Examining supervisor impact on support workers' wellbeing and service quality

A dissertation submitted in partial fulfillment of the requirements for the

Degree of Master of Science in Applied Psychology

at the University of Canterbury

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2017

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Acknowledgements

Abstract

In an industry commonly characterised as emotionally demanding, challenging and exhausting, it is not surprising that support workers' are exposed to wellbeing and service quality threats at work. Despite the growing acknowledgement of these work characteristics, research into the psychosocial factors attributable to these outcomes has received modest attention. The purpose of the current study is to examine the role of supervisor feedback and support in sustaining wellbeing and ensuring service quality in the support work setting. Further, the research aims to uncover additional psychosocial factors that influence these outcomes, through qualitative analysis. 146 support workers from a large New Zealand care organisation participated in an online survey administered at two time points. As expected, supervisor feedback and support was a significant predictor of the wellbeing and service quality of support workers; however, this relationship was modest. In addition, analysis of the open-ended responses revealed the significant influence of other supervisor factors, as well as the job design and characteristics, and organisational systems. These findings indicate the scope of factors that influence support workers' wellbeing and service quality, and highlight the need to take all levels of job, supervisor and organisation into account. Future research is needed to further investigate these factors and their relationship with these outcomes.

Introduction

Support workers are a fundamental part of societies around the globe, servicing a range of individuals, families, and communities to make a difference in the lives of those in need (Astvik & Melin, 2013). Within this profession, there are a number of different areas in which support workers provide services. Such types of work include support for mental health, disability, drug and alcohol addiction, respite care, housing, child and family, and employment. Fulfilling the responsibilities of a support worker involves carrying out a range of activities to assist clients in meeting their needs. For example, in a disability support setting, this may involve supporting clients with personal care activities, daily living skills, using transportation, and managing finances, as well as promoting relationships with their families and communities (Smyth, Healy, & Lydon, 2015; Vassos & Nankervis, 2012). In a child and youth care role, the support may involve offering individual and group counseling, teaching, working with parents and families, and providing transportation to and from appointments (Barford & Whelton, 2010).

While support workers provide an important service to communities and vulnerable populations, they are exposed to several psychological stressors in their job, which are often characterised as emotionally demanding, challenging and exhausting (Hatton, Wigham, & Craig, 2009; Smyth, Healy, & Lydon, 2015). On a day-to-day basis, support workers may encounter challenging client behaviour, emotional family members, intense physical demands, illness, and death (Barford & Whelton, 2010; Clarke & Hill, 2012; Kozak, Kersten, Schillmöller, & Nienhaus, 2013). In addition, they work long hours, enjoy limited autonomy, experience heavy workloads, and often have few resources to cope with these demands (Boyas, Wind, & Ruiz, 2015; Gray-Stanley & Muramatsu, 2011). It is, therefore, not surprising that such challenges cause support

workers to be susceptible to reduced wellbeing. As Harries, Ng, Wilson, Kirby, and Ford (2015) outline, impaired psychological wellbeing can have adverse mental health outcomes, including depression, anxiety, and sleep disturbances (Buruck, Dörfel, Kugler, & Brom, 2016; Clarke & Hill, 2012), physical health outcomes, such as cardiovascular disease, fatigue, headaches, and lowered immunity (Blewett, Shaw, LaMontagne, & Dollard, 2006; Devereux, Rydstedt, Kelly, Weston, & Buckle, 2004), and behavioural outcomes, namely reduced motivation, drug and/or alcohol abuse, smoking, and violence (Blewett et al., 2006; Harries et al., 2015). Research also shows that low wellbeing can negatively affect support workers' service quality, reflected in poor interactions with clients, decreased capacity to deal with challenging behaviours, and increased risk of abusive practice (Harries et al., 2015). Moreover, low employee wellbeing has been related to low job satisfaction and commitment, negative work attitudes, reduced productivity and low work engagement (Dane & Brummel, 2013; Poulsen et al., 2016; Rusk & Waters, 2015).

With the potential for such negative outcomes, the importance of investing in wellbeing in a workplace setting has been recognised (Buruck, Dörfel, Kugler, & Brom, 2016; Day & Randell, 2014). Yet, the factors that sustain wellbeing and ensure service quality in support work remain underexplored. This gap is important to address, as there are significant and unique challenges that characterise the support work setting. Unlike some occupations where typical stressors such as workload or coworker conflict can be managed by employees and the organisation, the key stressors for support workers (i.e., the challenges associated with working with vulnerable populations) are less easy to change. This requires care organisations to explore and invest in factors that sustain support workers' wellbeing and ensure that they are able to provide good quality service. The current study turns its attention to supervisor support, highlighted in the healthcare

literature as an important wellbeing-enhancing factor (Clarke & Hill, 2012), and investigates its relationship with support workers' wellbeing and service quality. In addition, and given that the research on psychosocial factors in this profession is scarce, this study relies on support workers' voices to provide a preliminary account of other workplace factors that influence their wellbeing and service quality.

Employee Wellbeing

There is increasing international interest in the concept of wellbeing and its contribution to all aspects of human life (Tennant, et al., 2007). Wellbeing is largely accepted to cover two perspectives; firstly, the subjective experience of happiness and life satisfaction, and secondly, positive psychological functioning including maintaining relationships, self-realisation, and autonomy (Ryff & Keyes, 1995; Stewart-Brown & Janmohamed, 2008). Wellbeing plays a part in many aspects of an individual's life. According to the World Health Organisation, wellbeing is the "foundation for positive mental health and effective functioning for both the individual and the community" and is a state "which allows individuals to realise their abilities, cope with the normal stresses of life, and make a contribution to their community" (World Health Organisation, 2008 as cited in Tennant et al., 2007).

Of particular interest is employee wellbeing, commonly referred to as the overall quality of an employee's experience and functioning at work (Clarke & Hill, 2012). With most adults spending a high proportion of their lives at work, this area of wellbeing has become of significant interest (Buruck et al., 2016). The workplace has a direct impact on an employee's physical, mental, economic and social wellbeing (Chu et al., 2000), and in turn also influences their families, communities, and society. As well as providing income, the workplace is where individuals can find friendships, fulfilment, and

interactions that can enrich their lives (Cooper & Bevan, 2014). Despite the relatively recent attention to employee wellbeing from researchers, organisations, and the media, the concept of wellbeing at work is not new (Day & Randell, 2014). Over 20 years ago, Cooper and Cartwright (1994) argued that "financially healthy organisations are likely to be those which are successful in maintaining and retaining a workforce characterised by good physical, psychological, and mental health" (p.455). Earlier conceptions of employee wellbeing, however, typically concentrated on the physical safety of employees (Day & Randell, 2014). The increased interest in mental health has seen the perspective of employee wellbeing expanded from the traditional physical health and safety models to include models of wellbeing that centre around employee's lifestyles and the psychosocial aspects of work (Day & Randell, 2014).

In an organisational setting, various aspects have been shown to contribute to employee wellbeing. Wellbeing has typically been associated with a combination of structural, and social and environmental factors in the workplace (Clarke & Hill, 2012). The physical and psychological demands, as well as policies and procedures, can impact on levels of employee wellbeing (Clarke & Hill, 2012). Specifically, stressful demands of job design such as high workload, low decision latitude, role ambiguity, role conflict, limited job autonomy, and client demands are important structural factors that predict employee wellbeing (Buruck et al., 2016; Devereux et al., 2009; Gray-Stanley, & Muramatsu, 2011). The effects of these pressures on wellbeing become amplified when employees are not equipped with adequate resources for coping (Gray-Stanley & Muramatsu, 2011), highlighting the need for organisations to provide sufficient resources. The social and environmental factors that impact wellbeing include social support, work relationships, management and supervisor support, input into decision-making, and opportunities for work-life balance (Holman, 2002; Noblett, 2003).

There is also a significant amount of research highlighting the potential consequences of reduced wellbeing at work. These outcomes include low job satisfaction, low commitment, negative work attitudes, reduced productivity and low work engagement (Dane & Brummel, 2013; Poulsen et al., 2016; Rusk & Waters, 2015). Such outcomes can further impact work performance and work safety, often seen in increased absenteeism and accidents (Harries et al., 2015). Ultimately, reduced wellbeing can lead to turnover, as organisations fail to retain employees in their workforce (Poulsen et al., 2016).

More recently, increasing attention has been paid to the wellbeing of support workers, who predominantly work in an industry with vulnerable populations. It can be said that many jobs are associated with challenging demands and high levels of stress; however, the effects on wellbeing are exacerbated in emotionally demanding work environments (Kozak et al., 2013). Although support work has been associated with positive outcomes for people and communities (Smyth, Healy, & Lydon, 2015), research suggests this type of work increases support workers' vulnerability to wellbeing threats at work (Harries et al., 2015). An abundance of research has indicated that heavy workloads, client behavioural and health problems, limited autonomy (Allen, 1999; Gray-Stanley & Muramatsu, 2011), role ambiguity and role conflict, limited opportunities for career progression (Smyth, Healy, & Lydon, 2015), poor compensation, few resources, and long work hours (Boyas, Wind, & Ruiz, 2015) are among the vast amount of job aspects related to reduced wellbeing in this industry. With this evidence, it is therefore not surprising that the support work industry has been plagued by high turnover (Chou & Robert, 2008).

Unlike other occupations where typical stressors such as workload and role conflict can be managed by employees and the organisation, the key stressors for support

workers are more difficult to change. Further, the consequences of reduced wellbeing in support workers have a flow on effect to the service users. Studies show that low employee wellbeing can negatively affect interactions with clients, affect their capacity to deal effectively with challenging behaviours, and can increase abusive practice risks (Harries et al., 2015; Vassos & Nankervis, 2012), not only putting the employees at risk, but their clients as well. This requires care organisations to identify and invest in wellbeing –protective and –enhancing factors.

Clearly, there is a real opportunity for today's organisations to influence the wellbeing of their employees at the organisational level. Employers who ignore the evidence and its implications are missing out on an opportunity not only to create positive work environments for their staff, but also to enhance their reputations (Cooper & Bevan, 2014). From an employee's perspective, experiencing positive wellbeing at work should not just be an aspiration but a fundamental aspect of the job and organisation. Recently, New Zealand has introduced the Health and Safety at Work Act 2015, requiring employers to recognise employees' wellbeing when creating safe workplaces. The increased emphasis on mental health and wellbeing alongside physical health and safety in the Act is a necessary imperative for employers to start taking wellbeing seriously, and ensuring better awareness and support for employees (Worksafe New Zealand, 2016). As a consequence, a growing body of research has begun to explore ways to enhance employee wellbeing in the workplace and the impact of organisational practices on employee wellbeing (Clarke & Hill, 2012). Of particular interest is the support that an employee can obtain from their supervisor to enhance their experience of wellbeing. Given previous healthcare research suggesting the role of supervisors in ensuring employee wellbeing and service quality in emotionally and physically demanding occupations (Clarke & Hill, 2012; Poulsen et al., 2016), this study will

examine these relationships in a support work environment.

Supervisor Factors and Wellbeing

Supervisor support is an organisational factor typically understood as the guidance (e.g., knowledge, advice and expertise) and reassurance of worth (e.g., acknowledgment of another's skills and worth) that a supervisor provides their employees (Poulsen et al., 2016). This could be seen as the extent to which a supervisor values their employees' contributions (Tham, 2007), rewards their performance (Astvik & Melin, 2013), or cares about their wellbeing (Shanock & Eisenberger, 2006). There is an abundance of research showing the influence that perceived support from supervisors has on employee wellbeing (Deverux et al., 2009; Gountas & Gountas, 2016; Vassos & Nankervis, 2012). As Poulsen et al. (2016) outline, when an individual knows that support is available, it is likely they will experience higher wellbeing compared to those individuals who feel an absence of support in the face of job demands. Research has shown such support improves employee's job satisfaction and performance, and reduces burnout, stress, and role demands (Chen & Scannapieco, 2010; Gountas & Gountas, 2016; McGonagle et al., 2014), all of which are predictors of employee wellbeing. Yet, not only does support from a supervisor have direct effects on these job related aspects, but it can also provide knowledge, advice and expertise, which may improve motivation, confidence and skills in employees (Poulsen et al., 2016). In a health care setting, Vassos and Nankervis (2012) reported that employees found supportive supervision useful, as it allowed them to reflect on their practice, and gave them the opportunity to gain some assistance in improving their skills and increasing their knowledge. As a result, employees felt an improved confidence in their ability and coping skills to deal with the challenges of the day-to-day support role, which research has demonstrated leads to

improved wellbeing outcomes in support workers (Deverux et al., 2009).

Though scarce, the research on supervisor factors in care work emphasises the benefits of supervisor support and the quality of the supervision on a range of outcomes (Chenot, Benton, & Kim, 2009). In particular, it suggests that adequate supervision is essential to prevent employees from becoming lost in the intricacy of demands and responsibilities for support work practice (Chen & Scannapieco, 2010). Supportive supervision has been found to relate to the improvement of support workers job satisfaction, lower levels of workers burnout, and the reduction of stress (Chen & Scannapieco, 2010). The importance of adequate supervisor support is further realised in the vast amount of literature emphasising the high turnover of support workers. Tham (2007) found that the most important reason for intending to leave was not high workload, but lack of human resource orientation in the organisation, that is, the extent to which employees were rewarded for a job well done, felt taken care of, and where the supervisors were interested in their health and wellbeing (Astvik & Melin, 2013).

Despite the important contributions of supervisor support in a care work setting (Astvik & Melin, 2013; Poulsen et al., 2016; Tham, 2007), little is known about whether and to what extent supervisor feedback and social support contribute to wellbeing among support workers. Instead of researching supervisor support as a general construct, different dimensions of support need to be explored to provide the industry with useful information to guide their practices. In what follows, dimensions of supervisor feedback and support will be discussed in relation to support worker wellbeing.

Supervisor feedback. Feedback in organisations, conceptualised as the provision of clear information about whether employees' behaviour and performance are appropriate, and how employees can adjust to succeed at their work environment (Ashford, Blatt, & Van de Walle, 2003), has been long acknowledged as a key human

resource management practice (Gabriel, Frantz, Levy, & Hilliard, 2014). Feedback can originate from external sources (i.e. feedback from supervisors, colleagues, and clients who observe the behaviour), as well as from the work environment (Zheng, Diaz, Jing, & Chiaburu, 2015). Of particular importance is feedback received from supervisors, a concept that is becoming an increasingly important tool in organisations. This is due to the potential that supervisor feedback has in improving learning, motivation, and ultimately performance by reducing uncertainty, providing important information about goal progress and increasing feelings of competence for employees (Linderbaum & Levy, 2010).

Despite the large volume of research on the topic of feedback, there has been little research exploring the role of feedback on wellbeing. Generally, research has found that a supportive feedback environment fostered by supervisors can enhance outcomes such as organisational commitment, role clarity, and task and contextual performance, in addition to reducing perceptions of politics (Gabriel et el., 2014). The lack of research that connects supervisor feedback to employee wellbeing highlights an area that needs to be addressed.

Additionally, there is very limited research investigating the importance of supervisor feedback in a support work context. The few studies that have been carried out in this setting are largely focused on the concept of burnout. They acknowledge that supervisor feedback plays a strong resource in reducing the risk of burnout and emotional exhaustion (Kozak et al., 2013; Pouslen et al., 2016). However, little is known about the relationship with other employee factors in support work, such as wellbeing. Due to the emotionally challenging nature of the job, it is crucial that employees feel free to approach supervisors for support, guidance and debriefing. Not only does this feedback allow support workers to reflect on their practice and give them the opportunity to get

some assistance in improving their skills and increasing their knowledge (Vassos & Nankervis, 2012), but a result of this could be seen in improved confidence in one's ability, and improved coping skills to deal with the challenges of the day-to-day support role (Devereux et al., 2009; Mitchell & Hastings, 2001). In this sense, supervisor feedback should be positively associated with employee wellbeing.

In order to address existing gaps in research, the current study aims to look at two dimensions of supervisor feedback (feedback quality and feedback seeking) to gain a better understanding on whether, and to what extent, this affects wellbeing. Feedback quality refers to the informational value of feedback, assessed from the employee's point of view, and is an important factor in whether the employee accepts and is willing to respond to the feedback (Steelman, Levy, & Snell, 2004). Feedback seeking is the extent to which employees are encouraged or rewarded for seeking feedback, and the degree to which employees feel comfortable asking for performance feedback (Williams, Miller, Steelman, & Levy, 1999). While feedback recipients can shape their feedback environments by generating their own feedback, it is the supervisors providing a supportive environment that encourages the frequency of feedback seeking (Ashford & Cummings, 1983). Based on this information, the following hypotheses are presented:

Hypothesis 1a – Perceived supervisor feedback quality will be positively associated with the wellbeing of support workers (i.e., general wellbeing and work-related wellbeing)

Hypothesis 1b – Perceived feedback seeking promotion will be positively associated with the wellbeing of support workers (i.e., general wellbeing and work-related wellbeing)

Supervisor support. In the support work profession, supervisors are often described as an important source of support due to their ability to understand and address

work-related challenges, to provide employees with resources to cope with stress, and to promote wellbeing (Vera et al., 2015). This support refers to the emotional and instrumental aspects of social relationships (House, Umberson, & Landis, 1988), where, in the workplace, can safeguard against the physical and psychological harm caused by workplace stressors (Lizano, Hsiao, Barak, & Casper, 2014). Although there are many different elements to support, two are of interest in the support work setting (Poulsen et al., 2016). Emotional support is defined as providing care and trust in a reliable alliance where one can count on others for assistance in times of need (Poulsen et al., 2016). This could involve the supervisor showing concern, respect, and trust, or listening sympathetically towards the employee. Instrumental support is conceptualised as offering tangible assistance, such as materials and resources necessary for a job, guidance or knowledge needed to complete a task, or actual physical aid (Chou & Robert, 2008). As the importance of employee wellbeing is being more understood by employers and researchers alike, the acknowledgement that difficult workplace experiences can influence non-work domains and harm the health and wellbeing of employees has emerged (Danna & Griffin, 1999; Lizano et al., 2014). Thus, beyond the role of supervisor support in the day-to-day operations of the workplace, it is also vital that supervisors can support their employees to enhance their overall wellbeing (Okechukwu et al., 2016). For example, this may involve helping them achieve a work-life balance, build resilience, encourage personal and professional growth, and build coping strategies.

Although there is limited understanding on the influence supervisor support has on employee wellbeing specifically, there is research showing the positive effect it has on other factors such as employee health (Friedrickson, 2001; Kozak et al., 2013). It has been suggested in literature that support workers who experience support are more likely to report positive emotions, experience better health, and create their own job and

personal resources (Devereux et al., 2009; Friedrickson, 2001). Support has also been investigated in relation to burnout, suggesting that the perception of support from a supervisor is associated with reduced stress and burnout levels (Kozak et al., 2013). Accordingly, the following is hypothesised:

> *Hypothesis 1c – Perceived supervisor support will be positively associated with the wellbeing of support workers (i.e., general wellbeing and work-related wellbeing)*

Supervisor Factors and Service Quality

In addition to their influence on employee wellbeing, supervisor feedback and support can have an impact on how support workers perceive the quality of service they provide to clients. In recent years, research on service quality has received considerable attention from academics and practitioners (Chou & Robert, 2008; Clarke & Hill, 2012). Perceived service quality is defined as an employee's overall attitude towards the service they provide (Parasuraman, Zeithaml, & Berry, 1988). In support work services, this is reflected on perceptions of service delivery, and may be indicative of actual performance levels and client treatment quality (Clarke & Hill, 2012). Support workers are often the most important people in the lives of clients (Sharrard, 1992); therefore, a key issue for care organisations is how to ensure that employees have the capacity to deliver high quality care.

The literature acknowledges that challenging and stressful working conditions have the potential to affect support workers' ability to provide quality services to their clients (Paquet et al., 2013; Smyth, Healy, & Lydon, 2015; Vassos & Nankervis, 2012). Unfortunately, there is limited research exploring the potential organisational factors that can enhance employee's service quality. As team managers and supervisors play a key

role in their day-to-day tasks and performance management (Choy-Brown, Stanhope, Tiderington, & Padgett, 2016), it is expected that they will also impact the quality of service their employees provide (Kozak et al., 2012).

In the support work role, it is assumed supervisors hold expert knowledge about the performance criteria for quality service (Zheng et al., 2015); therefore, their knowledge is a credible source of feedback information for employees. Supervisors can use this feedback to help employees remedy performance deficits or to reinforce effective performance (Zhou, 2003). It is also contended in the literature that feedback is an essential component of learning and performance improvement processes (Mulder & Ellinger, 2013), helping employees reduce errors and achieve goals (Whitaker & Levy, 2012). Accordingly, the following hypotheses stand:

> *Hypothesis 2a – Perceived feedback quality will have a positive effect on perceptions of service quality*

> *Hypothesis 2b – Perceived feedback seeking promotion will have a positive effect on perceptions of service quality*

Additionally, support from supervisors has the potential to improve the quality of care in a support work context (Clarke & Hill, 2012). In the small amount of research conducted, there are aspects of support that a supervisor can provide that have been linked to service quality outcomes. For example, Okechukwu et al. (2016) found that when a supervisor was supportive of their employees work-life balance, it had a positive impact on their care quality. Similarly, Choy-Brown et al. (2016) suggested that a supervisor who encouraged professional and personal development improved service quality. Based on this information, the following is proposed:

> *Hypothesis 2c – Perceived supervisor support will have a positive effect on perceptions of support workers service quality.*

Method

Participants

The participants for this study were support workers from a large New Zealand care organisation. This organisation is dedicated to supporting their clients in both residential and community settings in areas such as accommodation and housing, alcohol and drugs, employment, disability, mental health, and respite care. All 638-support workers from the organisation were invited to participate in the study. A total of 248 employees provided usable responses at Time 1, and 235 at Time 2. Of these participants, 146 employees (104 females [71%], 40 males, and 2 unspecified) volunteered to complete the survey at both time points, providing a response rate of 23%. Of the 146 participants, 58% identified as European, 22% Maori/Pacific, 8.8% Southeast Asian, 7.4% Indian, and 3.4% did not specify. In an effort to increase confidentiality and maximise the response rate, gender and ethnicity were the only demographic variables collected for the purposes of this study.

Procedure

This study aimed at gathering individual views on wellbeing and service quality perceptions within a care organisation. The organisation provided email addresses for all support workers in the organisation. This allowed the researcher to create email panels and connect Time 1 and Time 2 responses, and to email links to the online surveys from the University of Canterbury server.

A two-wave, self-report survey method was used in this study. At Time 1, wellbeing indicators and service quality were measured, and at Time 2 the predictor variables supervisor feedback and support were measured. Two data collection times were used to separate predictors from criteria in the analyses, in order to minimise

common method variance by having wellbeing and service quality temporally separated from supervisor feedback and support (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003). Following the recommendations of Podsakoff, MacKenzie, and Podsakoff (2012), the length of time between the survey distributions was one month to minimise the effects from major changes within either the variables of interest or the organisation.

All employees in a support worker role received an email with information on the research, explaining the purpose and procedure of the study (see Appendix A), and inviting them to take part. The email contained a link to the Time 1 survey on Qualtrics, an online survey tool, as well as information explaining that this was the first of two surveys with the second link to be emailed a month later. Participants were asked to complete the survey at a convenient time, with the organisation agreeing to let employees use work hours to complete it. The information also outlined that questionnaire completion was completely voluntary and that participants could withdraw from the study at any stage. The surveys in the study were confidential but not anonymous. Researchers identified participants using email addresses to track their responses over time and match-up data from the two surveys. In order to ensure honest answers from employees about their working conditions, participants were assured of confidentiality in the information sheet. It was clearly outlined that responses would not be linked back to them individually in any way, or provided to any staff member of the organisation. Contact details of the researchers were provided for any questions or queries, as well as information for a range of services and support groups, should participants experience any stress as a result of their participation in the study. Following the information sheet, participants were required to give informed consent by ticking the box, refer to Appendix B.

The survey was open for three weeks to allow participants adequate time to respond and a reminder email was sent after one week. Participants were required to follow the instructions on the screen and respond to the statements by selecting the rating that represented their opinion and provide any additional comments. Lastly, participants were required to fill out the demographic information and work-related variables section. The survey concluded with a statement thanking participants for their involvement in the study. The same procedure occurred for the Time 2 survey. Completion of the survey at Time 1 took approximately 10 minutes and Time 2 10-15 minutes. This study was reviewed and approved by the University of Canterbury Human Ethics Committee.

Measures

All variables were measured through self-report surveys using scales that previously demonstrated good measurement properties and high reliability. Unless stated otherwise, the responses were provided on a 5-point Likert rating scale with response alternatives 1 = *None of the time*, 2 = *Rarely*, 3 = *Some of the time*, 4 = *Often*, and 5 = *All of the time*. Scales were prefaced with a brief statement explaining what the scale was intended to measure and the situations participants should be mindful of when responding to items. An open-ended section was included following each variable, requesting that participants detailed their experiences in the organisation (e.g., supervisor feedback). In addition to these open-ended fields specific to the main variables of interest, participants were asked to answer the following question: "What additional support could the organisation provide to help you better manage your wellbeing?". A complete copy of the questionnaire can be seen in Appendix C.

General wellbeing. The short 7-item Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) was used to assess the employees' level of wellbeing. The scale

consists of items covering mental wellbeing, subjective experience of happiness and life satisfaction, and psychological functioning (Tennant et al., 2007). All items were worded positively and include "I've been feeling optimistic about the future" and "I've been dealing with problems well". Tennant et al. (2007) report Cronbach's alpha as .89.

Work-related wellbeing. In addition, two single items were used to measure other wellbeing indicators at work. With the emerging acknowledgement from employers and researchers of the importance of employee wellbeing in the workplace, as well as the significant amount of time individuals are spending at work, it is crucial to measure wellbeing in the work setting in addition to general wellbeing. Firstly, participants' energy at work (Arnetz, Frenzel, Akerstedt, & Lisspers, 2008) was measured by the item, "How energetic do you feel at work?" This was rated on a 5-point scale from 1 = *Not energetic at all* to 5 = *Very energetic*. Secondly, participants' work-related health attributions (Göransson, Näswall, & Sverke, 2009) was measured by the item "I think I can continue to work as I do now and remain healthy in the long run." This item was rated on a 5-point scale from 1 = *Strongly disagree* to 5 = *Strongly agree.*

Service quality. Service quality was measured on the Perceived Service Quality Scale adapted from Astvik and Melin (2013). The scale included four items pertaining to the perceived quality of support work the employee provides their clients. A sample item was "My clients are satisfied with the service quality they receive". In a home care and social work sample, Cronbach's alpha was .83 (Astvik & Melin, 2013).

Supervisor feedback. Supervisor feedback was measured through two subscales of the Feedback Environment Scale (Steelman, Levy, & Snell, 2004): Feedback Quality and Promotion of Feedback Seeking. The Feedback Quality subscale pertains to the extent to which employees perceive the quality of feedback from their supervisors to be high. The scale has 5 items, and a sample item was "My supervisor gives me useful

feedback about my job performance". Cronbach's alpha for the Feedback Quality dimension was found to be .92 (Steelman, Levy, & Snell, 2004). The Promotion of Feedback Seeking subscale concerns the extent to which the supervisor is supportive of feedback seeking and was represented in 3 items. An example item was "I feel comfortable asking my supervisor for feedback about my work performance". Steelman, Levy, and Snell (2004) found Cronbach's alpha for the Feedback Seeking subscale to be .84.

Supervisor support. Supervisor support was measured through the supervisor subscale of the Social Support Scale (Caplan et al., 1980). The scale comprises 4 items, capturing a measure of supervisor emotional and instrumental support that the employee perceives is available. The items were adapted from the original scale to read as positive statements rather than questions, for example, "My supervisor can be relied on when things get tough at work". Cronbach's alpha for the supervisor support subscale ranged from .86 to .91 (Lee & Ashforth, 1993; Repeti & Cosmas, 1991).

Demographic variables. Despite conflicting findings on the relationship between demographic variables and wellbeing in past research, some studies have shown that wellbeing levels at work may differ between gender groups (Vermeulen & Mustard, 2000; Kowalski et al., 2010) and with regards to ethnicity (Hatton et al., 1999). Hence, this information was collected from employees in the Time 1 survey.

Quantitative Data Analysis

The statistical analyses for the current research were conducted using SPSS Software Version 24 for macOS Sierra operating system. Before beginning the data analysis, survey responses from Time 1 and Time 2 were matched, with any participants who did not complete both surveys removed. Exploratory factor analyses (EFAs) were

then conducted to determine the dimensionality of the scales and their suitability for the current study. This was followed by reliability analyses and the creation of composite scores for each scale prior to conducting further analyses. Following this, to determine the relationships between demographic variables (i.e., gender and ethnicity) and the variables of interest, *t*-tests and ANOVAs were conducted. Further, multiple regressions were conducted to test the specific hypotheses concerning the contributions of supervisor feedback and support to wellbeing and service quality in support workers.

Qualitative Data Analysis

Given the psychosocial work factors and wellbeing experiences among support workers are relatively unexplored in the academic literature, participants were given the opportunity to elaborate on their views about supervisor factors, wellbeing, and service quality perceptions, along several open-ended comments sections. They were also asked a question concerning potential ways in which the organisation might better support their wellbeing, "What could the organisation do to help you better manage your wellbeing?".

A thematic analysis, a method for identifying, analysing and reporting patterns and themes within qualitative data (Braun & Clarke, 2006), was used to analyse the content of these open-ended responses. Although it essentially is a method independent of theory, the flexibility of this research tool can provide a rich and detailed, yet complex, account of data (Braun & Clarke, 2006). For the current study, the aim was to identify meaning in the participants' comments, and to analyse recurring themes of meanings in order to understand their experiences of supervisor factors, and other factors that influence wellbeing and perceived service quality (Rennie, 2012).

Braun and Clarke's (2006) step-by-step guide to performing a thematic analysis was followed to structure the research. Although the authors outline logical phases of the

analysis process, the process is not linear as it involves an iterative process between steps (Renner & Taylor-Powell, 2003).

1. **Familiarisation with the data.** Firstly, data from the participants' open-ended responses were transcribed into a database. The data was read and re-read to create an understanding of its content as a whole, and initial ideas were noted down.

2. **Generate initial codes.** After gaining a holistic sense of the data, the analysis process began. As recommended for exploratory research, a semantic approach was adopted throughout the analysis, where codes and themes were identified from the surface meaning of the data, not by looking beyond what a participant had written (Braun & Clarke, 2006; Strauss & Corbin, 1998). This means that the themes are strongly linked to the data (Patton, 1990), as it is a process of coding the data without trying to fit it into a preexisting category scheme or any preconceptions (Braun & Clarke, 2006). The process began by manually coding the data in the dataset, where responses were organised into overarching categories, which described participants' experiences with supervisors and perceptions of wellbeing and service quality. Interesting features of the data were attended to first, followed by a systematic reexamination of the entire data set.

3. **Searching for themes.** As Braun and Clarke (2006) define, a theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set. Ideally, there will be a number of instances of a theme throughout the data, but more instances does not necessarily mean the theme itself is more important in relation to the research question (Braun & Clarke, 2006). In this step, sub-themes

were distinguished within each category, and then collated into potential first-level themes. All data relevant to these potential themes was gathered.

4. **Reviewing and defining themes.** Following this, the themes were checked to ensure they worked in relation to the coded extracts, and ultimately, in investigating employee views of supervisor factors in the organisation, along with wellbeing and service quality perceptions. Through this ongoing analysis, a clear name and definition of each theme could be generated. This entire analysis process allows both a rich description of the data set, as the predominant themes identified are a reflection of the data set as a whole, as well as a detailed account of each particular theme, as the sub-themes explain the specific areas of interest, in the investigation of employee wellbeing and service quality.

5. **Producing the report.** As a final step, a write-up of the results found in the analysis was completed. This involved the selection of vivid and compelling examples of participant's comments to support the explanation of the research question. Percentages for each theme and sub-theme were calculated to get an understanding of the prevalence of the issues raised among the support workers.

Results

Preliminary Statistical Analyses

Exploratory factor analyses. Prior to testing the hypotheses, exploratory factor analysis using principal axis factoring with oblique rotation (direct oblimin) were conducted to assess and establish the dimensionality of each scale. Kasier-Meyer-Olkin (KMO) and Bartlett's tests for sphericity were significant (ranging between .81 and .93) for all analyses, indicating sampling adequacy for factor analysis (Field, 2014). The criteria for factor inclusion was eigenvalues greater than one, item factor loadings greater

than .40, and items which only loaded on one factor with no cross loadings greater than .30 (DeVilles, 2016; Field, 2013; Shultz, Whitney, & Zickar, 2013). For the wellbeing and service quality scales, the various indicators of factorability were suitable and the residuals indicated that the solution was suitable (Brace, Snelgar, & Kemp, 2016).

However, the items measuring each of the supervisor feedback scales did not suitably load on separate factors, as expected. As seen in Table D-1, all supervisor feedback items load onto one factor, and supervisor support clearly on another. However, the correlation between the two factors was .74, greater than the recommended threshold of .70 (Shultz, Whitney, & Zickar, 2013). Thus, in order to avoid collinearity issues, the feedback and support scales were merged for the subsequent analyses, and a single predictor labeled 'Supervisor Factors' was created.

Reliability analyses were then conducted to obtain measures of internal consistency. As seen in Table 1, Cronbach's alpha (α) for all scales is above Cronbach's (1951) minimum recommended level of .70, indicating acceptable reliability (George & Mallery, 2003).

Descriptive statistics and correlation coefficients. Means and standard deviations for all scales can be seen in Table 1. Participants reported moderate levels of overall wellbeing (M = 3.57) with low variability (SD = .57). Moderate means can also be seen in participant's energy at work (M = 3.41) and work-related health attributions (M = 3.53); however, the standard deviation of these wellbeing indicators is interesting. The larger variability seen among participants' responses for energy at work (SD = .87), and especially work-related health attributions (SD = 1.20), suggests that there is more variability in the way employees perceive their work-related wellbeing than with regards to general wellbeing. Participants reported high perceptions of service quality (M = 4.14) with low variability (SD = .57).

The correlation matrix in Table 1 outlines the associations between the scales. Consistent with previous research, supervisor factors (feedback and support) were positively and significantly correlated with employee wellbeing and perceived service quality. Not surprisingly, wellbeing was positively and significantly correlated with employee energy at work and work-related health attributions. Energy at work and work-related health attributions were also positively and significantly correlated. Finally, wellbeing and perceived service quality were significantly correlated.

Table 1

Summary of Descriptive Statistics, Correlations, and Internal Consistency

Measure	M	SD	1	2	3	4	5
1. Supervisor Factors	3.78	1.03	(.96)				
2. Wellbeing	3.57	.57	.21*	(.83)			
3. Energy at Work	3.41	.87	.05	.40**			
4. Work-Related Health	3.53	1.20	.10	.40**	.59**		
5. Service Quality	4.14	.57	.19*	.50**	.10	.14	(.86)

Note. Internal consistency (α) scores presented on the diagonal.
$N = 146$.
*$p < .05$, **$p < .01$.

To examine whether there were any significant mean differences in levels of wellbeing, energy at work, work-related health attributions, and service quality perceptions across gender and ethnicity groups, independent samples t-tests and ANOVAs were conducted. Results from an independent samples *t*-test revealed no significant mean differences between male and female responses across these outcomes. A one-way between-subjects ANOVA was conducted to examine the mean differences of participants' ethnicity on these outcomes. While no significant differences were observed in relation to wellbeing and service quality, the results revealed significant mean differences in employee energy at work, $F(3, 139) = 5.05$, $p = .00$, and work-related

health attributions, $F(3, 139) = 2.71$, $p = .05$, across ethnicity groups. LSD post-hoc tests revealed that mean levels of employee energy at work were significantly higher for Indian support workers (M = 4.18, SD = .60), compared to European (M = 3.23, SD = .86), and Maori/Pacific (M = 3.58, SD = .87). Significant differences for employee work-related health attributions were seen between European (M = 3.28, SD = 1.28) and Maori/Pacific (M = 3.76, SD = 1.03). Given these significant mean differences, ethnicity was included as a control variable in the subsequent regression analyses.

Hypotheses Testing

Multiple regression analyses. Multiple regression analyses were conducted to examine the relationships between supervisor factors and the outcomes of interest (i.e., employee wellbeing, energy at work, work-related health attributions, and perceived service quality). Results from these analyses are presented in Table 2. The assessment of multicollinearity (Tolerance and Variance Inflation Factor [VIF]) revealed that collinearity was not problematic in the analyses, as the VIF values all fell below the recommended maximum value of 3 (Bowerman & O'Connell, 1990; Hair et al., 1995).

Results of the regression suggest that supervisor factors represent a significant, albeit modest predictor of wellbeing ($\beta = .18$, $p = .04$), accounting for 6% of the variance. These findings support the first set of hypotheses proposed. Conversely, supervisor factors were not significantly associated with work-related wellbeing. Ethnicity was found to be the only significant factor explaining perceptions of energy at work ($\beta = .29$, $p = .00$) and work-related health attributions ($\beta = .22$, $p = .01$).

Supervisor factors were significantly associated with perceived service quality ($\beta = .18$, $p = .05$), consistent with hypothesis 2. It should be noted that, similar to general wellbeing, supervisor factors explained a modest 4% of the variance in service quality.

Table 2

Summary of Multiple Regression Analyses for all Variables

Predictors	Wellbeing					Energy at Work					Work-Related Health					Service Quality			
	B	*SE*	*β*	*p*		*B*	*SE*	*β*	*p*		*B*	*SE*	*β*	*p*		*B*	*SE*	*β*	*p*
Model 1																			
Gender	.05	.12	.04	.66		-.19	.16	-.10	.23		.12	.23	.05	.60		.10	.11	.08	.37
Ethnicity	.10	.06	**.18***	.05		.26	.08	**.28****	.00		.29	.11	**.23****	.01		.04	.05	.07	.47
R^2				.03					.10					.05					.01
F for change in R^2				1.96					7.01					3.51					.58
Sig *F* change				.15					.00					.03					.56
Model 2																			
Gender	.05	.11	.04	.64		-.20	.16	-.10	.23		.12	.23	.05	.59		.10	.11	.08	.38
Ethnicity	.09	.06	.15	.10		.26	.08	**.29****	.00		.28	.11	**.22****	.01		.02	.05	.04	.67
Supervisor Factors	.10	.05	**.18***	.04		-.02	.01	-.02	.82		.09	.10	.07	.40		.10	.05	**.18***	.05
R^2				.06					.10					.06					.04
F for change in R^2				4.29					.00					.72					3.88
Sig *F* change				.04					.82					.40					.05

Note. N = 129.

$^*p < .05, ^{**}p < .01.$

Qualitative Analysis

Of the 146 participants who completed both surveys, 113 provided comments to the open-ended sections concerning supervisor factors, their experience of wellbeing and service quality, and the question of what the organisation can engage in to help employees better manage their wellbeing. The responses ranged from one-word entries to several sentences, which were transcribed into the dataset as separate items.

Three overarching categories of factors that contribute to wellbeing and service quality were identified in the analyses: supervisor factors, organisational systems, and job design and characteristics. Within each of these categories, several themes emerged (Table 3). Firstly, the themes within supervisor factors encompass recognition, development, fairness and team building. The second category, organisational systems, encompasses pay, accountability, communications and reporting structure themes. The final category, job design and characteristics, comprises rosters and shift work, resources, isolation, role overload and expectations themes. While several of these underlying issues can be linked to the supervisory role, they are fundamentally related with the way the organisation manages the support work roles.

Supervisor factors

This category captured the employees' accounts of their experiences with the supervisor, and comprises four main themes: recognition, personal development, fairness, and team building. Over 30% of participants discussed one or more of these themes within this broader category. To be clear, while 'supervisor feedback' and 'support' were the supervisor factors assessed in this study, the open-ended fields revealed additional supervisor aspects identified as relevant to wellbeing and service quality, namely recognition, development, fairness and team building merited discussion.

These factors were associated by the respondents to wellbeing and service quality outcomes. The relatively wide standard deviation in participants' perceptions about supervisors identified in the quantitative portion of this study suggests variability in their experiences of supervisors, and may also account for the range of supervisory factors listed in this qualitative portion as influencing wellbeing and service quality.

Recognition. 26% of the respondents referred to the lack of recognition they receive from their supervisors. One employee described this as, "we are not recognised by our supervisors for the work we do", with another stating, "there is never a 'well-done' or 'good job' from a supervisor". One employee mentioned, as a consequence, "I often tell myself not to go the extra mile, because I never get recognised for anything". Another described "feeling non-valued and worthless".

Personal development. 17% of the participants described their supervisors as providing no opportunity for personal development. Three main sub-themes were found in this theme. Firstly, employees described their supervisors as being stuck in the past. One respondent stated, "if we get any support, it is always past-thinking rather than looking ahead into the future", and another mentioned, "development of staff is not a thing – supervisors are stuck in past happenings with no way of going forward". Secondly, employees alluded to the lack of opportunity provided by their supervisor for undertaking training, courses or study that would benefit their role as a support worker. One employee stated the "organisation is unsupportive of me wanting to do more study in this field" while another mentioned, "the up-skilling of staff does not exist". Finally, respondents described the lack of career advancement or job opportunities within the organisation, with one employee mentioning "the need to create more career pathway opportunities".

Fairness. 17% of these participants alluded to the unfair treatment of staff within

the organisation. One support worker described how the "supervisors have favourites" within the staff, and another mentioned "support isn't the same for all workers". Another claimed "the supervisor delegates jobs to the same people all the time," and "only the favourites know what is going on because they are the only ones included in the discussions." One employee mentioned that, as a consequence, "some staff think they are better or have more rights than others."

Team building. Finally, 33% of these employees mentioned the lack of team building provided by their supervisor. The majority of these respondents (70%) described their supervisor as failing to foster any team bonding, with one mentioning, "it leaves us feeling distant from co-workers and supervisors", and another feeling "very alone in my job". Many of these employees also alluded to the feeling of isolation as a consequence of the lack of team building from the supervisor. One employee described "being out with clients most of the day creates a feeling of being really isolated". While this social isolation is a job design issue, it is however, compounded by supervisor factors.

Organisational systems

The second category to emerge in the analysis captured the employees' perspective of organisational systems as influencing their wellbeing and service quality. This was represented in four themes: pay, accountability, communications, and reporting structure. 24% of employees referred to the impact of organisational systems by describing one or more of these themes in their responses.

Pay. 19% of participants referred to the poor level of pay in this industry. Many of these comments alluded to the fact that these employees simply cannot earn a living wage, and consequently, many are struggling to get by. Some even stated that the level of pay is "disgraceful" and "offensive", with one support worker describing, "the pay makes

me feel very undervalued as an employee", and another, "I have no optimism for the future as my pay is well below the living wage". As a consequence, employees described the impact of the pay on their job, with one support worker mentioning "there is no incentive to work well because of it" and another "the pay does not compensate for the level of risk and responsibility we have".

Accountability. 10% of these respondents alluded to the lack of accountability within the organisation, highlighting several related issues with the potential to negatively impact their service quality. Firstly, the employees shared their concern for the lack of effective client documentation processes. Employees alluded to the great level of responsibility with clients, but then described how the "current system for client documentation means that the quality of service the service user receives is compromised". Support workers also shared their concern for the health and safety documentation specifically, with one respondent stating "the process of referrals has been shoved aside leading to poor management plans, especially with high risk clients, which leads to safety risks for staff". Additionally, several respondents alluded to staff shortage exacerbating the accountability issues. One employee mentioned "staff shortage has been ongoing and forces us to take on more responsibilities". These accountability concerns brought up by the support workers have the potential to impact their service quality, as they face increased responsibility in their job without the organisation having the appropriate systems in place to support them.

Communications. 31% of these participants alluded to the poor quality of communication within the organisation. One employee stated there is "no communication on anything," and consequently, they "feel very out of the loop". Several respondents specifically mentioned the lack of communication in regards to role clarity, making it "hard to know where their responsibilities lie". Further, over half of these

respondents suggested that either their supervisor or the organisation is not listening to their concerns. One support worker described this as "the supervisor fails to prioritise our issues, or even take them seriously". As a consequence, other employee's mentioned their "concerns go unheard," and subsequently "no action is taken." Additionally, 32% of these employees simply alluded to the fact their supervisor was unavailable, making it difficult for them to contact their supervisor in times of need. Although the support workers commonly mentioned the supervisor in relation to communication issues, it these issues also reflect a systemic organisational problem, as the way the organisation manages the support workers' role is failing to provide adequate communications.

Reporting structure. 24% of participants shared their concern for the lack of a clear reporting structure within the organisation. As part of a wider organisational structure issue, the participants alluded to the lack of supervision activities as factors that negatively impact wellbeing and service quality. Of particular concern to the employees was the lack of supervision meetings. One employee said they "haven't had a supervision for over a year", and another stated, "no supervision meetings have been set up to voice our concerns". Further, another support worker mentioned the absence of the "opportunity to attend external supervision meetings when you don't feel comfortable talking to your direct manager"; similarly, another said "we should be provided external supervision to provide staff the tools to better manage situations that arise in their workplace". Alarmingly, 18% of these employees were unsure who their supervisor was, thus did not know who to turn to in times of need.

Job design and characteristics

The third category to emerge from the analysis as a set of factors influencing wellbeing and service quality reflects the job design and characteristics of the support

work role. This category encompasses four key themes: rosters and shift work, resources, isolation, and role overload and expectations. 35% of respondents alluded to these aspects within the broader job design and characteristics category.

Rosters and shift work. Firstly, 37% of these participants indicated that the shift work and roster system were impacting their ability to manage their wellbeing and quality of service. Analysis of the comments revealed flaws in the current roster system, with one employee stating "shift rotation is poorly planned, I always have to work back to back shifts", and another "I often have to work three different types of shifts [day, evening and night] in a week". As a result of this poorly planned shift work, employees mentioned the several negative consequences for their everyday lives. One employee described "the inability to achieve a balance of work and family life" and another said, "it is impossible to plan ahead". One respondent also mentioned "feeling constantly fatigued and struggling to keep a routine sleeping pattern".

Resources. 20% of these respondents expressed their concern for having limited access to resources in their job. One participant stated "we don't have the resources or equipment we need to do the job correctly" and another said, "I feel unequipped to do what they ask of us". This has implications for the quality of the service they provide. In terms of wellbeing, one support worker said there is a "lack of resources on how to manage fatigue when working shift work".

Isolation. 12% of these respondents alluded to isolation as influencing their wellbeing and service quality. Comments referred to physical isolation, where one employee stated "being part of a mobile service means I am out all day with clients and don't get back until 5pm when everyone is already gone", as well as social isolation, where another mentioned it was "hard to feel connected to co-workers or supervisors". Another respondent mentioned "feeling very alone in my job", while another felt "there

are two cliques in our team, which further isolates others". Furthermore, as mentioned earlier, a surprisingly high amount of participants suggested they never had contact with their supervisor, with one employee stating "my supervisor lives in a different city to me so I never see him", and another, "our manager is never onsite, does not respond to emails or texts, and is generally unapproachable". Additionally, many did not know who their supervisor was; one support worker mentioned they were "unsure who my supervisor is because I get moved around different facilities".

Role overload and expectations. Finally, 23% of these participants indicated they experience role overload and unrealistic expectations from their supervisor in achieving their day-to-day tasks. This can be divided into two sub-themes. Firstly, employees explained the excessive workload in their role, with one support worker stating "I'm drowning under what seems like a mountain of useless paperwork", and another mentioned, "there isn't enough hours in the day to complete the paper work expected". Secondly, employees alluded to the constant pressure from supervisors to achieve this amount of work at a high standard. One employee described the "huge and constant pressure from managers, even though my work is up to date", and another said "my supervisor puts her staff through incredible pressure as she wants to be seen as the best in the country". As a consequence, one employee described the "difficulty trying to feel relaxed when under constant pressure from your manager, whose manner is dictatorial", and another said "with ongoing pressure from my supervisor it makes it hard to be positive". In relation to service quality directly, one respondent stated "it is challenging to produce quality work, particularly when I am faced with more and more tasks each day", and another mentioned "the current amount of paperwork required for each client means that the quality of the service is compromised".

Table 3

Summary of the Key Factors that Influence Employee Wellbeing and Perceived Service Quality

Category	Theme	Subthemes
Organisational systems	Inadequate Pay	
	Accountability	Lack of client documentation
		Lack of health and safety documentation
		Staff shortage
	Communications	Lack of quality communication
		Role clarity
		Failing to listen
		Unavailable supervisor
	Reporting structure	Lack of supervision meetings
		No external supervision
		SWs unsure who supervisor is
Job design and characteristics	Rosters and shift work	
	Resources	
	Isolation	Social isolation
		Physical isolation
		SWs unaware who supervisor is
	Role overload and expectations	Excessive workload
		Pressure from supervisors
Supervisor factors	Recognition	
	Development	Stuck in the past
		No training opportunities
		Lack of career advancement
	Fairness	
	Team building	No team building opportunities
		Social alienation

Enhancing Wellbeing

Participants were asked to elaborate on their feelings of wellbeing and perceptions of service quality, and to specify ways in which the organisation could provide support that might help better manage their wellbeing. There were five key themes underlying the participant's responses: team building activities, resources, rosters and shift work, wellbeing activities, non-financial rewards and benefits.

Team-building activities. Firstly, 17% of participants suggested the organisation could better encourage team building. All of these participants said they felt "staff

bonding" within teams would be beneficial. They gave examples such as regular team outings, lunches together, a retreat experience, and engaging in team building activities to achieve this and "bring the team together", as one employee stated. These suggestions provided by the employees are consistent with an underlying issue identified in the 'supervisor factors' category, namely the fact some supervisors are viewed as failing to foster a sense of team building within their team, or to provide the opportunity for interactions among staff in the work environment. This issue is also reflected in the isolation theme within the 'job design and characteristics category'.

Resources. 18% of participants advocated for the organisation to provide higher quality and more available resources to the support work staff. While most of these respondents (90%) simply stated there is a "lack of resources," some participants alluded to specific resources the organisation could provide. This included equipment to help support the operationalisation of their day-to-day tasks, e.g., phones, cars, and computers, as well as resources to help better manage their personal involvement, e.g., access to educational information and articles, appropriate work clothing and footwear, and guidelines for managing fatigue and job stress. These suggestions directly line up with the lack of resources and equipment that emerged as a theme in the analysis.

Rosters and shift work. Support workers find the roster system "stressful" and "exhausting." Not surprisingly, 21% of participants see a solution in adapting the shift work and roster system. Several employees suggested they would benefit from the organisation applying "stricter rules on the gaps between shifts," allowing "longer breaks between them," as well as "improving the rotation pattern," so that there are "less mixed shifts in a week." They also suggested the "rosters need to reflect a work/life balance," to allow more rest and leisure time. These suggestions have the potential to be beneficial in helping overcome the issues in which many employees clearly felt their rosters and shift

work was impacting their wellbeing.

The above three suggestions target some of the underlying issues relating to wellbeing and service quality the employees alluded to in their survey responses. Other suggestions of wellbeing activities and non-financial benefits and rewards were also proposed by employees to enrich their wellbeing and service quality.

Wellbeing activities. 29% of respondents suggested their wellbeing could be better managed if the organisation provided the opportunity for wellbeing activities. Although having "wellbeing time off" was a popular response, many participants also provided solutions to improve their wellbeing by having activities based at the workplace. The activities mentioned included walking groups, individual and team challenges, zumba classes, games, free massages, and the use of gym equipment at work. Additionally, participants suggested activities based around eating healthy, for example providing nutritional recipes and offering free healthy food on occasion, would be beneficial for improving wellbeing.

Non-financial rewards and benefits. Acknowledging that pay cannot be amended, 16% of participants suggested that the provision of non-financial rewards and benefits would have a positive impact on their wellbeing. Many respondents mentioned having discounted rates at community centres, including the local swimming pool and library for example, and suggested a "gold coin" entry would be feasible. Similarly, the majority of these respondents would like access to gym memberships, health insurance and dental care at special rates in order to help manage their wellbeing. Further, a few participants stated that access to healthy food and nutritional supplements at a lower cost would also help improve their wellbeing.

Discussion

The aim of the present research was to investigate whether, and to what extent, supervisor factors contribute to support workers' wellbeing experiences and perceptions of service quality. In addition, the current study aimed to explore additional organisational factors that contribute to support worker wellbeing and service quality. A self-report online questionnaire was administered to support workers from a large New Zealand care organisation, to examine the relationship between supervisor feedback and supervisor support with these outcomes. This study is one of few to empirically explore the supervisor factors that influence wellbeing and service quality in a support work setting (see Chenot, Benton, & Kim, 2009; Deverux et al., 2009). The quantitative findings point to a modest contribution of supervisor feedback and support to employee wellbeing and service quality. Further qualitative analyses revealed additional supervisor factors, as well as aspects of the support work job design and characteristics and wider organisational systems, that influence wellbeing and service quality.

Initial descriptive statistics indicated that support workers in the current study displayed moderate levels of wellbeing. While this finding is consistent with the challenges experienced by employees in this sector, it also suggests that there is room for improvement in enhancing employee wellbeing experiences (Chou & Robert, 2008). As support workers predominantly work in an industry with vulnerable populations, and daily tasks are characterised as emotionally demanding, it is not surprising that the role is characterised by a range of threats to wellbeing (Harries et al., 2015; Kozak et al., 2013). Given the psychosocial risk factors associated with care work, and the established associations between impaired employee wellbeing and outcomes such as mental health, physical health, and behavioural consequences (Harries et al., 2015), as well as work-related outcomes including low job satisfaction, low commitment, negative work

attitudes, and reduced productivity (Dane & Brummel, 2013; Poulsen et al., 2016; Rusk & Waters, 2015), the results from this study further support the need to clearly identify psychosocial risk factors, along with wellbeing-promoting factors.

The study results also indicate greater variability in the way employees perceive their work-related wellbeing, compared to their experience of general wellbeing, which was more uniform across respondents. This suggests that general wellbeing may not be the best, most sensitive approach to capturing perceptions of wellbeing in relation to the workplace, as employees are sensitive to different experiences between work and non-work domains. General wellbeing should be assessed in conjunction with other contextualised measures of this construct, to account for the range of ways in which individuals experience wellbeing within and outside of work, and for the factors that contribute to general and work-related wellbeing to allow for targeted interventions.

Employees perceived the service provided to their clients to be of high quality. Although the literature acknowledges the potential for the challenging and stressful working conditions to affect support workers' ability to provide quality services to their clients (Barford & Whelton, 2010; Paquet et al., 2013), the qualitative findings show that employees felt able to work through these challenges, and derive a high degree of professional pride and accomplishment in their field, with positive implications for service quality.

With regards to the main aims of the study, pertaining to the examination of supervisor factors that impact wellbeing experiences and perceptions of service quality of support workers, several findings are noteworthy. Firstly, the quantitative examination of supervisor factors identified the combined influence of feedback and support as significant predictors of support workers' general wellbeing experiences and perceptions of service quality. Although these findings line up with past research findings (Barford &

Whelton, 2010; Devereux et al., 2009; Kozak et al., 2009), and the hypotheses were supported, the effect sizes were very small. This suggests that feedback and support may be relevant to wellbeing and service quality in this professional group, but that other important factors are also at play. Nevertheless, the qualitative statements suggest that wellbeing and service quality levels can be maintained or increased when supervisors provide regular, high quality feedback on employee performance, and encourage feedback seeking from support workers, in order to give them the opportunity to improve their confidence and coping skills in dealing with the day-to-day challenges of the job (Devereux et al., 2009; Mitchell & Hastings, 2009). Further, these findings indicate that supervisors should endeavour to provide emotional and instrumental support to their support worker staff, as well as encouraging a work/life balance, personal growth and building resilience and coping strategies (Lizano et al., 2014; Vera et al., 2015).

Secondly, in addition to general wellbeing, the examination of supervisor factors as a predictor of wellbeing at work dimensions (i.e., energy at work and work-related health attributions constructs) was novel and added to the interpretation of findings in the current study. With many adults spending a significant portion of their lives at work (Buruck et al., 2016), and the recent acknowledgement from employers and researchers of the importance of employee wellbeing in the workplace, it was crucial to explore this relationship. It was expected that supervisor factors would be positively associated with the work-related wellbeing of support workers. Contrary to the hypotheses, however, the findings indicated no significant relationship between supervisor factors and energy at work or work-related health attributions. These findings suggest that the wellbeing at work dimensions may be influenced by other factors, highlighting the importance of considering a range of psychosocial factors as playing an important role on these outcomes.

Third, the analysis revealed that some of the biggest threats to a support worker's wellbeing and service quality do not actually stem from supervisor factors. Instead, there are organisational factors and job related aspects, as well as the way the organisation manages the support worker role, that are viewed as significantly impacting employee wellbeing and service quality. For instance, support workers identified several organisational systems and practices, including pay, accountability, communications, and the reporting structure, as holding a significant influence on their wellbeing and service quality. While there is limited research that looks broadly at organisational factors that influence wellbeing and service quality, particularly in care organisations, the existing studies have alluded to the importance of organisational systems influencing the healthcare worker role (Chou and Robert, 2008; Clarke & Hill, 2012; Paquet et al., 2013). The final theme revealed in the analysis captured the job design and characteristics of the support worker role. Findings suggest that job aspects of rosters and shift work, resources, isolation, and role overload and expectations impact on wellbeing and service quality. While research on these factors is scarce, some studies have found similar results (Astvik & Melin, 2013; Strelioff, Lavoie-Tremblay, & Barton, 2007). 2007). These findings suggest that the organisation and supervisor together need to focus on these aspects in order to positively influence wellbeing and service quality.

Wellbeing-promoting factors

In addition to identifying the psychosocial risk factors that influence wellbeing and service quality (supervisor factors, organisational systems, and job design and characteristics), the results also revealed several solutions the support workers propose the organisation puts forth to help them better manage their wellbeing and service quality. Five key themes emerged in the analysis; team building activities, resources,

rosters and shift work, wellbeing activities, and nonfinancial rewards and benefits. These solutions proposed by the support workers line up with the underlying issues that emerged as factors that affect wellbeing and service quality, as team building activities, resources, and rosters and shift work can all be seen in these themes. While the solutions of wellbeing activities, and nonfinancial rewards and benefits do not target the underlying themes specifically, the employees see the need for this focus in the organisation to improve their wellbeing and service quality.

Theoretical and Practical Implications

The present study has several theoretical and practical implications. Firstly, this is one of the first studies to empirically investigate the psychosocial factors that impact wellbeing and service quality in a support work setting. The current study revealed the influence of specific supervisor factors as well as job aspects and organisational systems. The use of qualitative analysis to uncover these factors was invaluable, as it not only provided important contextual information and insights concerning the quantitative results, but alluded to many aspects that were not assessed in the measures specifically, to guide the improvement of support worker wellbeing and service quality. The findings obtained add to the extant research by verifying the importance of supervisor support to employee wellbeing and service quality, corroborating the existing findings in the health care setting (Chenot, Benton, & Kim, 2009; Deverux et al., 2009).

Secondly, the results of the current study reveal a number of research directions that should be explored in more depth. With regards to supervisor factors specifically, future investigations should fine tune ways to assess supervisor support in a support work context, to take a range of supervisory factors into account. At a glance, the findings reveal the variety of aspects, in addition to supervisor factors, that have the potential to influence support workers' wellbeing and service quality. This finding has significant

implications for the way wellbeing and service quality are managed in practice. Therefore, in order to increase wellbeing and improve service quality for support workers, it is important for researchers to not only consider supervisor factors, but levels of the support worker job design and characteristics, and the greater organisational systems that impact the support work role in their studies. Future research is necessary to increase our understanding of supervisory and organisational factors' influence on wellbeing and service quality, and to help guide the application of findings in organisational practice.

One factor not accounted for in the study which may have an effect on the relationship between supervisor factors and wellbeing and service quality, is role characteristics. Differences in occupational characteristics may contribute to the disparities in support workers' wellbeing and service quality perceptions, as it is possible that support workers within an organisation experience different levels of supervisor support, resource availability, peer support, and other wellbeing-promoting factors (Gil-Monte & Peiro, 1998). In the current context, employees work in a variety of different settings and roles (e.g., mobile services, residential care), and as such some have regular and continued contact with other staff, including supervisors, while others work in isolation. In the latter case, there is less opportunity for immediate support to problem-solve or manage complex situations that arise on the job (Harries et al., 2015). These differences in support availability highlight the need to consider contextual factors, including the work context, the type of work, and available support, when investigating support workers' work conditions and wellbeing.

For practitioners, one thing that is clear from these findings, and consistent with recent research, is the necessity for care organisations to invest in wellbeing (Clarke & Hill, 2012; Cooper & Bevan, 2014). When considering organisational success factors, it

is vital to remember that an organisation is made up of people, and it is the continued ability of these individuals that an organisation relies on for success and survival (Bevan & Cooper, 2014). In the support work context especially, which is often characterised as emotionally demanding (Hatton, Wigham, & Craig, 2009), ensuring that individuals remain healthy becomes a substantial organisational challenge. Difficult workplace experiences can influence both work and non-work domains, consequently harming the health and wellbeing of employees (Bevan & Cooper, 2014; Lizano, Hsiao, Barak, & Casper, 2014). This is a realisation that is slowly making its way into the thinking of businesses and policy makers (Buruck, Dörfel, Kugler, & Brom, 2016), where, from an organisational management perspective, there is widespread agreement that investing in wellbeing is imperative as it has a major impact on performance and productivity, and therefore on business effectiveness (Bakker, 2015; Lizano et al., 2014). Research findings, like those of the current study, go a long way in continuing to get this message across.

In recent years, there has been an increasing focus on interventions to improve the wellbeing of support workers (Lavoie-Tremblay et al., 2005; McConachie, McKenzie, Morris, & Walley, 2014), thus the assessment of factors that influence wellbeing experiences is timely. The results from this study suggest practices care organisations can adopt in order to enhance employee wellbeing and improve service quality.

Firstly, organisations should turn their focus to supervisory training in order to facilitate their role leading support workers. Supervisor factors were a large contribution to many of the themes that arose in the analyses, indicating the importance of the supervisor role to the support workers. By listening to what the support workers say about their supervisors, efforts should be focused on acknowledging support workers' efforts, encouraging personal development, creating a fair environment, building team

dynamics, effective communication, and clear job expectations. In terms of service quality, support workers' sense of professional pride and motivation to provide good support for their clients should be recognised by supervisors, and capitalized on to achieve objective performance outcomes. Secondly, there were several organisational systems underpinning the themes that emerged in the analyses. Thus, widespread change of organisational systems may be a good place to start in developing positive wellbeing experiences and improving service quality.

A further strategy that could be adopted by organisations is the implementation of planned, regular and formal supervision sessions to support the development of positive wellbeing and improved service quality. Once implemented, such supervision sessions could include many of the issues raised, for example, addressing accountability, communicating relevant information, engaging in wellbeing activities, recognising staff, and providing resources. Supervision has well documented benefits to workers in health related professions (Vassos & Nankervis, 2012). Sines and McNally (2007) found that supervision was useful in a nursing environment because it allowed employees to reflect on their practice as well as providing the opportunity to get assistance in improving their skills and increasing their knowledge. Results of this could be greater confidence in one's ability and improved coping skills to deal with the challenges of the day-to-day support role (Devereux et al., 2009; Mitchell & Hastings, 2001).

Lastly, organisations should be mindful of the limited impact of generic wellbeing-promoting interventions, and the value in embedding these interventions in everyday work processes (Kuntz, Malinen, & Näswall, 2017). Finding from the present study suggest that while support workers would like to participate in more activities aimed at improving the way they manage their wellbeing, these activities will not solve the systemic and managerial issues affecting employee wellbeing.

Limitations and Directions for Future Research

There are several limitations to take into consideration when interpreting the results of the current research. Firstly, all data collected in the study was through a cross-sectional survey, a methodology susceptible to common method biases. A potential source of this bias is common method variance, typically defined as variance that is attributable to the measurement method rather than to the constructs the measures represent (Podsakoff et al., 2003). Such bias, arising from the subjective nature of the data, has the potential to over-estimate the interrelations among variables (Podsakoff et al., 2003). While the presence of this bias is somewhat inevitable, it was minimised as best as possible by counterbalancing the order of the predictor and outcome variables, as well as temporally separating them by using time-lagged surveys (Podsakoff et al., 2003). Additionally, the use of self-report measures increases the potential for social desirability bias (Krumpal, 2013). As Latkin, Edwards, Davey-Rothwell, and Tobin (2017) define, social desirability bias is the tendency to under-report socially undesirable attitudes and behaviours and to over report more desirable attributes. Survey questions asking about sensitive topics, as is the case in this research, often generate inaccurate survey estimates, which are distorted by social desirability bias (Krumpal, 2013). In order to minimise the effect of this bias in the current study, the survey was introduced with information containing assurances to increase participants' trust in data protection, as well as anonymity of the question-and answer process (Krumpal, 2013; Singer, Vonthurn, & Miller, 1995).

Despite the potential for such biases, the use of self-report measures was the most appropriate method for the current investigation. In order to fully capture the support workers' personal experiences of their wellbeing and supervisor, it was necessary to ask the employees directly. Due to cost and time constraints, as well as confidentiality

concerns, the present research was only able to examine the support workers' perceptions of service quality, without comparing them against objective indicators. However, previous research has demonstrated that staff and client perceptions of service quality are often highly correlated (Hartig, Engle, and Graney 1997; Sikorska-Simmons 2006). Nevertheless, in order to generate further understanding of support workers service quality, future research should investigate different sources of information, with both subjective and objective measures.

Another possible limitation of the study is the use of only one organisation in the sample. The organisation involved provides a vast range of support work services to their clients including disability, mental health, rehabilitation, residential living, and elder care. Despite the scope of support services, the generalisation of the results to other types of care work may be limited. As Aiken, Sochalski, and Lake et al. (1997) stated, it is an ongoing challenge to obtain valid and reliable data from a diversity of settings. Still, to enable the ability to make valid inferences of the findings, future research should replicate and extend these analyses with samples from of a range of care organisations. Replications could involve samples from non-for-profit hospitals, social work services, and community health centres, as well as those from other countries. Such information is vital in continuing to explore this largely under-researched topic, and would provide invaluable information to inform practical applications of factors that drive support workers wellbeing and service quality that would be suitable to a variety of care work settings. It is important to note that the current study had a good response rate (23%), and provided extensive qualitative information in relation to the support work context specifically.

A final limitation is seen in the scales used to capture the variables of interest. The measure selected to assess perceptions of supervisor feedback was previously found

to have good validity and reliability (Steelman, Levy, & Snell, 2004). However, in the present study, the reliability of this scale was low. In the factor analysis, it became evident that the items measuring each of the supervisor feedback scales did not suitably load onto two separate factors. Subsequently, supervisor feedback was examined as a single construct, preventing the ability to investigate different aspects of feedback provided by the supervisor. To fully understand the influence of supervisor feedback on wellbeing and service quality in a care work environment, future research should firstly focus on developing a measure of feedback that accurately captures the role of supervisor feedback in the healthcare or care work context.

Conclusion

The current study examined the supervisor factors that influence support workers' wellbeing experiences and perceptions of service quality, as well as organisational factors that affect these outcomes. The findings reveal the magnitude of influencing factors in addition to supervisor support, that have the potential to impact support workers' wellbeing and service quality. The finding that supervisor factors may not be the greatest influence on these outcomes, and that other job-related and organisational system factors have a greater impact, has significant implications for the way wellbeing and service quality are managed in practice. Therefore, in order to increase wellbeing and improve service quality for support workers, this research offers the academic community several avenues for future research, and suggests a number of practical strategies and interventions for organisations to adopt in enhancing support workers' wellbeing and service quality perceptions.

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Appendix A: Information Sheet

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May 25, 2017

INFORMATION SHEET
WELLBEING SURVEY

My name is Sophie Dennis and I am a Masters student at the University of Canterbury studying Applied Psychology. The purpose of the following research is to provide information for care organisations about how they can improve employee wellbeing through changes to working conditions. If you choose to take part in this study, your involvement in this project will involve the completion of 2 short online surveys. The two surveys are separated by one month, and each survey should take no more than 15 minutes.

Some of the questions in the survey may contain sensitive issues, such as emotional/physical aggression and wellbeing. If you do not feel comfortable answering any of the questions, you can leave them unanswered. You can pull out of the survey at any point. If the questions make you feel upset or stress please contact the Wellbeing Advisor at your organisation. There are also other support services such as Lifeline New Zealand for over the phone support. Their number is 0800 543 354.

Participation is voluntary and you have the right to leave the survey at any stage. If you choose to leave, your employment with the organisation will not be effected and your data will not be used in the research. You may ask for your data to be returned to you or destroyed at any point.

The results of the project may be published, but your responses will be kept confidential. To ensure confidentiality, your responses will not be linked back to you. Only the researchers and supervisor will have access to the data, which will be stored electronically on a password-protected device and destroyed after 5 years. The project will be available through the UC library. Please ask us if you would like a copy of the summary of research results.

The project is being carried out as a requirement for completion of a Masters in Applied Psychology Dissertation by Sophie Dennis, under the supervision of Joana Kuntz, who can be contacted at joana.kuntz@canterbury.ac.nz. She will be happy to discuss any concerns you may have about participating. This project has been reviewed and approved by the University of Canterbury Human Ethics Committee, and participants should address any complaints to The Chair, Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

Thank you for taking the time to participate in this study

Appendix B: Consent Form

Psychology Department
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Consent Form for Wellbeing Survey

☐ I have been given a full explanation of this project and have had the opportunity to ask
questions.

☐ I understand what I need to do if I agree to take part in the research.

☐ I understand that participation is voluntary and I may pull out at any time without
this affecting my work.

☐ I understand that anything I say will be kept confidential to the researchers and that any
published or reported results will not identify the participants. I understand that a thesis
is a public document and will be available through the UC Library.

☐ I understand that all data collected for the study will be kept on password protected
computers and will be destroyed after five years.

☐ I understand the risks associated with taking part and how I can get support.

☐ I understand that I can contact the researcher, Sophie, or supervisor, Joana, for further
information. If I have any complaints, I can contact the Chair of the University of
Canterbury Human Ethics Committee, Private Bag 4800, Christchurch (human-
ethics@canterbury.ac.nz)

☐ I would like a summary of the results of the project.

☐ By ticking this box, I agree to participate in this survey.

Email address *(for report of findings, if applicable)*:_____

Dr Joana Kuntz (joana.kuntz@canterbury.ac.nz)

Sophie Dennis (sophie.dennis@pg.canterbury.ac.nz)

Appendix C: Survey Content

Time 1

Rating scale for all scales, unless otherwise stated: 5-point Likert scale with anchors 1 = *"None of the time"*; 2 = *"Rarely"*; 3 = *"Some of the time"*; 4 = *"Often"*; 5 = *"All of the time."*

Wellbeing *(Please note scale headings were not included in Qualtrics survey.)*
The following statements relate to your wellbeing. **Please think about how you have been feeling over the past month** and click the option that best reflects your situation

General wellbeing.
1. I've been feeling optimistic about the future
2. I've been feeling useful
3. I've been feeling relaxed
4. I've been dealing with problems well
5. I've been thinking clearly
6. I've been feeling close to people
7. I've been able to make up my mind

Work-related wellbeing.
1. How energetic do you feel at work?
Rated on a scale from 1 = *"Not energetic"* at all to 5 = *"Very energetic."*
2. I think I can continue to work as I do now and stay healthy in the long run
Rated on a scale from 1 = *"Strongly disagree"* to 5 = *"Strongly agree."*

Support for wellbeing (open-ended question).
What additional support could the organisation provide to help you better manage your wellbeing?

Service Quality
The following statements relate to **how you see the quality of your work as a support worker**. Please select the response option that best reflects your view

1. I accomplish a good quality of service for my clients
2. My clients are satisfied with the service quality they receive
3. I feel proud of the work that I accomplish
4. I am satisfied with the quality of my own work

Demographic Information
Now we would like to gather some information about you. It will only take a moment

Gender
☐ Male
☐ Female
☐ Or please specify: _____

Ethnicity
☐ New Zealand European   ☐ Other Pacific Peoples

☐ British and Irish   ☐ Filipino
☐ Dutch   ☐ Cambodian
☐ Greek   ☐ Vietnamese
☐ Polish   ☐ Other Southeast Asian
☐ South Slav   ☐ Chinese
☐ Italian   ☐ Indian
☐ German   ☐ Sri Lankan
☐ Australian   ☐ Japanese
☐ Māori   ☐ Korean
☐ Samoan   ☐ Other Asian
☐ Cook Islands Māori   ☐ Middle Eastern
☐ Tongan   ☐ Latin American
☐ Niuean   ☐ African
☐ Tokelauan   ☐ Other Ethnicity
☐ Fijian

Time 2

Rating scale for all scales: 5-point Likert scale with anchors 1 = *"None of the time"*; 2 = *"Rarely"*; 3 = *"Some of the time"*; 4 = *"Often"*; 5 = *"All of the time."*

Supervisor Feedback
The following statements relate to how you view **feedback from your supervisor** at work. Please select the response option that best reflects your view

Feedback quality.
1. My manager gives me useful feedback about my job performance
2. The performance feedback I receive from my manager is helpful
3. I value the feedback I receive from my manager
4. The feedback I receive from my manager helps me do my job
5. The performance feedback I receive from my manager is generally meaningful

Promotion of feedback seeking.
1. When I ask for feedback, my manager generally gives me the information right away
2. I feel comfortable asking my manager for feedback about my work performance
3. My manager encourages me to ask for feedback whenever I am uncertain about my job

Social Support
The following statements relate to **social support from your supervisor**. Please select the response option that best reflects your situation

1. My manager goes out of their way to do things to make my work life easier
2. My manager is easy to talk to
3. My manager can be relied on when things get tough at work
4. My manager is willing to listen to my personal problems

Appendix D: Results of Factor Analysis

Table D-1

Factor Analysis[a] of the Items Measuring Managerial Feedback and Support

Item		Factor 1	Factor 2	Communalities
FQ01	My manager gives me useful feedback about my job performance	**.91**	.02	.85
FQ02	The performance feedback I receive from my manager is helpful	**.97**	.05	.87
FQ03	I value the feedback I receive from my manager	**.94**	.10	.75
FQ04	The feedback I receive from my manager helps me do my job	**.95**	.04	.85
FQ05	The performance feedback I receive from my manager is generally meaningful	**.90**	.00	.81
FS01	When I ask for feedback, my manager generally gives me the information right away	**.65**	.12	.55
FS02	I feel comfortable asking my manager for feedback about my performance	**.70**	.20	.74
FS03	My manager encourages me to ask for feedback whenever I am uncertain about my job	**.62**	.20	.59
SS01	My manager goes out of their way to do things to make my work life easier	.04	**.85**	.78
SS02	My manager is easy to talk to	.04	**.88**	.83
SS03	My manager can be relied on when things get tough at work	.26	**.67**	.77
SS04	My manager is willing to listen to my personal problems	.08	**.92**	.75
Eigenvalue		8.44	1.12	
Percentage of the variance (following extraction)		68.46	7.60	
Factor correlations	2	.74		

Note. [a]Principal axis factor analysis, direct oblimin rotation.