts toward the improvement of, job attitudes of any type. Although certain organizations have been able to very significantly reduce the use of restraints, I found no studies in which the authors claimed success in abolishing the use of restraints. This study provides valuable information regarding additional factors that may be considered by organizational leaders as they design initiatives for the reduction or elimination of the use of restraints.

Although only supervisor satisfaction correlated negatively and statistically significantly with the number of restraints used on children in residential care, this is enough information to begin to consider how the issue of supervision in residential treatment facilities may be altered and/or modified to measure perceived supervisor satisfaction and then develop best practices for supervision and implement supervision techniques that would increase supervisor satisfaction thereby decreasing the use of restraints on children in residential facilities who already come from a compromising past (Baker, Gries, Schneiderman, Archer, & Friedrich, 2008).

Conclusions

Over the past decade, the use of physical restraints has emerged as a substantial issue in residential childcare. The effects are widespread, as approximately 1 in 120 children in the United States will, at some point, be placed in residential care. Physical restraints are considered invasive as well as potentially unethical and unconstitutional. Regulatory bodies have published positions that restraints be eliminated, if possible, or used only as a last resort in a crisis situation, and many organizations have adopted initiatives to review and reduce the use of restraints. Issues surrounding how to reduce the use of restraints while maintaining the safety of clients and staff continue to receive the attention of many professionals in the residential care industry. I attempted to contribute to efforts toward restraint reduction by investigating whether POS, satisfaction with supervision, or satisfaction with pay were related to the use of restraints on children in residential care.

In this study, a convenience sample of 245 residential care employees from across the United States were recruited using social media. The survey instruments included a demographic questionnaire, a questionnaire about restraint usage, a POS scale, and two facets of a job satisfaction scale (satisfaction with supervision and satisfaction with pay). Correlations were used to determine whether the independent variables (POS, satisfaction with supervision, or satisfaction with pay) were related to the use of restraints on children in residential care. The data were then regressed against the number of restraints to determine whether any or all of the independent variables predicted the use of restraints for the participants in this study.

In this study, satisfaction with supervision was negatively and statistically significantly related to the use of restraints on children in residential care. Neither POS nor satisfaction with pay were found to relate to the use of restraints, although, the relationship of satisfaction with pay and the use of restraints approached statistical significance when controlling for other variables. The results supported Herzberg's two-factor theory in that the motivator factor (satisfaction with supervision), but not the hygiene factor (satisfaction with pay) influenced the behavioral outcome (the use of restraints) of the attitude of job satisfaction.

I found no other studies investigating the relationship between job attitudes and the use of restraints, and as such, this study provides information that may contribute to initiatives targeting the reduction of restraints used on children in residential care. It is hoped that this study may bring attention to the ways job attitudes may influence employee behavioral outcomes.

References

- Abramovitz, R., & Bloom, S. L. (2003). Creating sanctuary in residential treatment for youth: From the “Well-ordered asylum” to a “Living-learning environment”. *Psychiatric Quarterly*, *74*(2), 119-135. doi: 0033-2720/03/0600-0119/
- Aselage, J., & Eisenberger, R. (2003). Perceived organizational support and psychological contracts: a theoretical integration. *Journal of Organizational Behavior*, *24*, 491-509. doi: 10.1002/job.21
- Babakus, E., Cravens, D. W., Johnston, M., & Moncrief, W. C. (1996). Examining the role of organizational variables in the salesperson job satisfaction model. *Journal of Personal Selling & Sales Management*, *16*(3), 33-46.
- Baker, A. J., Gries, L., Schneiderman, M., Archer, M., & Friedrich, B. (2008). Children with problematic sexualized behaviors in the child welfare system. *Child Welfare*, *87*(1), 1-24. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/18575256>
- Baker, P. A., & Bissmire, D. (2000). A pilot study of the use of physical intervention in the crisis management of people with intellectual disabilities who present challenging behavior. *Journal of Applied Research in Intellectual Disabilities*, *13*, 38-45. doi:10.1046/j.1468-3148.2000.00004.x
- Baker, W. K. (2008). Antecedents and consequences of job satisfaction: Testing a comprehensive model using integrated methodology. *Journal of Applied Business Research*, *20*, 31-44.
- Baker, W. K. (2011). Antecedents and consequences of job satisfaction: Testing a comprehensive model using integrated methodology. *Journal of Applied Business Research*

Research, 20(3), 31-43. Retrieved from cluteonline.com/journals.

Baotham, S. (2011). Antecedents and consequences of job satisfaction and organizational commitment of Thai employees in RMUTT. *Review of Business Research*, 11(3), 89-98.

Barak, M. E. M., Travis, D. J., Pyun, H., & Xie, B. (2009). The impact of supervision on worker outcomes: a meta-analysis. *Social Service Review*, 83(1), 3-32.

Behling, O., Labovitz, G., & Kosmo, R. (1968). The Herzberg controversy: A critical reappraisal. *Academy of Management Journal (pre-1986)*, 11(1), 99-108.

Blau, G. (1999). Early-career job factors influencing the professional commitment of medical technologists. *Academy of Management Journal*, 42(6), 687-695. doi: 10.2307/256989

Bowers, L., Nijman, H., Simpson, A., & Jones, J. (2011). The relationship between leadership, teamworking, structure, burnout and attitude to patients on acute psychiatric wards. *Social Psychiatry and Psychiatric Epidemiology*, 46, 143–148. doi:10.1007/s00127-010-0180-8

Braxton, E. M. (1995). Angry children, frightened staff. *Residential Treatment for Children & Youth*, 13(1), 13-28. doi:10.1300/J007v13n0103

Brenner, V. C., Carmack, C. W., & Weinstein, M. G. (1971). An Empirical Test of the Motivation-Hygiene Theory. *Journal of Accounting Research*, 9(2), 359-366.

Chen, Z., Eisenberger, R., Johnson, K. M., Sucharski, I. L., & Aselage, J. (2009). Perceived organizational support and extra-role performance: which leads to which? *The Journal of Social Psychology*, 149(1), 119-124.

- Chen, G., Ployhart, R. E., Thomas, H. C., Anderson, N., & Bliese, P. D. (2011). The power of momentum: A new model of dynamic relationships between job satisfaction change and turnover intentions. *Academy of Management Journal*, *54*(1), 159–181. doi: 10.5465/AMJ.2011.59215089
- Chuebang, P. & Boatham, S. (2011). Voluntary turnover intentions: Effects on perceived organizational support and organizational commitment of Thai employees in Rajabhat universities. *Review of Business Research*, *11*(3), 1-12.
- Connor, D. F., McIntyre, E. K., Miller, K., Brown, C., Bluestone, H., Daunais, D., & LeBeau, S. (2003). Staff retention and turnover in a residential treatment center. *Residential Treatment for Children & Youth*, *20*(3), 43-52.
- Cook, T. D., & Campbell, D. T. (1979). *Quasi-experimentation: Design & analysis issues for field settings*. Boston, MA: Houghton Mifflin Company.
- Crede, M., Chernyshenko, O. S., Bagraim, J., & Sully, M. (2009). Contextual performance and the job satisfaction-dissatisfaction distinction: Examining artifacts and utility. *Human Performance*, *22*, 246-272.
doi:10.1080/08959280902970427
- Crede, M., Chernyshenko, O. S., Stark, S., Dalal, R. S., & Bashshur, M. (2007). Job satisfaction as mediator: An assessment of job satisfaction's position within the nomological network. *Journal of Occupational and Organizational Psychology*, *80*, 515–538. doi:10.1348/096317906X136180
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods*

approaches. Los Angeles, CA: SAGE Publications, Inc.

Crosland, K. A., Cigales, M., Dunlap, G., Neff, B., Clark, H. B., Giddings, T., & Blanco, A. (2008). Using staff training to decrease the use of less restrictive procedures at two facilities for foster children. *Research on Social Work Practice, 18*, 401-409. doi: 10.1177/1049731507314006

Currall, S. C., Towler, A. J., Judge, T. A., & Kohn, L. (2005). Pay satisfaction and organizational outcomes. *Personnel Psychology, 58*(3), 613-640. doi:10.1111/j.1744-6570.2005.00245.x

Dalal, R. S., Baysinger, M., Brummel, B. J., & LeBreton, J. M. (2012). The relative importance of employee engagement, other job attitudes, and trait affect as predictors of job performance. *Journal of Applied Social Psychology, 42*(S1), E295-E325. doi: 10.1111/j.1559-1816.2012.01017.x

Dalton, S. (2010). Motivating medicine: Why money is not enough. *Journal of Paediatrics and Child Health, 46*, 142-143. doi:10.1111/j.1440-1754.2009.01651.x

Day, D. M. (2002). Examining the therapeutic utility of restraints and seclusions with children and youth: The role of theory and research in practice. *American Journal of Orthopsychiatry, 72*, 266-278. doi: 10.1037/0002-9432.72.2.266

Decker, G. (2011, July 3). Hispanics identifying themselves as Indians. *The New York Times*. Retrieved from www.nytimes.com.

Deveau, R., & McDonnell, A. (2009). As the last resort: Reducing the use of restrictive physical interventions using organisational approaches. *British Journal of*

- Learning Disabilities*, 37, 172–177. doi:10.1111/j.1468-3156.2008.00536.x
- Dijksterhuis, A., & Van Knippenberg, A. (1998). The relation between perception and behavior, or how to win a game of trivial pursuit. *Journal of Personality and Social Psychology*, 74(4), 865.
- DiStefano, C., & Motl, R. W. (2006). Further investigating method effects associated with negatively worded items on self-report surveys. *Structural Equation Modeling: A Multidisciplinary Journal*, 13(3), 440-464. doi: 10.1207/s15328007sem1303_6
- Dos Reis, S., McCulloch, J. R., Colantuoni, E., Barnett, S. R., Pruitt, D., Zachik, A., & Riddle, M. A. (2010). Early identification of seclusion and restraint patterns during adolescents' course of residential treatment. *Residential Treatment for Children & Youth*, 27, 160–174, 2010. doi:10.1080/0886571X.2010.500145
- DosReis, S., & Davarya, S. (2008). Staff perspectives of precipitant to aggressive behavior of adolescents in residential treatment facilities. *Residential Treatment for Children & Youth*, 25, 85-101. doi: 10.1080/08865710802309964
- Duffy, R. D., Bott, E. M., Torrey, C. L., & Webster, G. W. (2013). Work volition as a critical moderator in the prediction of job satisfaction. *Journal of Career Assessment*, 21(1) 20-31. doi:10.1177/1069072712453831
- Duke, A. B., Goodman, J. M., Treadway, D. C., & Breland, J. W. (2009). Perceived organizational support as a moderator of emotional labor/outcomes relationships. *Journal of Applied Social Psychology*, 39(5), 1013–1034. doi:10.1111/j.1559-1816.2009.00470.x

- Eastwood, C. D., & Ecklund, K. (2008). Compassion fatigue risk and self-care practices among residential treatment center childcare workers. *Residential Treatment for Children & Youth, 25*(2), 103-122. doi:10.1080/08865710802309972
- Edwards, B. D., Bell, S. T., Arthur Jr, W., & Decuir, A. D. (2008). Relationships between facets of job satisfaction and task and contextual performance. *Applied Psychology, 57*(3), 441-465. doi: 10.1111/j.1464-0597.2008.00328.x
- Eisenberger, R., Cummings, J., Armeli, S., & Lynch, P. (1997). Perceived organizational support, discretionary treatment, and job satisfaction. *Journal of Applied Psychology, 82*(5), 812-820.
- Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organizational support. *Journal of Applied Psychology, 71*, 500-507.
doi:10.1037/0021-9010.71.3.500
- Eisenberger, R., Stinglhamber, F., Vandenberghe, C., Sucharski, I. L., & Rhoades, L. (2002). Perceived supervisor support: contributions to perceived organizational support and employee retention. *Journal of Applied Psychology, 87*(3), 565. doi: 10.1037//0021-9010.87.3.565
- Evans, D., Wood, J., & Lambert, L. (2002). A review of physical restraint minimization in the acute and residential care settings. *Journal of Advanced Nursing, 40*(6), 616–625. doi:10.1046/j.1365-2648.2002.02422.x
- Evans, L., & Aluko, F. O. (2010). Teacher job satisfaction in developing countries: A critique of Herzberg's Two-Factor Theory applied to the Nigerian context. *International Studies in Educational Administration, 38*, 73-85.

- Ewen, R. B. (1964). Some determinants of job satisfaction: A study of the generality of Herzberg's Theory. *Journal of Applied Psychology*, 48(3), 161-163.
- Ewen, R. B., Hulin, C. L., Smith, P. C., & Locke, E. A. (1966). An empirical test of the Herzberg two-factor theory. *Journal of Applied Psychology*, 50(6), 544-550.
- Farragher, B. (2002). A system-wide approach to reducing incidents of therapeutic restraint. *Residential Treatment for Children & Youth*, 20(1), 1-14.
doi:10.1300/J007v20n01_01
- Field, A. (2005). *Discovering statistics using SPSS*. London: SAGE Publications, Inc.
- Fields, D. L. (2002). Taking the measure of work: A guide to validated scales for organizational research and diagnosis. London: SAGE Publications, Inc.
- Filandro, T. (1979). *An evaluation of Herzberg's dual-factor theory in relation to occupational level* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. EP12004)
- Fogt, J. B., George, M. P., Kern, L., White, G. P., & George, N. L. (2008). Physical restraint of students with behavior disorders in day treatment and residential settings. *Behavioral Disorders*, 34(1), 4-13.
- French, E. B., Metersky, M. L., Thaler, D. S., & Trexler, J. T. (1973). Herzberg's two-factor theory: Consistency versus method dependency. *Personnel Psychology*, 26, 369-375. doi:10.1111/j.1744-6570.1973.tb01144.x
- Furnham, A., Petrides, K. V., Jackson, C. J., & Cotter, T. (2002). Do personality factors predict job satisfaction? *Personality and Individual Differences*, 33, 1325-1342.
Retrieved from journals.elsevier.com.

- Gardner, G. (1977). Is there a valid test of Herzberg's two-factor theory? *Journal of Occupational Psychology*, 50, 197-204. doi:10.1111/j.2044-8325.1977.tb00375.x
- Gaziel, H. H. (1986). Correlates of job satisfaction: A study of the two factor theory in an educational setting. *The Journal of Psychology*, 120(6), 613-626.
- Gelkopf, M., Hasharon, L., Roffe, Z., Melamed, Y., Werbloff, N., & Bleich, A. (2009). Attitudes, opinions, behaviors, and emotions of the nursing staff toward patient restraint. *Issues in Mental Health Nursing*, 30, 758-763.
doi:10.3109/01612840903159777
- Gibbs, V. L., Rosenfeld, L. B., & Javidi, M. (1994). On-the-job relationships among self-reported oral communication apprehension, job satisfaction, and organizational citizenship behaviors. *Communication Research Reports*, 11(2), 209-220.
doi:10.1080/08824099409359959
- Graen, G. B. (1966). Motivator and hygiene dimensions for research and development engineers. *Journal of Applied Psychology*, 50(6), 563-566.
- Graham, A. (2002). The use of physical interventions in managing violence in mental health settings. *Mental Health Practice*, 6(4), 10-15.
- Greenberg, J., & Baron, R. A. (1995). *Behavior in organizations* (5th ed.). Needham Heights, MA: Allyn and Bacon.
- Gregory, B. T., Osmonbekov, T., Gregory, S. T., Albritton, M. D., & Carr, J. C. (2013). Abusive supervision and citizenship behaviors: exploring boundary conditions. *Journal of Managerial Psychology*, 28(6), 628-644. Doi: 10.1108/JMP-10-2012-0314

- Grigaliunas, B. S., & Herzberg, F. (1971). Relevancy in the test of motivator-hygiene theory. *Journal of Applied Psychology, 55*(1), 73-79. doi:10.1037/h0030633
- Grigaliunas, B., & Wiener, Y. (1974). Has the research challenge to motivation-hygiene theory been conclusive? An analysis of critical studies. *Human Relations, 27*, 839-871. doi:10.1177/001872677402700902
- Hackman, J.R., & Oldham, G.R. (1974). The Job Diagnostic Survey: An instrument for the Diagnosis of Jobs and the Evaluation of Job redesign Projects (Technical Report No. 4). New Haven, CT: U.S. Department of Commerce
- Halpern, G. (1966). Relative contributions of motivator and hygiene factors to overall job satisfaction. *Journal of Applied Psychology, 50*(3), 198-200.
- Happell, B., & Koehn, S. (2011). Seclusion as a necessary intervention: The relationship between burnout, job satisfaction and therapeutic optimism and justification for the use of seclusion. *Journal of Advanced Nursing, 67*(6), 1222–1231. doi:10.1111/j.1365-2648.2010.05570.x
- Harris-Kojetin, L., Lipson, D., Fielding, J., Kiefer, K., & Stone, R. (1999). Recent findings on frontline long-term care workers. A Research Synthesis, 2003, 2004. *Office of Disability, Aging, and Long-Term Policy, US Department of Health and Human Services.*
- Harrison, D. A., Newman, D. A., & Roth, P. L. (2006). How important are job attitudes? Meta-analytic comparisons of integrative behavioral outcomes and time sequences. *Academy of Management Journal, 49*(2), 305–325. doi:10.5465/AMJ.2006.20786077

- Hawkins, S., Allen, D., & Jenkins, R. (2005). The use of physical interventions with people with intellectual disabilities and challenging behavior: The experiences of service users and staff members. *Journal of Applied Research in Intellectual Disabilities* 18, 19–34. doi:10.1111/j.1468-3148.2004.00207.x
- Heneman, H. G. III, & Judge, TA (2000). Compensation attitudes. Compensation in organizations: *Current Research and Practice*, 61-103.
- Heneman III, H. G., & Schwab, D. P. (1985). Pay satisfaction: Its multidimensional nature and measurement. *International Journal of Psychology*, 20(2), 129-141.
- Herzberg, F. (1965). The motivation to work among Finnish supervisors. *Personnel Psychology*, 18, 393-402. doi:10.1111/j.1744-6570.1965.tb00294.x
- Herzberg, F. (1987). One more time: How do you motivate employees? *Harvard Business Review*, Reprint Service, Reprint 87507 (Reprinted from Harvard Business Review, 1968, 46, 53-62). Retrieved from facilitif.eu.
- Herzberg, F., Mausner, B., & Snyderman, B. B. (1959). *The motivation to work*. Retrieved from Academic Search Complete database.
- Herzberg, F., Mausner, B., & Snyderman, B. B. (1993). *The motivation to work: With a new introduction by Frederick Herzberg*. Retrieved from <http://books.google.com/ebooks/reader?id=KYhB->
- Hines, G. H. (1973). Cross-cultural differences in two-factor motivation theory. *Journal of Applied Psychology*, 58(3), 375-377. Retrieved from PyscINFO database.
- Hinrichs, J. R., & Mischkind, L. A. (1967). Empirical and theoretical limitations of two-factor hypothesis of job satisfaction. *Journal of Applied Psychology*, 51(2), 191-

200.

- Holstead, J., Lamond, D., Dalton, J., Home, A., & Crick, R. (2010). Restraint reduction in children's residential facilities: Implementation at Damar Services. *Residential Treatment for Children & Youth*, 27(1), 1-13. doi: 10.1080/08865710903507961
- Hom, P. W. & Kinicki, A. J. (2001). Toward a greater understanding of how dissatisfaction drives employee turnover. *The Academy of Management Journal*, 44, 975-987. doi: 10.2307/3069441
- House, R. J., & Wigdor, L. A. (1967). Herzberg's Dual-Factor theory of job satisfaction and motivation: A review of the evidence and a criticism. *Personnel Psychology*, 20(4), 369-389. doi: 10.1111/j.1744-6570.1967.tb02440.x
- Hulin, C. L., Roznowski, M., & Hachiya, D. (1985). Alternative opportunities and withdrawal decisions: Empirical and theoretical discrepancies and an integration. *Psychological Bulletin*, 97, 233-250.
- Iaffaldano, M. T., & Muchinsky, P. M. (1985). Job satisfaction and job performance: A meta-analysis. *Psychological Bulletin*, 97(2), 251-273
- Iacqua, J. A., Schumacher, P., & Li, H. C. (1995). Factors contributing to job satisfaction in higher education. *Education*, 116, 51-61.
- Jaramillo, F., Mulki, J. P. & Boles, J. S. (2011). Workplace stressors, job attitude, and job behaviors: Is interpersonal conflict the missing link? *Journal of Personal Selling & Sales Management*, 31(3), 339–356. doi:10.2753/PSS0885-3134310310
- Jordan, N., Leon, S. C., Epstein, R. A., Durkin, E., Helgerson, J., & Lakin-Starr, B. L. (2009). Effect of organizational climate on youth outcomes in residential

- treatment. *Residential Treatment for Children & Youth*, 26(3), 194-208. doi: 10.1080/08865710903130277
- Judge, T. A., Bono, J. E., Erez, A., & Locke, E. A. (2005). Core self-evaluations and job and life satisfaction: The role of self-concordance and goal attainment. *Journal of Applied Psychology*, 90(2), 257-268. doi:10.1037/0021-9010.90.2.257
- Judge, T. A., Piccolo, R. F., & Ilies, R. (2004). The forgotten ones? The validity of consideration and initiating structure in leadership research. *Journal of Applied Psychology*, 89(1), 36. doi: 10.1037/0021-9010.89.1.36
- Judge, T. A., Heller, D., & Klinger, R. (2008). The dispositional sources of job satisfaction: A comparative test. *Applied Psychology: An International Review*, 57(3), 361–372. doi:10.1111/j.1464-0597.2007.00318.x
- Judge, T. A., & Kammeyer-Mueller, J. D. (2012). Job attitudes. *Annual Review of Psychology*, 63, 341-367. doi:10.1146/annurev-psych-120710-100511
- Judge, T. A., Piccolo, R. F., Podsakoff, N. P., Shaw, J. C., & Rich, B. L. (2010). The relationship between pay and job satisfaction: A meta-analysis of the literature. *Journal of Vocational Behavior*, 77(2), 157-167. doi:10.1016/j.jvb.2010.04.002
- Judge, T. A., Thorensen, C. J., Bono, J. E., & Patton, G. K. (2001). The job satisfaction-job performance relationship: A qualitative and quantitative review. *Psychological Bulletin*, 127(3), 376-407. doi: 10.1037//0033-2909.127.3.376
- Judge, T. A., & Watanabe, S. (1993). Another look at the job satisfaction-life satisfaction relationship. *Journal of Applied Psychology*, 78(6), 939-948.
- Karp, H. B., & Nickson Jr., J. W. (1973). Motivator-hygiene deprivation as a predictor of

job turnover. *Personnel Psychology*, 26, 377-384. doi:10.1111/j.1744-6570.1973.tb01145.x

Kaufman, J. D., Stamper, C. L., & Tesluk, P. E. (2001). Do supportive organizations make for good corporate citizens? *Journal of Managerial Issues*, 436-449.

Kinicki, A. J., McKee-Ryan, F. M., Schriesheim, C. A., & Carson, K. P. (2002). Assessing the construct validity of the job descriptive index: a review and meta-analysis. *Journal of Applied Psychology*, 87(1), 14.

Knoblich, G., & Sebanz, N. (2006). The social nature of perception and action. *Current Directions in Psychological Science*, 15(3), 99-104.

Knoop, R. (1994). Work values and job satisfaction. *The Journal of Psychology*, 128(6), 683-690.

Kurtessis, J. N., Eisenberger, R., Ford, M. T., Buffardi, L. C., Stewart, K. A., & Adis, C. S. (2015). Perceived Organizational Support A Meta-Analytic Evaluation of Organizational Support Theory. *Journal of Management*, 20(1), 1-31. doi: 10.1177/0149206315575554

Lakin, B. L., Leon, S. C., & Miller, S. A. (2008). Predictors of burnout in children's residential treatment center staff. *Residential Treatment for Children & Youth*, 25(3), 249-270. doi:10.1080/08865710802429697

Lane, C., & Harrington, A. (2011). The factors that influence nurses' use of physical restraint: A thematic literature review. *International Journal of Nursing Practice*, 17, 195-204. doi:10.1111/j.1440-172X.2011.01925

LeBel, J., Huckshorn, K. A., & Caldwell, B. (2010). Restraint use in residential

- programs: Why are best practices ignored? *Child Welfare*, 89, 169-187. Retrieved from Academic Search Complete database.
- Lee, S. Y. (2006). Expectations of employees toward the workplace and environmental satisfaction. *Facilities*, 24(9/10), 343-353. doi:10.1108/02632770610677628
- Leidy, B. D., Haugaard, J. J., Nunno, M. A., & Kwartner, J. K. (2006). Review of restraint data in a residential treatment center for adolescent females. *Child Youth Care Forum*, 35, 339–352. doi:10.1007/s10566-006-9021-z
- Levin, A., & Decker, J. T. (2006). The assessment of staff satisfaction as compared to client satisfaction in two Department of Social Service residential treatment facilities. *Residential Treatment for Children & Youth*, 23(3/4), 61-82. doi:10.1080/08865710802071838
- Lindsay, C. A., Marks, E., & Gorlow, L. (1967). The Herzberg theory: A critique and reformulation. *Journal of Applied Psychology*, 51(4), 330-339.
- Lindsay, M and Hosie, A (2000) The Edinburgh Inquiry – Recommendation 55. The Independent Evaluation Report. University of Strathclyde and the former Centre for Residential Child Care.
- Lipschitz-Elhawi, R. (2009). Ways of enhancing hope among social workers working with adolescents in residential treatment centres. *British Journal of Social Work*, 39, 451-466. doi: 10.1093/bjsw/bcm159
- Little, M., Kohn, A., & Thompson, R. (2005, July 1). The impact of residential placement on child development: Research and policy implications. *International Journal of Social Welfare*, 14, 200-209. doi: 10.1111/j.1468-2397.2005.00360.x

- Locke, E. A. (1976). The nature and causes of job satisfaction. *Handbook of Industrial and Organizational Psychology*. Retrieved from www.books.google.com
- Locke, E. A., & Whiting, R. J. (1974). Sources of satisfaction and dissatisfaction among solid waste management employees. *Journal of Applied Psychology, 59*(2), 145-156. doi:10.1037/h0036531
- Lundberg, C., Gudmundson, A., & Andersson, T.D. (2008). Herzberg's Two-Factor Theory of work motivation tested empirically on seasonal workers in hospitality and tourism. *Tourism Management, 30*, 890-899. doi:10.1016/j.tourman.2008.12.003
- Lynch, P. D., Eisenberger, R., & Armeli, S. (1999). Perceived organizational support: Inferior versus superior performance by wary employees. *Journal of Applied Psychology, 84*(4), 467-483.
- Maidani, E. A. (1991). Comparative study of Herzberg's Two-Factor Theory of Job Satisfaction among public and private sectors. *Public Personnel Management, 20*(4), 441-449.
- Marsh, H. W. (1996). Positive and negative global self-esteem: A substantively meaningful distinction or artifacts? *Journal of Personality and Social Psychology, 70*(4), 810-819.
- Matson, J. L., & Boisjoli, J. A. (2009). Restraint procedures and challenging behaviours in intellectual disability: An analysis of causative factors. *Journal of Applied Research in Intellectual Disabilities, 22*, 111-117. doi:10.1111/j.1468-3148.2008.00477.x

- Maxwell, S. E. (2000). Sample size and multiple regression analysis. *Psychological Methods, 5*(4), 434-458. doi: 10.1037/1082-989X.5.4.434
- Mayo, E. (1930). The human effect of mechanization. *American Economic Review, 20*, 156-177.
- McGill, P., Murphy, G., & Kelly-Pike, A. (2009). Frequency of use and characteristics of people with intellectual disabilities subject to physical interventions. *Journal of Applied Research in Intellectual Disabilities, 22*, 152–158. doi:10.1111/j.1468-3148.2008.00483.x
- Miller, J. A., Hunt, D. P., & Georges, M. A. (2006). Reduction of physical restraints in residential treatment facilities. *Journal of Disability Policy Studies, 16*(4), 202-208. doi: 10.1177/10442073060160040101
- Moniz-Cook, E., Woods, R., & Gardiner, E. (2000). Staff factors associated with perception of behaviour as 'challenging' in residential and nursing homes. *Aging & Mental Health, 4*(1), 48-55. doi:10.1080/13607860055973
- Moore, K., & Harealambous, B. (2007) Barriers to reducing the use of restraints in residential elder care facilities. *Journal of Advanced Nursing, 58*(6), 532–540. doi: 10.1111/j.1365-2648.2007.04298.x
- Morman, R. H. (1993). The influence of cognitive and affective based job satisfaction measures on the relationship between satisfaction and organizational citizenship behavior. *Human Relations, (46)*6, 759-776. doi: 10.1177/001872679304600604
- Moses, T. (2000). Why people choose to be residential care workers. *Child & Youth Care Forum, 29*(2), 113-127.

- Noell, N. H. (1976). *Herzberg's Two-Factor Theory of job satisfaction*. AD-A033 814. Fort Belvoir, VA: U.S. Department of Commerce.
- Nunno, M. A., Day, D. M., & Bullard, L. B. (2008). For our own safety: Examining the safety of high-risk interventions for children and young people. Retrieved from www.eric.ed.gov
- Oldham, G. R., Hackman, J. R., & Pearce, J. L. (1976). Conditions under which employees respond positively to enriched work. *Journal of Applied Psychology*, *61*(4), 395-403. doi: 10.1037//0021-9010.61.4.395
- Oman, K.M., Moulds, R., & Usher, K. (2009). A Qualitative study. *Human Resources for Health*, *7*, 1-10. doi:10.1186/1478-4491-7-9
- Ondrack, D. A. (1974). Defense Mechanisms and the Herzberg Theory: An Alternate Test. *Academy of Management Journal*, *17*(1), 79-89. doi:10.2307/254773e
- Pew Research Center (2015). Black, White, Asian, American Indian, Pacific Islander. Retrieved from www.pewresearch.org.
- Podsakoff, P. M., MacKenzie, S. B., Lee, J. Y., & Podsakoff, N. P. (2003). Common method biases in behavioral research: A critical review of the literature and recommended remedies. *Journal of Applied Psychology*, *88*(5), 879-903.
- Raja, U., Johns, G., & Bilgrami, S. (2011). Negative consequences of felt violations: The deeper the relationship, the stronger the reaction. *Applied Psychology: An International Review*, *60*(3), 397-420. doi: 10.1111/j.1464-0597.2011.00441.x
- Redd, T. C., Moyes, G. D., & Sun, J. (2011). African-American accountants then and now: A longitudinal study of factors influencing perceptions of the workplace.

Journal of Accounting- Business & Management, 18, 1-16.

- Ren-Tao, M. (2011). Perceived organizational support, job satisfaction, task performance and organizational citizenship behavior in China. *Journal of Behavioral & Applied Management*, 12(2), 105-127. Retrieved from <http://www.ibam.com/pubs/jbam/articles/vol12/no2/2%20-%20Ren-Tao%20Miao.pdf>
- Rhoades, L., & Eisenberger, R. (2002). Perceived organizational support: A review of the literature. *Journal of Applied Psychology*, 87(4), 698-714. doi: 10.1037//0021-9010.87.4.698
- Riggle, J. R., Edmondson, R. D., & Hansen, D. J. (2009). A meta-analysis of the relationship between perceived organizational support and job outcomes: 20 years of research. *Journal of Business Research*, 62(10), 1027-1030.
- Rosen, M. (1999). Treating child welfare children in residential settings. *Children and Youth Services Review*, 21, 657-676. doi: 10.1016/S0190-7409(99)00045-6
- Saari, U. M., & Judge, T. A. (2004). Employee attitudes and job satisfaction. *Human Resource Management*, 43(4), 395-407. doi:10.1002/hrm.20032
- Sachau, D. A. (2007). Resurrecting the motivation-hygiene theory: Herzberg and the positive psychology movement. *Human Resource Development Review*, 6(4), 377-393. doi:10.1177/1534484307307546
- Schwab, D. P., & Heneman III, H. G (1970). Aggregate and individual predictability of two-factor theory of job satisfaction. *Personnel Psychology*, 23, 55-66. doi:10.1111/j.1744-6570.1970.tb01635.x

- Schwab, D. P., DeVitt, H., & Cummings, L. L. (1971). A test of the adequacy of the Two Factor Theory as a predictor of self-report performance effects. *Personnel Psychology* 24, 293-303. doi:10.1111/j.1744-6570.1971.tb02477.x
- Schwartz, M. M., Jenusaitis, E., & Stark, H. (1963). Motivational factors among supervisors in the utility industry. *Personnel Psychology*, 16, 45-53. doi:10.1111/j.1744-6570.1963.tb01254.x
- Seti, C. L. (2007). Causes and treatment of burnout in residential child care workers: A review of the research. *Residential Treatment for Children & Youth*, 24(3), 197-229. doi:10.1080/08865710802111972
- Settoon, R. P., Nathan, B., & Liden, R. C. (1996). Social exchange in organizations: Perceived organizational support, leader-member exchange, and employee reciprocity. *Journal of Applied Psychology*, 81(3), 219-227.
- Shanock, L. R., & Eisenberger, R. (2006). When supervisors feel supported: relationships with subordinates' perceived supervisor support, perceived organizational support, and performance. *Journal of Applied psychology*, 91(3), 689-695. doi:10.1037/0021-9010.91.3.689
- Sharp, T. P. (2008). Job satisfaction among psychiatric registered nurses in New England. *Journal of Psychiatric and Mental Health Nursing*, 15, 374-378. doi:10.1111/j.1365-2850.2007.01239.x
- Shore, L. M., Newton, L. A., Thornton, G. C. III (1990). Job and organizational attitudes in relation to employee behavioral intentions. *Journal of Organizational Behavior (1986-1998)*, 11(1), 57-67.

- Shore, L.M., & Tetrick, L. E. (1991). A construct validity study of the Survey of Perceived Organizational Support. *Journal of Applied Psychology*, 637-643. doi: 0021-9010/91
- Shoss, M. K., Eisenberger, R., Restubog, S. L. D., & Zagenczyk, T. J. (2013). Blaming the organization for abusive supervision: The roles of perceived organizational support and supervisor's organizational embodiment. *Journal of Applied Psychology*, 98(1), 158-168. doi: 10.1037/a0030687
- Smerek, R. E., & Peterson, M. (2007). Examining Herzberg's theory: Improving job satisfaction among non-academic employees at a university. *Research in Higher Education*, 48(2), 229-250. doi:10.1007/s11162-006-9042-3
- Smith, V. V. (1983). *A study of motivational factors contributing to job satisfaction for nurses: An examination of Herzberg's two-factor theory* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 8414186)
- Sohag, A. A., Memon, S., Mahmood-ur-Rahman, & Rao, M. H. (2012). A comparative study on factors causing job dissatisfaction among serving doctors at teaching hospitals of Hyderabad, Pakistan. *Pakistan Journal of Medical Science*, 28(4), 710-715.
- Soliman, H. M. (1970). Motivation-hygiene theory of job attitudes: An empirical investigation and an attempt to reconcile both the one- and two-factor theories of job attitudes. *Journal of Applied Psychology*, 54(5), 452-461. doi:10.1037/h0029922
- Sonnenfeld, J. A. (1985). Shedding light on the Hawthorn studies. *Journal of*

Occupational Behaviour, 6, 111-120.

- Sourander, A., Ellilä, H., Välimäki, M., & Piha, J. (2002). Use of holding, restraints, seclusion and time-out in child and adolescent psychiatric in-patient treatment. *European Child & Adolescent Psychiatry*, 11, 162-167. doi: 10.1007/s00787-002-0274-2
- Spector, P. E. (1985). Measurement of human service staff satisfaction: Development of the Job Satisfaction Survey. *American Journal of Community College*, 13, 693-713. doi: 10.1007/BF00929796
- Spector, P. E. (1997). *Job satisfaction: Application, assessment, cause, and consequences*. Thousand Oaks, CA: SAGE Publications, Inc.
- Spector, P. E., Bauer, J. A., & Fox, S. (2010). Measurement artifacts in the assessment of counterproductive work behavior and organizational citizenship behavior: Do we know what we think we know? *Journal of Applied Psychology*, 95(4), 781-790. doi:10.1037/a0019477
- Steckley, L. (2012). Touch, physical restraint and therapeutic containment in residential child care. *British Journal of Social Work*, 42, 537-555. doi:10.1093/bjsw/bcr069
- Stinglhamber, F., & Vandenberghe, C. (2003). Organizations and supervisors as sources of support and targets of commitment: A longitudinal study. *Journal of Organizational Behavior*, 24(3), 251-270. doi: 10.1002/job. 192
- Strolin-Goltzman, J. (2010). Improving turnover in public child welfare: Outcomes from an organizational intervention. *Children and Youth Services Review*, 32, 1388-

1395. doi: 10.1016/j.chilyouth.2010.06.007

Udechukwu, I. I. (2009). Correctional officer turnover: Of Maslow's needs hierarchy and Herzberg's motivation theory. *Public Personnel Management*, 38(2), 69-82.

van Doeselaar, M., Slegers, P., & Hutschemaekers, G. (2008). Professionals' attitudes toward reducing restraint: The case of seclusion in The Netherlands. *Psychiatric Quarterly*, 79, 97-109. doi:10.1007/s11126-007-9063-x

Villani, V. S., Parsons, A. E., Church, R. P., & Beetar, J. T. (2012, June). A descriptive study of the use of restraint and seclusion in a special education school. *Child & Youth Care Forum*, 41(3), 295-309.

Wall, T. D. (1973). Ego-defensiveness as a determinant of reported differences in sources of job satisfaction and job dissatisfaction. *Journal of Applied Psychology*, 58(1), 125-128.

Walsh, E., & Randell, B. P. (1995). Seclusion and restraint: What we need to know. *Journal of Child and Adolescent Psychiatric Nursing*, 5(1), 28-40. doi: 10.1111/j.1744-6171.1995.tb00520.x

Waters, L. K., & Roach, D. (1971). Two-factor theories of job satisfaction: Empirical tests for four samples of insurance company employees. *Personnel Psychology*, 24, 697-705. doi:10.1111/j.1744-6570.1971.tb00383.x

Weiss, E. M. (1988). A nationwide pattern of death. The Hartford Courant. Retrieved from <http://www.charlydmiller.com/LIB05/1998hartfordcourant11.html>

Wiggins, J.D., & Moody, A. (1983). Identifying effective counselors through client supervisor ratings and personality-environment variables. *Vocational Guidance*

Quarterly, 31(4), 259-269.

- Wignall, R. A. (2004). *An investigation of job satisfaction of Florida state prison industry workers: An examination of Herzberg two-factor theory* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 3131080)
- Williams, M. L., McDaniel, M. A., & Nguyen, N. T. (2006). A meta-analysis of the antecedents and consequences of pay level satisfaction. *Journal of Applied Psychology*, 91(2), 392-413. doi:10.1037/0021-9010.91.2.392
- Whitman, D. S., Van Rooy, D. L., & Viswesvaran, C. (2010). Satisfaction, citizenship behaviors, and performance in work units: A meta-analysis of collective construct relations. *Personnel Psychology*, 63(1), 41-81.
- Whitsett, D. A., & Winslow, E. K. (1967). An analysis of studies critical of the motivator-hygiene theory. *Personnel Psychology*, 20(4), 391-415.
- Whitsett, D. A., & Winslow, E. K. (1970). An analysis of studies critical of the Motivator-Hygiene Theory. *Personnel Psychology*, 20(4), 391-415.
- Witt, L. A., & Spitzmüller, C. (2007). Person-Situation predictors of maximum and typical performance. *Human Performance*, 20(3), 305-315.
- Wolpin, J., Burke, R. J., & Greenglass, E. R. (1991). Is job satisfaction an antecedent or a consequence of psychological burnout? *Human Relations*, 44, 193-209. doi:10.1177/001872679104400205

Appendix A: Demographic Information

Do you work directly with the children at your place of employment?

- Yes
- No

Gender

What is your sex?

- Male
- Female

Age

How old are you? _____

Education

What is the highest degree or level of school you have completed? If currently enrolled, mark the previous grade or highest degree received.

- No schooling completed
- Nursery school to 8th grade
- 9th, 10th or 11th grade
- 12th grade, no diploma
- High school graduate - high school diploma or the equivalent (for example: GED)
- Some college credit, but less than 1 year
- 1 or more years of college, no degree
- Associate degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)
- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

Employment Information

Are you currently...?

- Employed part time
- Full time

Length of time working with your present employer? _____

What is your job title? _____

Ethnicity

Please specify your ethnicity:

- Hispanic or Latino

- Not Hispanic or Latino

Race

Please specify your race.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other: Please specify _____

Location

In what state and city are you employed? _____

Location Size

Including yourself, how many employees work at this location?

- 1-30
- 31-60
- 61-90
- 91-200
- 200+
- Don't know

Physical Restraints

A physical restraint for the purposes of this survey is defined as the residential staff member who laid hands on a child for the purposes of keeping the child safe.

Does your employer allow the use of physical restraints of children?

- Yes
- No

If so, how many reports of physical restraints did you file with your agency that you have you been directly involved in, in the last 8 weeks?

What is the name of the physical restraint used? Please describe the physical restraint used. _____

How many hours of contact, on average do you have with the children per week?

Appendix B: Survey Questions

Job Satisfaction Survey (Spector, 1985).

Responses are obtained on a 6-point Likert-type scale where 1 = disagree very much, 2 = disagree moderately, 3 = disagree slightly, 4 = agree slightly, 5 = agree moderately, 6 = agree very much

Pay Satisfaction Items

1. I feel I am being paid a fair amount for the work I do
2. Raises are too few and far between
3. I am unappreciated by the organization when I think about what they pay me
4. I feel satisfied with my chances for salary increases

Supervision Satisfaction Items

5. My supervisor is quite competent in doing his/her job
6. My supervisor is unfair to me
7. My supervisor shows too little interest in the feelings of subordinates
8. I like my supervisor

Perceived Organizational Support Survey (Eisenberger, R., Hutchinson, S., and Sowa, D., 1996).

Responses are obtained on a 7-point Likert-type scale where 1 = strongly disagree and 7 = strongly agree.

1. The organization values my contribution to its well-being
2. If the organization could hire someone to replace me at a lower salary it would do so

3. The organization fails to appreciate any extra effort from me
4. The organization strongly considers my goals and values
5. The organization would ignore any complaint from me
6. The organization disregards my best interests when it makes decisions that affect me
7. Help is available from the organization when I have a problem
8. The organization really cares about my well-being
9. The organization is willing to extend itself in order to help me perform my job to the best of my ability
10. Even if I did the best job possible, the organization would fail to notice
11. The organization is willing to help me when I need a special favor
12. The organization cares about my general satisfaction at work
13. If given the opportunity, the organization would take advantage of me
14. The organization shows very little concern for me
15. The organization cares about my opinions
16. The organization takes pride in my accomplishments at work
17. The organization tries to make my job as interesting as possible

Appendix C: Script to be read and/or e-mailed to the organizational leader(s)

Hello my name is April and I am a doctoral student at Walden University. I was given your name by your human resource professional. I have an appreciation for the work you do at your center, as I know it is both rewarding and challenging. Due to the nature and importance of the work done in residential care I have decided to dedicate my dissertation to this critical topic. As a result I am very interested in including your residential treatment center as part of my doctoral research. Would you be able/willing to help with this very important area of research?

My dissertation involves investigating how certain variables of job satisfaction impact job performance. Specifically, I am looking at how variables of job satisfaction impact the use of physical restraints used on children in residential treatment facilities.

My research involves an online survey that will need to be taken by the direct care staff. The survey will take approximately 15-20 minutes to complete and consists of 36 questions.

In order to be able to sample the population at your facility I require your permission and access to the staff. Access to the staff means that I send a contact there at your facility a link to my survey and that link is then sent out to the staff members with a clear understanding that the survey is voluntary.

In return I will share the results of the survey with your center. Individual results will not be shared so the staff will feel at liberty to be honest; however, I will share overall results. Pending the results, your facility could benefit from data that may reflect variables that may impact the use of physical restraints used on children at the facility.

An eligible survey taker will be given a \$5.00 gift card to Starbucks by e-mail upon successful completion of the survey.

Please let me know if this research study is something that your center might be interested in participating in and please contact me with any questions/concerns you may have. I can be contacted via e-mail at april.minjarez@waldenu.edu or by phone 858-215-4235.

Best,
April Minjarez-Estenson
Doctoral Student
April.minjarez@waldenu.edu; 858-215-4235
Chair: Dr. Vincent Fortunato; vincent.fortunato@waldenu.edu

Appendix D: Script to be given to employees at residential treatment facilities

Hello my name is April Minjarez-Estenson and I am a doctoral student at Walden University. This is an invitation to participate in a study as part of my Walden University dissertation. The link provided in this e-mail is a link to take a survey related to your specific place of employment and is not mandatory. The specific information obtained will not be shared with your supervisor. The purpose of this survey is to gather information related to job satisfaction at residential treatment facilities for children as part of my Walden University doctoral dissertation. If you choose to participate you will receive a Starbucks gift card valued at \$5.00 via e-mail upon successful completion of the survey as a thank you for your participation. Your information and your individual responses will not be shared with your employer. If you have any questions regarding this survey please e-mail April Minjarez-Estenson at april.minjarez@waldenu.edu.

Appendix E: Script to be posted with the social media posting

Hello my name is April Minjarez-Estenson and I am a doctoral student at Walden University. This is an invitation to participate in a study as part of my Walden University dissertation. The link provided below has questions related to your job as a staff member at a residential treatment facility. Only those staff members who work at a residential treatment facility for children and have worked there for at least six months are eligible to take the survey. Upon successful completion of the survey a \$5.00 Starbucks gift card will be e-mailed to you.

Survey Link: <https://www.surveymonkey.com/s/childrensresidential>

Appendix F: Consent Form

You are invited to participate in a research study that is investigating how variables of job satisfaction impact the use of physical restraints used on children in residential treatment facilities. Direct care staff members working in residential treatment facilities for children for at least six months are being invited to participate in this study. Participants who do not meet this criterion should discontinue the survey. This consent form has been created to allow you to understand this study before deciding whether to take part. Please read this form carefully and ask questions.

This study is being conducted by a researcher named April Minjarez-Estenson, who is a Doctoral Clinical Psychology student at Walden University.

Background Information:

The purpose of this study is to investigate the relationship between job satisfaction and the use of physical restraints on children in residential treatment facilities.

Procedures:

If you agree to be in this study, you will be asked to:

- Complete a demographic questionnaire
- Complete 2 brief surveys
-

Both surveys and questionnaire will take approximately 15-20 minutes to complete. The surveys will consist of questions about physical restraints and attitudes about job satisfaction.

Voluntary Nature of the Study:

Your participation in this study is voluntary. This means that everyone will respect your decision of whether or not you want to be in the study. If you decide to join the study now, you can still change your mind during the study. If you feel stressed during the study you may stop at any time.

Risks and Benefits of Being in the Study:

Participants may experience some distress due to the questions related to job satisfaction and physical restraints used on the job. The responses are anonymous and supervisors/organizational leaders will not have access to individual responses. If you experience distress and would like low cost confidential counseling referrals you may dial 211 from your phone to be connected with services in your area.

Compensation:

Participants will be given a Starbucks gift card valued at \$5.00 after successful completion of the survey via e-mail.

Confidentiality:

Any information you provide will be kept anonymous. The researcher will not use your information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in any reports of the study.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via email address: april.minjarez@waldenu.edu. If you have additional questions about your rights as a participant, you can contact the Institutional Review Board irb@waldenu.edu University's approval number for this study is **IRB will enter approval number here** and it expires on **IRB will enter expiration date**.

Statement of Consent:

I have read the above information and I feel I understand the study well enough to make a decision about my involvement. In order to protect the privacy of the participant's signature lines are not being collected and completion of this survey will indicate your consent, if you choose to participate. Participant may keep the consent form.

Appendix G: Permission to use: Dr. Spector

Gmail - RE: Permission to use your scale

<https://mail.google.com/mail/u/0/?ui=2&ik=a349798b91&view...>

April M <aminjarez@gmail.com>

RE: Permission to use your scale

Spector, Paul <pspector@usf.edu>
Reply-To: "Spector, Paul" <pspector@usf.edu>
To: April Minjarez <april.minjarez@waldenu.edu>

Sun, Jan 15, 2012 at 4:42 AM

Dear April:

You have my permission to use the JSS in your research. You can find copies of the scale in the original English and several other languages, as well as details about the scale's development and norms. I allow free use for noncommercial research and teaching purposes in return for sharing of results. This includes student theses and dissertations, as well as other student research projects. Copies of the scale can be reproduced in a thesis or dissertation as long as the copyright notice is included, "Copyright Paul E. Spector 1994, All rights reserved." Results can be shared by providing an e-copy of a published or unpublished research report (e.g., a dissertation). You also have permission to translate the JSS into another language under the same conditions in addition to sharing a copy of the translation with me. Be sure to include the copyright statement, as well as credit the person who did the translation with the year.

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

Best,

Paul Spector
Department of Psychology
PCD 4118
University of South Florida
Tampa, FL 33620
813-974-0357
pspector [at symbol] usf.edu
<http://shell.cas.usf.edu/~spector>

Appendix H: Permission to use: Dr. Eisenberger

Gmail - Re: Permission to use your survey

<https://mail.google.com/mail/u/0/?ui=2&ik=a349798b91&view...>

April M <aminjarez@gmail.com>

Re: Permission to use your survey

eisenber@udel.edu <eisenber@udel.edu>

Mon, Jan 16, 2012 at 9:50 AM

Reply-To: eisenber@udel.edu

To: April Minjarez <april.minjarez@waldenu.edu>

April,
 I am happy to give permission.
 Cordially,
 Bob
 Robert Eisenberger
 Professor of Psychology
 College of Liberal Arts & Soc. Sciences
 Professor of Management
 C. T. Bauer College of Business
 University of Houston
reisenberger2@uh.edu
 (302)353-8151

----- Original message -----

>Date: Sun, 15 Jan 2012 12:39:18 -0500 (EST)
 >From: April Minjarez <april.minjarez@waldenu.edu>
 >Subject: Permission to use your survey
 >To: eisenber@UDel.Edu
 >
 > Dr. Eisenberger,
 >
 > Hello Dr. Eisenberger, my name is April and I am a
 > graduate student at Walden University. I would like
 > to use your Perceived Organizational Support Survey
 > in my dissertation. The purpose of my study is to
 > examine the relationships between satisfaction with
 > pay, satisfaction with supervision, and perceived
 > organizational support on the use of physical
 > intervention with staff in residential treatment
 > centers. May I use your survey? I will share any and
 > all results with you once I am finished.
 >
 > Respectfully,
 > April
 >
 > April M Minjarez-Estenson
 > Graduate Student, Clinical Psychology
 > A00053756
 > 619-254-4935 Cell Phone