THE RELATIONSHIP BETWEEN PERSONALITY FACTORS

AND OCCUPATIONAL STABILITY

IN DIRECT CARE WORKERS

by

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DEDICATION

Dedicated to my Oma and Opa and to those that took care of them when they no longer could take care of each other.

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

Page

LIST OF TABLES

LIST OF FIGURES

Figure   **Page**

ABSTRACT

Available research on the occupational well-being of direct care workers in any setting remains quite limited. The current study aims to address this and contribute to the literature on the topic by identifying potential mediators of negative occupational outcomes. Direct care workers ($n = 48$) were recruited from a variety of assisted living facilities in the United States to complete a self-reported survey. This survey examined responses on burnout, job satisfaction, intention to quit, empathy, and emotional regulation. The results of the study were mixed. There was a positive relationship between levels of burnout and intention to quit. There were also negative relationships between job satisfaction and intent to quit as well as burnout perceptions and job satisfaction. Additionally, empathic concern and difficulties in emotion regulation were positively correlated with emotional exhaustion and overall burnout, and overall empathy was positively correlated with intent to quit. In summation, the data demonstrated recognizable correlations seen in previous literature and was able to show a means by which occupational stability could be improved on in direct care workers. These findings emphasize the importance of perceived satisfaction and overload on turnover and imply a direction of focus that works to improve on these realms in future training and occupational interventions.

I. INTRODUCTION

According to recent updates, direct care workers (DCW) make up over 3.2 million workers in the American workforce, not including those hired in private homes (Paraprofessional Healthcare Institute, 2013). DCWs can be found in several settings such as in-home, assisted living facilities, hospitals, group homes, and nursing homes. However, this study specifically will focus on those employed in assisted living facilities. Here, DCWs have the most contact with recipients of care than other positions in this setting (Hawes & Phillips, 2000; Stone, 2012). They primarily aid with residents' personal needs, or activities of daily living, including but not limited to bathing, toileting, taking care of laundry, and feeding. Additionally, they may incorporate special plans arranged for each resident by their medical professionals as they are provided, and in some cases when the resident is unable to verbalize, they may speak with visiting social workers and court representatives on behalf of the resident. Requirements for this position typically include basic high school education as well as brief training provided by the facility (if any) and other required certifications that vary from state to state. Unfortunately, despite an oftentimes intensive workload, this low level of job requirements also corresponds to a low hourly wage (e.g., reported median earnings were $10.63 in 2012; Paraprofessional Healthcare Institute, 2013).

After reviewing the general job parameters and expectations of DCWs, it becomes clearer the direct influence these employees have on residents housed in assisted living facilities and, further, the importance of improving DCW retention and overall job satisfaction. For example, quality of care has been found to be reduced among those that intend to quit and have a low job satisfaction (Brannon, Barry, Kemper, Schreiner, &

Vasey, 2007; Chou & Robert, 2008). Thus, when circumstances become difficult for these workers, it is reflected in the degree of care they give to their residents based on their overall job satisfaction. This low job satisfaction may be at least partly due to the low hourly wage that they earn despite their oftentimes intensive workload.

Empathy in Occupational Settings

The definition of empathy has been consistently revisited over the years, especially in regard to articulating where it comes from (trait vs. skill) and what components it is comprised of, but it is generally agreed that it is multifaceted in nature, involving components such as emotionality, empathetic concern for others, and the capacity to communicate an understanding of another's world (i.e., perspective taking), for example (Batson, Eklund, Chermok, Hoyt, & Ortiz, 2007; Davis, 1983; Hojat et al., 2002; Reynolds & Scott, 2001). Recently, research has begun setting focus on the impact of empathy on important occupational outcomes, such as interpersonal communication.

Several studies conducted in a variety of settings (i.e., academic and medical) showed that other-oriented empathetic concern may ignite a prosocial motive (Batson et al., 2007; Van Lange, 2008) and may be predictive of unselfish helping behaviors, such that those who were able to understand another's situation and show individual respect for it were more likely to offer their support selflessly (Davis, 1983; Dovidio, Piliavin, Schroeder, & Penner, 2006). Moreover, empathy and emotional intelligence have been associated with greater patient-physician relationships and corresponding clinical outcomes (McQueen, 2004), as well as greater success among a group of staff nurses (Harper & Jones-Schenk, 2012). Given the similar dynamics among physicians, nurses, and DCWs, this past research suggests potential positive effects that empathy can bring to

assisted living facilities. Namely, DCWs with higher empathetic tendencies, particularly with respect to empathic concern for others and perspective taking, may be more intrinsically motivated to help others and may provide better levels of care to their patients, in spite of minimal financial benefits. If such prosocial work is rewarding to them in its own right, then perhaps the DCWs with these particular empathic tendencies will experience greater levels of personal accomplishments and greater job satisfaction.

However, other aspects of the multidimensional empathy construct may be associated with negative outcomes in the assisted living environment. According to Davis (1983), personal distress, another component of empathy, is found to be related to lower levels of self-esteem, more fearful emotional reactivity, and poor interpersonal functioning far more than any other proposed factors of empathy. Such negative emotions and interpersonal deficits may additionally be exacerbated if the person possesses poor emotional regulation skills, or the ability to initiate, inhibit, or modulate one's emotional and behavioral reactions to stress. As indicated previously, DCWs often experience intensive workloads involving menial tasks in exchange for a very low hourly wage and potentially little or no appreciation. Moreover, direct care work involves working closely with patients who often have very poor physical, mental, or emotional health. For DCWs who experience both high levels of personal distress and difficulties in emotion regulation, all of these occupational stressors may inevitably lead to emotional exhaustion, which is a huge component of burnout and may further contribute to the person's intention to quit their job.

Burnout

Burnout is great psychological strain derived from prolonged exposure to work-

related stressors, such as emotional labor and role overload, that exceed one's available coping resources (Landy & Conte, 2013). As briefly discussed above, it is not uncommon for DCWs to experience burnout given the high levels of work-related stress that can be perceived and were even found to be positively correlated to intentions to quit among this population (Brannon et al., 2007; Chou, 2012; Gray & Muramatsu, 2013; Nakanishi & Imai, 2010). In addition to burnouts correlation to intent to quit, increased stress and, by extension, increased burnout in a sample of doctors showed decreased satisfaction with their career (McManus, Keeling, & Paice, 2004). In translation to the direct care profession, which has provided many associations to burnout in past research (as noted above), this could mean a subsequent decrease in motivation and job performance – possible byproducts of increased turnover (Saeed, Waseem, Sikander, & Rizwan, 2014). Given this connection, we can make assumptions about DCWs' potential mediating personality traits, as well as their occupational experiences, including intent to quit because this variable was also correlated with job satisfaction, as previously mentioned (Brannon et al., 2007; Chou & Robert, 2008; Karsh, Booske, & Sainfort, 2005).

Role Overload

Role overload is a sense of overwhelming pressure felt by employees (e.g., DCWs) derived from expectations to fulfill several roles simultaneously (Landy & Conte, 2013) and is considered a significant work-related stressor (Gray & Muramatsu, 2013). As previously mentioned, DCWs are responsible for assisting with residents' activities of daily living. However, depending upon location and other special circumstances, it is not uncommon for them to be required to take on several other roles. Research on role overload in this occupation showed that increases in this factor were related to a decrease

in overall job satisfaction and more notably to decreases in support perceived on an institutional level (Chou & Robert, 2008). Previous research also demonstrated an indirect relationship between emotional intelligence and role overload, such that it acted as a buffer capable of reducing work stressors, like burnout (Newton, Teo, Pick, Ho & Thomas, 2016). Thus, role overload makes for a variable of interest in future research assessing the effects of personality traits on reducing turnover and increasing satisfaction.

Emotional Labor

The DCW occupation can be emotionally labor intensive, meaning that those in this line of work must actively regulate their emotions to match the demands of the job (Landy & Conte, 2013). Specifically, these emotionally taxing elements, such as tending to aggressive or under-appreciative residents, can contribute to feelings of burnout among workers (Grandey, Foo, Groth, & Goodwin, 2012). In past research, an increase in prosocial personal perception was able to reduce the impact that emotional exhaustion had on low motivation, suggesting that participants in the present study will be more driven to continue working, avoiding negative effects relating to occupational burnout, if they also have greater prosocial incentive (Grant & Sonnentag. 2010), which, as previously mentioned, can be affected by empathy (Van Lange, 2008). Although research on this factor as it pertains to direct care working is limited, further research should be done to assess personal attributes that add value in reducing experienced emotional labor and the consequences that have been associated with it as it is expected to have indirect effects on improving desirable occupational outcomes.

Job Satisfaction

Job satisfaction is an important factor in the workplace and arguably the most

important factor for improving quality of care and turnover rates in long-term care occupations. Research by Chou and Robert (2008) found that, based on mean job satisfaction scores from 984 DCWs, those of this occupation were only moderately satisfied (approximately 68% of maximum satisfaction). The same study also found results consistent with other research on low levels of occupational satisfaction that were found to be correlated with several factors, such as decreased quality of care, higher perceptions of role overload (Veloutsou & Panigyrakis, 2010), higher intentions to quit (Chou & Robert, 2008; Karantzas, Mellor, McCabe, Davison, Beaton, & Mrkic, 2012; Karsh et al., 2005), and lowered institutional support (Brannon et al., 2007). Additional research by Chou (2012) demonstrated that, although there were no direct effects between turnover and job satisfaction, those who felt more satisfied with their job were less likely to search for another job. The current study will assess whether there is a relationship between job satisfaction and intent to quit for individuals employed in health and human service industries.

Additional research on greater satisfaction among direct care work is limited but demonstrates that having a more functional and trusting relationship with residents (Brannon et al., 2007) and feeling value and support from fellow workers (Friedman, Daub, Cresci, & Keyser, 1999; Parsons, Simmons, Penn, & Furlough, 2003) positively contribute to perceived satisfaction. To add to this, recent research on person-centered care found that positive, caring work environments demonstrated a significant increase in job satisfaction (Wallin, Jakobsson, & Edberg, 2012). These positive attributes may imply that workers who have higher satisfaction in an occupation with consistent retention issues might also respond more to prosocial motivation and, by extension, have

6

more empathy. Thus, given that job satisfaction has demonstrated several correlations with other crucial factors surrounding DCWs – including, but not restricted to, education, physical benefits (i.e. insurance and hourly wage), ethnicity, and age (Chou & Roberts, 2012) – identifying connections to possible mediating individual differences becomes essential.

Intent to Quit

Turnover among DCWs continues to be a problem across all regions, reaching over 60% in several analyses (American Health Care Association, 2008; Hawes & Phillips, 2000). Building on this, intent to quit itself seems to be a cognitive precursor to the action of turnover in a given role, in that it is conscious contemplation about leaving the position. Those intending to quit in direct care work have been found to do so for a variety of reasons: low job satisfaction (Karantzas et al., 2012; O'Brien, Morrison, Watford, & Horan, 2018), increased levels of burnout (especially from job demand and role overload; Brannon et al., 2007; Chou, 2012; Gray & Muramatsu, 2013; Nakanishi & Imai, 2010), or low supervisor support (Barbosa et al., 2015; Brannon et al., 2007; Chou, 2012; Gray & Muramatsu, 2013). Additional research on intentions to exit one's position showed that those who value helping others also feel an added sense of reward and in return are less likely to quit (Brannon et al., 2007). This is an outcome that is found to be consistent with studies in other direct caregiving roles, such as certified nursing assistants (CNA's). Research on this makes the argument that CNA's have vulnerability to exploitation because their establishment depends on their ability to care for others regardless of financial stability or supervisor support (Pfefferle & Weinberg, 2008). This is extremely important when considering where the experiential condition of direct care

work can be improved and how quality of care among assisted living residents can be enhanced long-term, especially given that quality of care has been correlated to increases in turnover (Castle, 2001).

Hypotheses and Rationale

This chapter reviewed important literature relating to DCWs and the functionality of empathetic tendencies and emotional control in tense, occupational settings for stronger connections needed to answer the question about whether there are specific individual differences that influence job satisfaction, burnout and, by extension, intention to quit in this population. Much of this past research revealed that many factors relate to DCWs' inclination to leave their job and to their job satisfaction, including the relationship that clearly exists between intent to quit and job satisfaction themselves. Other studies suggested that the inclination to help and think of others (i.e., empathic concern and perspective taking) may play a protective role against occupational stressors, whereas personal distress and difficulties in emotion regulation may exacerbate the negative effects of workers' stress. Identifying such relationships with these dimensions of empathy may aid in addressing the current issue we see with job dissatisfaction, burnout, and turnover in this occupation.

The current study will attempt to evaluate the experiential conditions of DCWs and their impact on job satisfaction, perceived feelings of burnout, and intentions to quit. Given these variables and the previous findings discussed, the following hypotheses will be tested.

- Job satisfaction and burnout will be negatively correlated, job satisfaction will negatively correlate with intent to quit, and burnout will positively

8

correlate with intent to quit.

- Empathic concern and empathic perspective taking will positively correlate with job satisfaction and will negatively correlate with both perceived burnout and intent to quit. In contrast, personal distress and difficulties in emotion regulation will negatively correlate with job satisfaction and will positively correlate with both perceived burnout and intent to quit.

- Job satisfaction and perceived burnout will mediate the relationships between empathy and intent to quit and between emotion regulation and intent to quit. In other words, greater empathic concern, greater perspective taking, lower personal distress, and lower difficulties in emotion regulation are believed to predict greater job satisfaction and lower perceived burnout, which in turn, are believed to predict lower intentions to quit.

II. RESEARCH METHODS AND DESIGN

Participants

DCWs from various assisted living facilities (both private-funded and public-funded) across the nation were recruited to participate. As described in the procedure section of this chapter, directors of qualifying local facilities were contacted and asked to assist in the investigation by emailing a participation recruitment email (including a link to the online survey) to the DCWs employed at their facility who are at least 18 years of age and who have been in their current position for at least one month. Recruitment also occurred online via Facebook advertisements targeted to those that met the same criteria living within the United States. An additional pre-survey question was included to verify that the participant was not a bot for extra precaution.

Materials and Measures

The study asked qualifying and consenting participants to begin by recording responses to typical demographic questions. These included items such as participant sex, age, ethnicity, annual earnings, current wage, highest level of education, marital status, number of dependents, approximate assigned patient load, applicable certifications, current number of jobs held, and how the facility is funded. In addition to these, questions assessing inclusionary criteria were asked. These included responses regarding length of time in their current role. Data from those marked as less than one month from point of hire or less than 18 years of age were excluded from the analyses.

The Difficulties in Emotion Regulation Scale-16 (DERS-16; Bjureberg et al., 2016) was used to assess perceptions of one's emotional responses and attitudes in the face of difficult situations. The scale includes 16 items on a 5-point Likert scale, ranging

from 1= almost never to 5= almost always (e.g., "When I am upset, I have difficulty getting work done"). The scale itself has reports of good internal consistency with Cronbach's alpha ranging between .92 and .94 as well as good discriminant and convergent validity (Bjureberg et al., 2016).

The Interpersonal Reactivity Index (IRI; Davis, 1980) was used to assess a participant's inclination to feel empathy toward others in their work as a caregiver. This scale is divided into four subscales with 7 items in each, one of which will be excluded from the study (fantasy subscale) as it is found to be unrelated to one's self-esteem in regard to social functioning. The remaining subscales are perspective taking (e.g., "Before criticizing somebody, I try to imagine how I would feel if I were in their place"), empathic concern (e.g., "When I see someone being taken advantage of, I feel kind of protective towards them"), and personal distress (e.g., "I sometimes feel helpless when I am in the middle of a very emotional situation"). The statements are rated on a 5-point Likert scale, ranging from 1= does NOT describe me well to 5= describes me very well. This scale has good test-retest reliability and high Cronbach's alpha values that exceed .80 (Davis, 1980).

To quantify perceptions of occupational burnout, the Maslach Burnout Inventory (MBI; Maslach, Jackson, Leiter, Schaufeli, & Schwab, 1986) was used. This is a 22-item measure using a 7-point Likert scale, ranging from 1= never to 7= every day. It is divided into three subscales: emotional exhaustion (e.g., "Working with patients directly puts too much stress on me"), depersonalization (e.g., "I've become more callous towards patients since I took this job"), and personal accomplishment (e.g., "I deal very effectively with the problems of my patients"), where higher scores indicate greater instances of each

respective perception. The inventory has been found to have good internal consistency with Cronbach's alpha values ranging between .71 and .90 for the subscales, thus making it a suitable measure of burnout (Hastings, Horne, & Mitchell, 2004; Langballe, Falkum, Innstrand, & Aasland, 2006; Maslach & Jackson, 1981).

The Job Satisfaction Scale (JSS; Law & Guo, 2016) was used to quantify perceived job satisfaction. This self-report measure has 10 statements (e.g., "I am proud to tell others where I work") rated on agreeableness using a 5-point Likert scale (1= strongly disagree to 5= strongly agree). Previous research on this measurement indicated good reliability, Cronbach's α = .87 (Law & Guo, 2016).

Finally, the study used the Intent to Quit (ITQ) measure (Wayne, Shore, & Liden, 1997), a short, 5-item assessment on current, personal perceptions regarding intention to quit. Each item is rated on a 7-point Likert scale, ranging from strongly disagree to strongly agree (e.g., "I am seriously thinking about quitting my job"). The scale itself has evidence of good reliability, Cronbach's α = .89 (Wayne et al., 1997).

Procedure

This study was conducted online between the months of January and February 2019. Six facilities in central Texas were compliant in taking part in the survey. Upon successful outreach and agreement by each facility to partake, participants received an email link to the online survey from their supervisors and were presented with the following questionnaires respectively: DERS-16, IRI, MBI, JSS, and ITQ measure. By continuing to the survey, it is implied that the participant is consenting to contribute to the study, although they could withdraw at any time by simply closing out of the survey window in their browser. Additionally, to broaden the study's sample due to low initial

12

response rate, a Facebook advertisement was designed and pushed out to those that lived in the United States and met the study criteria. Here, an extra exclusionary measure was taken to make sure those that received the advertisement were valid participants before entering the link to the survey. Despite the abundance of items that needed a response, the survey took on average 9 minutes for the participant to complete. Following completion of the survey, participants were redirected to a new window where minimum deidentified information was collected to compensate their time with a $10 Amazon e-gift card.

Analytical Strategies

Following study completion, results gathered from each participant were coded and analyzed in SPSS. Frequencies and mean scores from responses on demographic variables (e.g., sex, age, ethnicity, socioeconomic status, current wage, and highest level of education) from participants were determined; these scores allow us to understand what the population of DCWs looks like, so they can be compared to previous research, as well as give valuable insight to core variables that contribute to the overall experience of DCWs across the United States. Additionally, total scores and subscales for the included measures were calculated, recoded (if necessary), and created to be used in further analyses.

Pearson's correlations were computed to examine the relationships between empathy (IRI total, IRI perspective taking, IRI empathic concern, and IRI personal distress), emotion regulation (DERS-16), perceived job satisfaction (JSS), burnout (MBI total, MBI emotional exhaustion, MBI depersonalization, and MBI personal accomplishments), and intention to quit (ITQ). In order to prepare for the mediation

13

analyses, a bootstrap was downloaded and imported into SPSS (Hayes, 2018). Following

this, a partial mediation analysis, using a bivariate regression method, was conducted to

determine if there was a mediating effect of job satisfaction or perceived burnout on the

relationships between empathy or emotion regulation and one's intention to quit.

III. RESULTS

Sample Characteristics

The majority of participants (n = 48) in this study were female (93.8%), were non-Hispanic White (68.8%), did not have a collegiate degree (68.8%), earned an annual income less than $50,000 (89.6%), and had been at their job for at least one year (81.3%). Additional frequencies and means from the study's sample are included in Table 1. Independent t-tests revealed differences between number of jobs held among participants. Equal variance assumed, there was a significant difference between having multiple jobs (M = 19.55, SD = 2.63) and only working in the direct care position (M = 13.68, SD = 5.79) on ITQ score, $t(46) = 2.613$, $p = .012$ with confidence intervals of 1.35 (lower) and 10.39 (upper). A post-hoc power analysis using an independent samples t-test, large effect size (d = .897), alpha = .05, and N = 48 with 2 groups indicated insufficient power $(1 - \beta = .724)$. Additionally, these groups, only working one job (M = 50.51, SD = 5.39) and working multiple jobs (M = 45.9, SD = 6.14), differed significantly based on the personal accomplishment subscale of MBI, $t(46) = -2.41$, $p = .02$ with confidence intervals of -8.44 (lower) and -.76 (upper). Cohen's d was estimated at .83, another large effect size. Nonetheless, the small sample size unfortunately prohibited any meaningful group comparisons based on these demographic characteristics. However, correlation analyses were conducted to examine how the demographic variables of hourly wage (ranging from $8 to $20) and number of patients assigned (ranging from 1 to 50) related to the dependent variables of job satisfaction, burnout, and intent to quit. These analyses revealed no significant correlation between hourly wage or number of assigned patients to the dependent variables.

Table 1

Participant Descriptive Statistics

Variable		*n*	*%*
Gender (Female)		45	93.8
Ethnicity (Hispanic)		8	10.4
Race	White	33	68.8
	African American	7	14.6
	Other	3	4.3
Marital Status	Married	14	29.2
	Single	22	45.8
	Divorced	9	18.8
	Separated or Widowed	3	6.3
Another Job (Yes)		11	22.9
Education	High School/GED	19	39.6
	Some College	14	29.2
	Associates Degree	10	20.8
	Bachelor's Degree	3	6.3
	Master's Degree or Higher	2	4.2
Annual Income	0 - 29,999	27	56.3
	30,000 - 49,999	16	33.3
	50,000 - 99,999	5	10.4
Job Duration	2 - 6 months	5	10.4
	7 - 12 months	4	8.3
	1 - 2 years	13	27.1
	More than 2 years	26	54.2
		M	*SD*
Hourly Wage		11.89	2.49
Age		34.88	11.32
Number of Assigned Patients		10.24	10.6

Correlation Analyses

A correlational analysis was performed to test the first two sets of hypotheses. Table 2 presents the results of the correlation analyses with the primary variables. Regarding the first set of hypotheses, it was found that JSS scores were significantly correlated with three of the burnout measures: positive correlation with MBI personal accomplishments scores and negative correlations with both the MBI total and MBI emotional exhaustion scores. Furthermore, ITQ scores were significantly, negatively correlated with JSS scores and were significantly correlated with three of the burnout scores: MBI total, MBI emotional exhaustion, and MBI depersonalization. Thus, the first set of hypotheses were supported.

Regarding the second set of hypotheses, although IRI empathic concern and IRI perspective taking scores were not significantly correlated with either JSS scores or ITQ scores, IRI empathic concern scores were positively correlated with MBI total and MBI emotional exhaustion scores. Furthermore, although IRI personal distress and DERS-16 scores were not significantly correlated with either JSS scores or ITQ scores, IRI personal distress scores were positively correlated with MBI depersonalization scores, and DERS-16 scores were positively correlated with both MBI total and MBI emotional exhaustion scores. On a final note, although ITQ scores were not significantly correlated with any of the IRI subscale scores, there was a significant positive correlation between ITQ scores and the IRI total scores. Thus, the second set of hypotheses were not fully confirmed.

Table 2

Correlations among Intent to Quit, Job Satisfaction, Burnout, Empathy, and Emotion Dysregulation

Variable	ITQ	JSS	MBI	MBI: EE	MBI: D	MBI: PA	IRI	IRI: PT	IRI: EC	IRI: PD
JSS	-.52**									
MBI	.53**	-.44**								
MBI: EE	.54**	-.59**	.85**							
MBI: D	.30*	-.27	.66**	.38**						
MBI: PA	-.13	.43**	.03	-.40**	-.11					
IRI	.35*	.08	.13	.08	.29*	-.12				
IRI: PT	.28	.11	-.10	-.14	.02	.03	.49**			
IRI: EC	.27	-.02	.33*	.35*	.18	-.09	.67**	-.06		
IRI: PD	.14	-.05	.18	.17	.34*	-.24	.67**	-.20	.54**	
DERS-16	.15	-.21	.44**	.50**	.25	-.20	.12	-.36*	.45**	.41**

*p < .05. **p < .01. n = 47-48

Note. ITQ = Intent to Quit; JSS = Job Satisfaction Scale; MBI = Maslach Burnout Inventory; EE = Emotional Exhaustion; D = Depersonalization; PA = Personal Accomplishments; IRI = Interpersonal Reactivity Index; PT = Perspective Taking; EC = Empathic Concern; PD = Personal Distress; DERS-16 = Difficulties in Emotion Regulation Scale-16.

Mediation Analysis

As mentioned above, the only emotion variable significantly correlated with ITQ score was IRI total score. In order to determine if either job satisfaction or burnout mediated this relationship, two mediation analyses were conducted. No significant partial mediation was found. Thus, the third set of hypotheses were not confirmed.
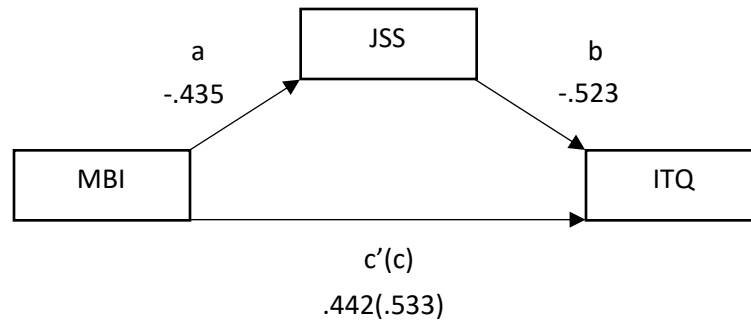
Notable Findings

Figure 1. Partial mediation of job satisfaction on burnout and intent to quit

Insignificant findings and hypotheses aside, there were other results found that are worth mentioning. An additional mediation analysis was conducted on MBI, JSS, and ITQ, and path coefficients were identified and are presented in Figure 1. Binary linear regressions were conducted for coefficients of each path. Significance was found in the direct effect of burnout on intent to quit (c) meaning that there is potential for a partial mediation. A bootstrap analysis was conducted and according to the results, there is a significant unstandardized indirect effect of job satisfaction on intent to quit, a×b = .0641, SE = .031, z-score = 2.08, p = .038. The model itself had an effect size of adjusted r^2 = .407, $F(2,44)$ = 16.76, p < .001, meaning that the model accounted for 40.7% of the variance, with confidence intervals of .001 (lower) and .125 (upper). Overall, MBI has both direct effect and indirect effect on ITQ, though the direct effect is much larger than the indirect effect, the indirect effect is still significant.

IV. DISCUSSION

The present study analyzed the impact of empathy and emotional regulation on occupational outcomes in DCWs to better understand other factors for remaining in the role. On average, the particular sample of DCWs for this study seemed to be not very likely to quit, have a modest frequency of burnout perceptions, good emotional regulation capabilities, modest satisfaction with their job, and were overall able to empathize well, especially when it came to perspective taking. When it comes to overall satisfaction and burnout, these scores are in line with other research on DCW, although the measure used for job satisfaction was different than the present study (Barbosa, Nolan, Sousa, & Figueiredo, 2015). Moreover, they were predominantly White, female, and in their late 30s. The finding that the sample is predominantly White is consistent with previous research (Brannon et al., 2007; Chou, 2012; Chou & Roberts, 2008), which may be due in part from the widespread sample collection as all of these research pieces were geographically constrained. In comparison to the few other studies' samples, it comes as no surprise that the participants were predominantly female, as this is in line with previous research on the population (Barbosa et al., 2015; Chou, 2012; Chou & Roberts, 2008; Gray & Muramatsu, 2013; Nakanishi & Imai, 2010). At last, the average age of the study's sample is congruent to previous findings (Barbosa et al., 2015; Brannon et al., 2007; Chou, 2012; Chou & Roberts, 2008; Nakanishi & Imai, 2010), which may speak to their general level of job satisfaction as this may not be their first job and may be more of a career choice.

The hypotheses that burnout has a negative correlation to job satisfaction (Veloutsou & Panigyrakis, 2004) and a positive correlation to increased quitting

intentions is congruent with other literature on the topic and was successfully replicated (Brannon et al.,2007; Hatton et al., 2001; Karantzas et al., 2012; Nakanashi & Imai, 2010; Park, Yoon, Moon, Lee, & Park, 2017). Additionally, the successful prediction of job satisfaction's negative correlation to intent to quit, such that as one feels more satisfied with their work, they are less likely to quit, is supported by previous findings (Chou & Robert, 2008; Karsh et al., 2005; Karantzas et al., 2012; Veloutsou & Panigyrakis, 2004). For this population, these relationships were no different, giving more attention to the perception of stressor in their line of work. Further research should be conducted to continue to identify and evaluate these significant stressors.

Regarding the second set of hypotheses, although it was expected that empathic concern and empathic perspective taking would positively correlate with job satisfaction and negatively correlate with both perceived burnout and intent to quit, the only significant finding was a positive correlation between empathic concern and burnout (overall and emotional exhaustion scores). Next, although it was expected that personal distress and difficulties in emotion regulation would negatively correlate with job satisfaction and positively correlate with both perceived burnout and intent to quit, the only significant finding was a positive correlation between difficulties in emotion regulation and burnout (overall and emotional exhaustion scores). Both of these significant findings lend to the literature that demonstrates caregiving to be emotional care (Lopez, 2006), thus empathy and emotional regulation are necessary. A buffer for these effects should be identified so that this role does not exhaust the emotional resources of those providing care.

The final set of hypotheses predicted that job satisfaction and perceived burnout

would mediate the relationships between empathy and intent to quit and between emotion regulation and intent to quit. From the correlation analyses, the only significant predictor of intent to quit was the total empathy score, such that the mediation analyses tested whether greater levels of overall empathy may predict job satisfaction and lower perceived burnout, which in turn, may predict intentions to quit. The results of these mediation analyses returned insignificant and thus failed to support the theory that improvements in job satisfaction or burnout perceptions may mediate the effects that empathetic tendencies or emotional dysregulation have on intent to quit.

However, the significant finding that job satisfaction was successfully identified as a partial mediating variable on burnout's effect on intention to quit was not anticipated. Yet, this relationship is in line with previous research conducted on long-term care professionals in Korea (Park et al., 2017). The inverse was also true, such that burnout partially mediated the relationship between job satisfaction and intent to quit. Understanding this evidence is necessary for future implications regarding programs or DCW training that may aid in building self-efficacy and coping mechanisms to reduce work-related stressors.

Prior to beginning, six local facilities in Austin agreed to partake in the study; however, from this outreach only one participant responded. This low response rate may also be congruent with other DCW literature (Hatton & Emerson, 1995). In a previous study on DCWs across various facilities, those that were gathered from assisted living facilities in particular had the lowest recorded response rate (Brannon et al., 2007). Also, income was not seen as a reward in this study which was reflected in the current study's sample in that hourly pay or annual income did not have a significant relationship with

22

overall job satisfaction.

Limitations

This study is not without its limitations. First, the study itself relied on self-reports from the participants when responding to questions. Especially considering the questions on job satisfaction and intent to quit, this could have led to a social desirability bias if participants believes that their employer may have seen their responses. However, all responses and subsequent information was anonymous and deidentified which should control for this bias. The sample for this study is small and not geographically focused. Considering replication, future studies should attempt to gather a more robust sample to ensure all significant changes are detected as well as collect in a narrower window of location. Should it yield significant results, it will lend more knowledge on where improvements can be made in the future among assisted living facilities in that area. Building on this, minimum wage varies from state to state, so an accurate representation of pay per hour with regard to this was not correctly differentiated. Should this study be replicated on a larger geographic scale such as this one, state location should be gathered during the study.

Further Implications

Future research should consider duplicating this study with other potential factors relating to personality and internal values to better measure the effects or improvements made on DCW occupational experience. From a clinical perspective, there is still much to understand about how these factors affecting DCWs are translated into the care of their patients. In replicating this study, future studies should also consider what unit or classification of patients they are responsible for (e.g., fragile or suicidal) and their

general levels of stress.

From an organizational perspective, these findings bring insight to facility leadership teams and human resource departments in these establishments. For instance, this study found that empathic concern and difficulties in emotion regulation were positively correlated with burnout, and that burnout was positively correlated with intent to quit. These findings suggest that DCWs could potentially benefit from an intervention aimed at teaching more effective emotion regulation skills, which may have the benefit of preventing emotional exhaustion and overall burnout associated with their work. Although the current study does not warrant meaningful results based on number of jobs held (one or multiple) due to the sample size of each group, those that were only working in the direct care position in assisted living facilities had lower intentions to quit and demonstrated higher frequencies of personal accomplishment in their role than those that had a second job (or more). Underlying reasons that the number of jobs held by DCW was due to the amount of financial benefit is not clearly evident from the current research. However, it follows that investing more in the direct care staff should improve turnover rate in this position as well as bring more intangible value to these professionals.

In summary, the research on the relationship between occupational stability and individual differences that may improve this among DCWs is limited and mixed. The present research provided insightful information regarding the relationship between job satisfaction, burnout, and intent to quit, all of which were significantly correlated to and predictive of each other among the sample. Finally, this research revealed that higher levels of empathic concern and greater difficulties with regulating emotions are both predictive of greater emotional exhaustion and overall burnout. Thus, the value of these

traits or skills in work that is emotionally labor intensive should continue to be explored.

APPENDIX SECTION

Demographic Questionnaire

Instructions:
Please respond to the following questions asking for demographic information.

Items:

1. What is your sex?
   a. Male
   b. Female
   c. Other
2. What is your race/ethnicity?
   a. Caucasian
   b. Hispanic or Latinx
   c. African American
   d. Asian American or Pacific Islander
   e. Native American
   f. Biracial or Multiracial
   g. Other
3. What is your age? _____
4. Marital Status?
   a. Married
   b. Single
   c. Divorced
   d. Separated
   e. Widowed
5. Please indicate your highest level of education:
   a. High school diploma/GED
   b. Some college
   c. Associates degree
   d. Bachelor's degree
   e. Master's degree
   f. Doctoral degree
   g. Professional Degree (MD, JD, etc.)
6. What is your current wage (per hour)? _____
7. Do you work another job outside of your direct care position?
   a. Yes
   b. No
8. Annual earnings?
   a. $350,000+
   b. $100,000 - $349,999
   c. $50,000 - $99,999
   d. $30,000 - $49,999
   e. $0 - $29,999
9. Number of dependents: _____

10. Please indicate applicable earned certifications for your position:
    a. CNA
    b. Other (please specify: _____)
11. Approximately how many patients are assigned to your care? _____
12. Approximately how long have you been employed with this company?
    a. Less than 1 month
    b. 2-6 months
    c. 7-12 months
    d. 1-2 years
    e. More than 2 years
13. Is the assisted living facility you work at publicly funded?
    a. Yes, we are publicly funded
    b. No, we are privately funded

Difficulties in Emotion Regulation Scale-16
(Bjureberg et al., 2016)

Instructions:
For each statement below, indicate how frequently you experience the feeling or attitude that is described in the statement.

Scale:
1 = almost never
2 = sometimes
3 = about half the time
4 = most of the time
5 = almost always

Items:
1. I have difficulty making sense out of my feelings
2. I am confused about how I feel
3. When I am upset, I have difficulty getting work done
4. When I am upset, I become out of control
5. When I am upset, I believe that I will remain that way for a long time
6. When I am upset, I believe that I'll end up feeling very depressed
7. When I am upset, I have difficulty focusing on other things
8. When I am upset, I feel out of control
9. When I am upset, I feel ashamed with myself for feeling that way
10. When I am upset, I feel like I am weak
11. When I am upset, I have difficulty controlling my behaviors
12. When I am upset, I believe that there is nothing I can do to make myself feel better
13. When I am upset, I become irritated with myself for feeling that way
14. When I am upset, I start to feel very bad about myself
15. When I am upset, I have difficulty thinking about anything else
16. When I am upset, my emotions feel overwhelming

Interpersonal Reactivity Index
(Davis, 1980)

Instructions:
For each statement below, indicate the extent to which each statement describes you.

Scale:
1 = does NOT describe me well
2 = somewhat does NOT describe me well
3 = neutral
4 = somewhat describes me well
5 = describes me very well

Items:
1. I often have tender, concerned feelings for people less fortunate than me.
2. I sometimes find it difficult to see things from the "other guy's" point of view.
3. Sometimes I don't feel very sorry for other people when they are having problems.
4. In emergency situations, I feel apprehensive and ill-at-ease.
5. I try to look at everybody's side of a disagreement before I make a decision.
6. When I see someone being taken advantage of, I feel kind of protective towards them.
7. I sometimes feel helpless when I am in the middle of a very emotional situation.
8. I sometimes try to understand my friends better by imagining how things look from their perspective.
9. When I see someone get hurt, I tend to remain calm.
10. Other people's misfortunes do not usually disturb me a great deal.
11. If I'm sure I'm right about something, I don't waste much time listening to other people's   arguments.
12. Being in a tense emotional situation scares me.
13. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.
14. I am usually pretty effective in dealing with emergencies.
15. I am often quite touched by things that I see happen.
16. I believe that there are two sides to every question and try to look at them both.
17. I would describe myself as a pretty soft-hearted person.
18. I tend to lose control during emergencies.
19. When I'm upset at someone, I usually try to "put myself in his shoes" for a while.
20. When I see someone who badly needs help in an emergency, I go to pieces.
21. Before criticizing somebody, I try to imagine how I would feel if I were in their place.

Scoring:
Reverse code the following items: 2, 3, 9, 10, 11, 13, 14
Perspective-taking scale: 2, 5, 8, 11, 16, 19, 21
Empathic concern scale: 1, 3, 6, 10, 13, 15, 17
Personal distress scale: 4, 7, 9, 12, 14, 18, 20
Note: high scores on the perspective-taking scale indicate a greater ability to adopt others point-of-view, high scores on the empathic concern subscale indicates greater feelings of

"other-oriented" concern for less fortunate others, and high scores on personal distress indicates greater personal unease and anxiety about helping others.

Maslach Burnout Inventory
(Maslach, Jackson, Leiter, Schaufeli, & Schwab, 1986)

Instructions:
For each statement below, indicate how frequently you experience the feeling or attitude that is described in the statement.

Scale:
1 = never
2 = a few times a year
3 = monthly
4 = a few times a month
5 = every week
6 = a few times a week
7 = every day

Items:
1. I feel emotionally drained from my work
2. I feel used up at the end of the workday
3. I feel fatigued when I get up in the morning and have to face another day on the job
4. I can easily understand how my patients feel about things
5. I feel I treat some patients as if they were impersonal 'objects'
6. Working with patients all day is really a strain for me
7. I deal very effectively with the problems of my patients
8. I feel burned out from my work
9. I feel I'm positively influencing my patients' lives through my work
10. I've become more callous toward patients since I took this job
11. I worry that this job is hardening me emotionally
12. I feel very energetic
13. I feel frustrated by my job
14. I feel I'm working too hard on my job
15. I don't really care what happens to some patients
16. Working with patients directly puts too much stress on me
17. I can easily create a relaxed atmosphere with my patients
18. I feel exhilarated after working closely with my patients
19. I have accomplished many worthwhile things in this job
20. I feel like I'm at the end of my rope
21. In my work, I deal with emotional problems very calmly
22. I feel patients blame me for some of their problems

Scoring:
Emotional exhaustion scale: 1, 2, 3, 6, 8, 13, 14, 16, 20
Depersonalization scale: 5, 10, 11, 15, 22
Personal accomplishment scale: 4, 7, 9, 12, 17, 18, 19, 21

Job Satisfaction Scale
(Law & Guo, 2016)

Instructions:
For each statement below, indicate your level of agreement with the statement.

Scale:
1 = strongly disagree
2 = disagree
3 = neutral
4 = agree
5 = strongly agree

Items:
1. I would like to find a job somewhere else
2. I feel appreciated for the job I do
3. I am proud to tell others where I work
4. I like the people I work with
5. I give high value to the work I do here
6. I definitely dislike my job
7. I like my job better than the average worker does
8. Most days I am enthusiastic about my job
9. I find real enjoyment in my job
10. I feel fairly well satisfied with my job

Scoring:
Reverse code the following items: 1, 6

Intent to Quit Measure
(Wayne, Shore, & Liden, 1997)

Instructions:
For each statement below, indicate your level of agreement with the statement.

Scale:
1 = strongly disagree
2 = moderately disagree
3 = somewhat disagree
4 = neutral
5 = somewhat agree
6 = moderately agree
7 = strongly agree

Items:
1.   I am actively looking for a job outside [company name]
2.   As soon as I can find a better job, I'll leave [company name]
3.   I am seriously thinking about quitting my job
4.   I often think about quitting my job at [company name]
5.   I think I will be working at [company name] five years from now

Scoring:
Reverse code the following item: 5

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