

Intellectual and Developmental Disabilities

Role Perception of Direct Support Professionals: Comparing Perspectives Between Different Agency Structures and Support Models

--Manuscript Draft--

Manuscript Number:	IDD-D-20-00064R2
Article Type:	Research
Keywords:	direct support professionals; individualized supports; service provision; role conflict
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ROLE PERCEPTION OF DSPS

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Abstract

The roles and responsibilities of Direct Support Professionals (DSPs) are evolving. This qualitative study explores how DSPs perceive their role and explores those perceptions across DSPs working in traditional, intermediate, and innovative agencies, as defined for the study. Examining 440 DSP survey responses and interviews with 24 DSPs, we found that DSPs working in more individualized settings tended to have expanded role functions (focused on promoting self-determination and community engagement). DSPs working in more traditional settings tended to have more care-focused role functions (concentrated on ADLs, medication administration, and health & safety). The role perception of DSPs at intermediate agencies and role conflict due to competing responsibilities, demonstrate a need to systemically transform future service delivery.

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Role Perception of Direct Support Professionals: Comparing Perspectives Between Different Agency Structures and Support Models

A significant amount is known about the systemic, policy and funding pressures that affect the direct support workforce serving people with intellectual and developmental disabilities (IDD) in community service settings (e.g. President's Committee for Persons with Intellectual Disabilities, 2017). However, little has been published about the role of Direct Support Professionals (DSPs) as it relates to the shift from congregate care models (group homes, center-based day programs, and sheltered workshops) toward increasingly individualized, personalized, and responsive support services. It is accepted that this shift in service delivery has resulted in a need for a direct support workforce with broadened and enhanced skills and competencies (Hewitt et al., 2015; Hewitt & Larson, 2007; President's Committee for People with Intellectual Disabilities, 2017). However, what has yet to be explored are the perspectives and understandings of Direct Support Professionals themselves with regard to their role and role functions. Recognizing that the role of DSPs is evolving, in this study we explore how DSPs understand their job according to the type of agency or setting in which the DSPs work (from more traditional service delivery to more innovative and individualized models).

Shifts in Service Provision

A range of types and quality of services are provided to adults with IDD. According to the Residential Information Systems Project, of the estimated 1,288,700 people receiving long term supports and services (LTSS) from state IDD agencies in 2016, around 58% received services in the home of a family member, 5% in a host or foster family home, 12% in a home they owned or leased for themselves, and 25% in a group IDD setting (Larson et. al, 2018). The National Core Indicators, a set of standard measures to assess the outcomes of services across a

variety of participating states, reveal that people living in their own homes (or a home they share with others they choose) tend to have greater quality outcomes than other residential arrangements (National Core Indicators, 2017). Having one's own residence outperformed all other settings on most indicators, such as having friends, a key to their own home, being able to go on a date, and being able to go out and do the things they like (National Core Indicators, 2017). People living in their own home, tend to have more choice and control over their services and over their lives. For instance, of the people living in their own homes or apartments, 61% were found to make the choice for their housemates compared to only 11% in a group home, 20% in a foster family, and 5% in an Intermediate Care Facility (National Core Indicators, 2016).

While these indicators, and others like the Personal Outcome Measures® examined by Friedman (2019), tend to indicate that when individuals with IDD live in their own home it results in the best quality of life outcomes as compared to other settings, the breakdown isn't always so simple. Many have tried to equate setting type with quality of services, but we know that trans-institutionalization is occurring (Friedman, 2019). Trans-institutionalization refers to when people are simply moving from one institutional setting to another, and a lack of significant differences between ICF facilities and group IDD settings indicates that trans-institutionalization is impacting people with IDD (Friedman, 2019). We have to stop looking at residence type and equating it with quality services, since in the face of trans-institutionalization, residence type is rendered less relevant than the nature of the service delivery itself.

Service delivery has shifted from congregate, institutional models, in which support was provided to people in large groups and where people with disabilities were segregated from their communities, towards more innovative models, where people receive individualized services, focused on promoting self-determination and community belonging and have control over the

services they receive. The major difference between these different types of service provision lie in the individualized nature of innovative supports, and the power and control that lies in the hands of the service users. When people with disabilities choose their own services, they are more likely to realize their goals and participate in the community, and those services and supports can be more individualized and tailored to their needs and priorities (Friedman & VanPuymbrouck, 2019).

The Changing Role of Direct Support

Historically, tasks associated with service provision in congregate and segregated settings were often referred to as custodial care; the focus of support staff who worked in institutional settings was the basic health and safety of the people they served. Traditional service delivery maintains greater emphasis on following regulations and processes than on the choices or outcomes for the people supported. In addition, people with disabilities receiving traditional services are seen as ‘passive recipients of care’ (Löve et al, 2018; NDS, 2018; Morris, 2003).

The role of the DSP has since evolved from that of custodian or caretaker to include a more complex set of roles. DSPs are considered interdisciplinary professionals, since they perform roles resembling many different professions, and their work requires significant skills in problem solving and decision making (President’s Committee for People with Intellectual Disabilities, 2017). Moving beyond custodial functions, the role of the DSP, according to leaders in the field, now includes promoting the person’s self-determination, community belonging, and civil rights (President’s Committee for People with Intellectual Disabilities, 2017; Hewitt et. al, 2015; CMS, 2011; Hewitt & Larson, 2007). It has been found that Direct Support Professionals are primary facilitators of community access and integration (Friedman, 2018; Abbot &

McConkey, 2006; Venema et. al, 2015) as well as a primary deterrent to institutionalization for the people they support (Robbins et. al, 2013).

Role Clarity and Perception

Role clarity, role conflict, role ambiguity, and job satisfaction have been well explored in the field of organizational behavior. There is evidence from a wide range of occupations that role clarity correlates with improved job satisfaction and role ambiguity with poorer job satisfaction (Cervoni & Delucia-Waack, 2011; Stead & Scammell, 1980; House & Rizzo, 1972; Green & Organ, 1973; Miles, 1975). Further, role ambiguity is associated with turnover intention (Acker, 2004; Kim & Stoner, 2008) and role conflict is associated with burnout (Wilkerson, 2009; Tunc & Kutanis, 2009; Kim & Stoner, 2008). Most of the examples from the literature focus on role ambiguity as a form of experienced uncertainty, and role conflict as competing role requirements, often exploring both in relation to job satisfaction, occupational stress, burnout, and turnover intention.

Fewer studies have explored what we have described as role focus, which consists of which roles and role functions are prioritized. For the purpose of this study, we are using role and role functions collectively and interchangeably, to capture both the part DSPs are playing in the lives of the people they support as well as the actions and responsibilities required by the position. Additionally, few studies have explored role focus as it relates to the impact on service delivery outcomes.

One study that does point to an importance of role clarity on service outcomes is Gray and White's (2012) study on nurse case management and role confusion. They explored the debate about the exact role of nurse case management and the impact of the role confusion that follows. Gray and White (2012) argue that case managers "need to have a clear understanding of

their patient-centered roles to assure quality healthcare delivery” (pg. 7). This is one of few studies that discusses the potential impact of role clarity on service-delivery outcomes, and that presses for a focus on the purpose of the role.

In research about Direct Support Professionals specifically, few studies exist that explore role perception and role focus. One of these studies, Payne and Fisher (2019) examined DSPs’ perceptions of power during the transition to a new model of consumer-directed care in Australia. They found that some DSPs perceived no change in their role, while many perceived changes, including a participant describing how their role functions have become increasingly blurry. Gill et. al (2017) also found that, in Australia, some frontline staff believed their role was unchanged under the new model of consumer-directed care versus traditional services. Both studies examined perceptions of change in the same sample of DSPs from one service model to another. A different approach, the approach explored in this study, is to examine the role perceptions of DSPs working within different models of services. This approach captured role perception, as opposed to perception of change, and may produce new insights on the role of DSPs across the different service delivery paradigms.

It is important to recognize that many factors can influence someone’s role perception, including the training and messaging someone receives related to their role. This can include how the job is described in a position description, how it is shared in recruitment materials or realistic job previews, as well as how it is formally reflected in onboarding and professional development trainings. Training requirements vary greatly state-to-state, but training in the roles and job functions is mandatory. Beyond a base-level, health and safety training requirements may vary by the setting in which a person performs their work. Additionally, topics related to

other parts of the DSPs role, such as promoting civil rights, self-determination, person-centeredness may be more or less available based on the state and agency where DSPs work.

Scope of Research

This study investigated perceptions of the role of Direct Support Professionals across the different models of service delivery (from traditional service provision towards increasingly individualized, innovative models). The study attempted to answer the following research questions: *How do DSPs understand their role?* and *How do role perceptions of DSPs differ across different agency structures and support models?*

Direct Support Professionals are the key to quality services, so it is imperative that they fully understand their changing role and incorporate these changes into their daily work. However, without exploring the perspectives of DSPs themselves, it is unclear if the perception of the role responsibilities and the role focus really is different across different agency structures and support models.

Methods

The current study employs a phenomenological qualitative design to examine the viewpoints of DSPs who work for community agencies serving adults with IDD. It replicates the methods used in Johnson et al. 2021, which investigated DSP perspectives on what they need in order to do their jobs better and feel supported by their agency through examining data from a DSP survey and DSP interviews.

A phenomenological approach (Giorgi & Giorgi, 2003) is useful in this study because it explores participants' lived experiences and how they understand and make meaning of them. In the current study, the roles of DSPs were explored to capture the actual lived experiences and perceptions of the professionals themselves. The phenomenological approach is also interpretive

(Palmer, 1969), in that the analyst plays a significant role in organizing and understanding the data. To that end, the results reflect the researcher's own actively built interpretation of the perceptions of DSPs on their roles, and a different analyst may provide for a different interpretation.

This study uses data collected in 2018 in a national survey of 440 DSPs and 24 semi-structured interviews with DSPs in Delaware and Maryland. The study protocol was submitted to an Institutional Review Board (IRB) and was deemed exempt from review by the IRB.

National DSP Survey

Survey Design

A national DSP survey was developed to address the research questions stated above: *How do DSPs understand their role? and How do role perceptions of DSPs differ across different agency structures and support models?*

The survey instrument consisted of fourteen questions. For this study, answers to the following open-ended questions were coded for the analysis:

- 1) Please explain your job and the purpose of your role in three sentences or fewer.
- 2) What are the three most important things you do in your job? (Participants were asked to list items 1, 2, and 3 and rank in order of importance)

In addition, participants were asked what services their agency provides, and of those services, where they support people. This information was used to categorize DSPs according to their service type; the sorting procedure will be described below. The survey instrument was developed with support from [Removed for review].

Survey Recruitment and Sample

Survey recruitment was limited to Direct Support Professionals, defined operationally as someone who:

1) provides primarily non-medical hands-on supports, training, and supervision, and personal assistance to adults with intellectual and developmental disabilities; 2) is at least 18 years of age; and 3) works either full-time or part-time as a Direct Support Professional. This definition specifically excludes Direct Support Professionals who have additional duties related to administration or shift supervision (often referred to as “coordinators,” “lead staff,” or “house managers”).

The strict sampling criteria was vital to the phenomenological approach. While the experiences of people outside the DSP role (i.e., service users, agency administrators, family members, etc.) may offer ideas about what the role of a DSP should be, as well as the potential conflict in how it is understood and operationalized, this study focuses only on the perceptions of the professionals currently providing direct support.

The survey was created using Qualtrix and disseminated through [Removed for review] social media networks, through a DSP Facebook group, and emailed to [Removed for review] members and leaders in the field of IDD who represent different service providers.

One thousand one hundred ninety (1,190) survey responses were received, including partial responses and blank submitted forms (indicating a potential respondent opened the survey but entered no responses). Of the 1,190 total responses received, 750 responses were excluded, leaving 440 responses for the analysis. Responses were excluded due to the respondent not meeting the criteria of a DSP as defined or not completing the survey up to at least question number eight regarding the respondent’s work role.

DSP Interviews

In addition to the survey, we interviewed DSPs to better explore in-depth the results of the survey.

Interview Design

The interviews with the DSPs utilized a semi-structured format and lasted around thirty minutes. A semi-structured format aligned with a phenomenological approach and allowed the interviewer to guide the discussion while creating space for the DSP interviewee to share pertinent information about their role and experiences. The interview questions centered on job responsibilities, training, evaluation, retention factors, and support needs from the agency. Interviews all took place in private rooms, without the observations of other DSPs, agency staff, or service-users.

Interview Recruitment and Selection

To gather deeper information in supplement of the survey responses, we recruited DSPs from more traditional day programs and group homes, intermediate or transitioning agencies, and from agencies providing innovative, individualized supports, to participate in the interview portion of the study. The sorting procedure for the three categories (innovative, intermediate, and traditional) are described subsequently. To reach the DSPs, [Redacted for review] sent requests for participation in the research study via email to the leadership of eight agencies, one agency was contacted from personal connections, and one agency was cold contacted. These agencies were selected for recruitment due to their proximate regional location to the researchers, including agencies in Delaware, Maryland, and Pennsylvania. Five agencies and in total 24 DSPs ultimately participated in this study.

Analysis

We used approaches that were intuitive (creative and non-mechanical) and inductive (interpreting from the data directly), and the analysis was a dynamic process (Taylor, Bogdan & DeVault, 2016). We coded the two qualitative survey questions alongside the data from the interviews asking DSPs to describe their job. We read the data in its entirety while keeping written notes regarding themes and potential codes. We used open-coding techniques, which is a way to develop and refine the interpretations we give of the data (Taylor, Bogdan & DeVault, 2016).

After initially coding the qualitative data from the survey to explore DSPs collective perception of their role, we then grouped the respondents into three categories based on the where the DSP provided supports. Survey respondents indicated where they support people from a list of ten service models/settings. Each service type was placed into a category as innovative, intermediate, or traditional. The categories were defined by the researchers and were guided by a variety of outcome indicators for choice and control that are described in the introduction.

Innovative service models are individualized, and the person being supported has control over the environment and services. Innovative service models tend to promote higher quality outcomes in the domains of choice and control and tend to serve the person in their own community on their own terms.

Traditional service models and settings provided services that are more congregated and institutional and tended to have lower quality outcomes related to choice and control. These settings are usually not individualized, and the person supported does not have control of the setting or service model.

Intermediate services fell somewhere in between and tended to have intermediate outcomes related to choice and control. This may include services that vary in terms of the nature

of the service provided. For example, community-based day supports can be individualized and directed by the person receiving the supports or they can be congregate and driven by the agency. Due to this variety, they were categorized as intermediate.

- *Innovative settings* included: 1) supported employment and 2) services in an individual's home.
- *Intermediate services* included: 1) services in family homes, 2) shared living/ host homes/ adult foster care, and 3) community-based day supports.
- *Traditional services* included: 1) residential group homes, 2) center-based day programs, 3) pre-vocational support, 4) sheltered workshops, and 5) ICF residential facilities.

Because DSPs can provide multiple types of services, respondents could have a combination of multiple categories. Those combinations were then grouped overall into the categories traditional, intermediate, and innovative based on the following schema: a) innovative services were where DSPs provided only innovative services, or innovative and intermediate services b) intermediate services were where DSPs provided only intermediate services, innovative and traditional services, or a mix of all three categories, c) traditional settings were where DSPs provided only traditional services, or intermediate and traditional services. For example, a DSP who provides services in an individual's home (innovative) as well as in a residential group home (traditional) would be sorted as intermediate.

In total, 440 responses to the survey were collected. Of those 440 DSP responses, 70 were from innovative agencies, 128 were from intermediate agencies, and 242 were from traditional agencies. We used the same guiding principles to sort the DSPs that were interviewed. Of the DSPs interviewed, one of the agencies was categorized as innovative, two were categorized as intermediate, and two were categorized as traditional.

During the process of coding the data and comparing based on these groupings, two codes stood out that were identified in a wide variety of DSP responses: “community” and “self-determination.” Notably, the context in which “community” and “self-determination” were shared, varied considerably. For instance, some people discussed community calendars or “taking the ladies out to the community,” as though community itself were something that could be scheduled or a location one could arrive to. In contrast, other responses discussed community as something people could connect with or feel a sense of belonging to, which as researchers we recognized as two very distinct interpretations of what community means. Similarly, self-determination was conceptualized in a variety of ways, including listening to people’s wants and needs, supporting people’s goals and dreams, supporting people to make their own choices, or more broadly to support people to live the life they want to live. It was determined that both concepts needed to be analyzed further to understand their meaning and use better as well as to note any differences among groups. Data were recoded an additional time to ensure the codes best fit the responses and summarized noted differences between groups

The final codes were: 1) health & safety; 2) activities of daily living (ADLs) (inclusive of instrumental activities of daily living (IADLs)); 3) medication; 4) providing activities; 5) promoting independence; 6) developing or teaching skills; 7) building relationships; 8) meeting goals; 9) employment; 10) transportation; 11) emotional support; 12) trying new things; 13) self-determination; 14) locational uses of community and 15) non-locational uses of community.

Results

Overall, DSPs in more traditional settings tended to have more care-focused role perceptions and DSPs in more innovative settings tended to have more expanded role perceptions. DSPs in intermediate settings compared to traditional and innovative settings, were

more likely to focus on aspects of their role related to transportation, providing activities, and developing someone's skills. Role conflict was also observed as some DSPs indicated they were unsure how to reconcile between the multiple responsibilities and changing nature of their role.

Across all setting types, the most predominant role functions identified by DSPs focused on activities of daily living and ensuring someone's health and safety. Across the board, these care-based functions are still predominant in the understanding of DSP roles. However, DSPs in traditional settings tended to have more care-focused role perceptions than DSPs in intermediate and innovative settings. These care-focused role functions include maintaining health and safety and care for people with disabilities, such as administering medication and supporting activities of daily living (ADLs). DSPs working in more innovative settings, while still including these care-focused roles, tended to include broadened role functions as well. These broadened role included promoting self-determination, supporting choice and decision-making, and supporting someone in their employment.

DSPs from intermediate agencies mentioned transportation, providing activities for the people they support, developing their skills, and focusing on their goals, more than either other setting. They also were more often referencing community in their responses. However, upon deeper analysis, these tended to be locational references to community (ie. "taking the ladies out *into* the community"). In contrast, DSPs from innovative agencies more often used non-locational ideas of community that focused on connecting and contributing to the community.

Table 1 includes the role functions most often and least often used relatively by DSPs in each category.

Table 1

Summary of Role Function by Agency Type

Agency Group	Most Used Role Functions Relatively	Least Used Role Functions Relatively
Innovative	Independence Employment Choices Self-determination Non-locational Community	Health & safety Activities of Daily Living Medication Providing Activities Emotional Support
Intermediate	Providing Activities Developing Skills Relationship Building Meeting Goals Transportation Emotional Support Trying new things Locational Community	Independence Choices
Traditional	Health & Safety Activities of Daily Living Medication	Developing Skills Relationship Building Trying new things Meeting Goals Employment Transportation Self-determination Community

In addition, DSPs that were interviewed, especially DSPs from intermediate agencies, indicated some role conflict. Some DSPs felt stretched in many directions, being asked to do more and more for their job, that it became less clear what their job entailed. DSPs mentioned feeling conflict between their expectations and the changing expectations of their supervisors relevant to their role. Sometimes two things they valued and were being asked to perform came into conflict, and they mentioned feeling at odds with how to reconcile these competing role responsibilities. This was especially apparent as it relates to health and safety risks in conflict with the value of recognizing choice and control for the person being supported.

Limitations

This qualitative study explored differences in role perception and the initial results are promising to better understand the nature of the role of a DSP, which is far from inherently understood. Future expansions of this study, within a quantitative paradigm, could explore the statistical significance of differences between these groupings.

It is important that readers are aware that the sorting schema was partially ambiguous, with some DSPs providing services in multiple settings. The survey instrument as designed is limited in differentiating between DSPs who provide services almost all of their time in one setting, and only some of their time in another setting. There are also limitations in understanding the actual nature of services provided by an individual DSP. This study does not include participant observation to explore how people are actually providing support and prioritizing their roles. The results cannot be used to determine the quality of service provision. However, future studies may imply participant observation to explore role perception as it relates to service quality.

In addition, this study intentionally explored only DSPs perspectives. However, we know that the role of DSP is impacted and understood by service users, agency administrators, and family and friends. Future studies could explore the differences across these groups of what a DSPs role should be.

Of note, there is potential for response bias, or the tendency to present oneself at one's best and to provide answers that one imagines the researcher may want to hear. While perceptions of DSPs are valid, and of importance due to the phenomenological approach of this study, those perceptions are limited to the people who perceive them, may be biased by the nature of data collection (what they were willing to share), and do not always reflect reality.

DSPs often receive training in person-centeredness and concepts of community and self-direction, so they may be aware of what they “should” be doing in their roles, which may alter what they choose to share in the context of our survey and interviews. While this study does include open-ended questions as opposed to a list of roles to choose from, it is still challenging to capture true perception because of possible response bias.

It is also difficult to fully represent the voices of Direct Support Professionals because unbiased recruitment presents a challenge. It is possible that the DSPs recruited through [Removed for review] are not representative of Direct Support Professionals nationally. DSPs are often members of [Removed for review] by virtue of their organization which has made an investment to become an [Removed for review] member organization. Thus, these organizations are likely to be ones that invest in their direct support staff, which may lead to an overrepresentation of DSPs who’ve received greater amounts of training or investment, that might shape their role perception.

Lastly, this study does not explore differences of DSPs based on the level of support needs of the people they support. While people with higher support needs are more often receiving services in traditional settings, research shows that people of all types of support needs can be supported in any setting and support model, and some of the behavioral support needs can even disappear when the person supported has choice and control over their lives. Additional studies may examine the role perception of DSPs supporting people with significant support needs across all three setting types.

Discussion

DSPs in more traditional agencies focused their role on functions such as an exhaustive emphasis on health & safety, performing or supporting activities of daily living, and

administering medication. A DSP interviewed, who worked in a group home, described their position as “checking in with the ladies, seeing are they wet?” In a field that has dense histories of institutionalizing people with disabilities, these same custodial role functions found in the initial institutions, are still the primary focus of the role of DSPs within many disability services. Some DSPs in traditional settings did include some broadened functions when asked to describe their role, however many still focused on care and safety when asked to rank the three most important parts of their job. These findings point to a care-based focus of DSPs in traditional settings.

One DSP interviewed who worked in a traditional center-based day program, quickly and crudely described their role as “I wipe butts and do activities,” with other staff at the agency describing wanting to “keep people occupied.” These role perceptions indicate that DSPs working in traditional agencies appear to be focused on keeping people busy, rather than on exercising their rights or more broadly supporting people to live a quality life as a member of one’s community. Friedman (2019) discusses the issue of trans-institutionalization, or how congregate day-programs and group homes are continuing to serve as institutional settings for people with IDD. The role focus of DSPs in traditional settings, seem to support the concept of trans-institutionalization for people with IDD.

However, that is not to say that care-focused role functions should disappear in more innovative settings. Still DSPs need to support people’s health, administer medications, and assist people in their ADLs in order to have a quality, individualized and self-directed support model. DSPs from innovative agencies did include care-focused role functions, but unlike those from more traditional agencies, they often demonstrated an expansion on their role perceptions.

Functions like supporting someone in securing employment, making choices, having self-determination, and connecting and contributing meaningfully to their community, were found most often from DSPs at innovative agencies. DSPs in those agencies still discussed ADLs, health & safety, and medication administration, but the focus of their goals were different. At the innovative agency where DSPs were interviewed, they described wanting to “give people the chance to make mistakes,” “let them make their own choices,” “treat them as adults,” “have a meaningful day,” and “help them establish relationships and feel included.” These role perceptions represent an expanded definition of what direct support is.

Intermediate Agencies Missing the Mark

Providing activities, developing skills, meeting goals, transportation, trying new things, and locational uses of community, were found more often in the role descriptions of DSPs from intermediate agencies. What the data does not explain is why those functions were used more by DSPs in intermediate settings. One might theorize that a function like providing activities may not even be occurring in the most traditional of settings, where only custodial care is the goal; however providing activities also might not fit within a self-directed paradigm, where decisions about services are made by service-users.

Interviews with DSPs at one intermediate agency, may provide potential explanations for these differences. At one intermediate agency, every DSP discussed the changes that were happening at their agency. These changes were the focus of each interview and were clearly of importance to the DSPs. The agency was transitioning from traditional group homes and center-based day programs towards providing individualized employment services and services in people’s own homes. While not all intermediate services are agencies in transition, the findings from those interviews is relevant to the changes happening in IDD services.

Many DSPs at the transitioning agency discussed concerns about transportation, which didn't use to be a problem but now presented as a crisis in light of new expectations. The buses used to pick up large groups of people and bring them to the day program, but now that their service-users were making more decisions and connecting more with the community, it required more spontaneous and individualized uses of transportation. DSPs discussed not having enough vehicles or staff to support these new expectations. DSPs also described new challenges with how to find meaningful things to do during the day, and how to help people meet their goals, in light of new expectations of their role. These interviews revealed that the agency in transition did not have the infrastructure nor person-directed design to facilitate truly individualized services; but in attempting to do so, transportation, for example, became a major concern at the forefront of DSPs' experience. Additionally, the same logic could apply to skill development, goals, and trying new things. These may not be as present or as important in traditional settings, however these functions also may be less present or important in more innovative settings.

“Community” Beyond Locational Integration

We know that people with intellectual disabilities still fail to be meaningfully included in and engaged with their communities (Friedman, 2019) and that DSPs should be recognized as “skilled practitioners who are community navigators, facilitating greater community and economic involvement for people with intellectual and developmental disabilities” (President's Committee for People with Intellectual Disabilities, 2017, pg. 9). However, when investigating how DSPs understand their role in relation to the concept of community, we found that DSPs approached this concept in different ways.

DSPs, particularly from intermediate and traditional agencies, often used the word community to reference a location, for instance “going out into the community” or “taking

people on outings.” This finding was echoed in the interviews that were conducted. For example, DSPs interviewed from a traditional agency discussed bringing people on outings which they recognized as a task or activity to accomplish. Multiple DSPs referenced the number of the times they go out to the community in each week or month. They discussed calendars of events they put together, for instance one DSP shared how that day they “went to the park and each month the calendar says what [they’ll] do each day.” While frequency measures reflect the number and types of community activities a person with I/DD experiences, we know that simply having a great number of community activities in a week does not guarantee actual feelings of membership or belonging (Amado et. al, 2013) and often the rigid scheduling of events, might actually take away power and control from service users.

In contrast, a few DSPs from innovative agencies, discussed community as something people can feel a sense of belonging to and being part of. For instance a DSP mentioned that the second most important thing they do is “involve [the people they support] in the community” or another DSP mentioned that the third most important thing they do is “helping [the people they support] to learn what all is available to them in their community and help them to utilize what it has to offer along with meeting old and making new friends.”

Without a fuller appreciation and integration of what community-based services means all the way through to direct support staff, the outcomes for people supported will not improve. The differences in understandings about community found among DSPs in innovative supports versus those in intermediate and traditional supports, displays a need for service providers to really consider what community means to them, how it is embedded in their development and implementation of their services and evaluations, and how it is translated to their DSPs in meaningful ways.

Role Conflict

In the interviews and survey data, there was some evidence of role conflict due to changing expectations in the field, a finding echoed in Payne & Fisher's study (2019) where one of their participants mentioned feeling their role was blurry now, as to whether they are guiding the people they support or if their client gets to decide on the direction, even if they personally don't agree. For example, a DSP surveyed shared that their role was "maintaining safety while accepting an individual's right to take reasonable risks." This DSP was simultaneously balancing their role to promote "choice" while in conflict with other priorities like health and wellness, something found in a number of DSP responses.

A DSP interviewed from an intermediate organization expanded on this shared experience of prioritizing roles. She discussed a challenge she faced when the person she supported wanted to get a tattoo, but the person's parents didn't want them to have one. She discussed resolving this conflict by redirecting the person she supported, suggesting temporary tattoos or henna. This example reveals some complexity about the idea of true choice, and the DSPs role in supporting people to live the life they want to live. Some may argue that suggesting temporary tattoos is a useful tool for informing people about the concept of permanence, with others arguing that this form of behavior redirection, is controlling or manipulative and fulfills the wishes of the family or service provider, rather than the person who is receiving services. DSPs are found in the middle of these conflicts, forced to reconcile competing priorities and expectations, between promoting self-determination and balancing presumed risk. DSPs have to make decisions within their role to balance these conflicting priorities, and some DSPs have called for additional support from other agency employees to help them through these types of conflicts in supporting decision-making of the person using services.

Unclear role perception can be a challenge to workers and with the evolution of the field, there is a greater need for support and clarity in role expectations to better support DSPs. If role responsibilities are not clarified, we would expect greater role conflict and role ambiguity, and therefore greater turnover intention.

Conclusion

The roles of direct support are evolving in the U.S., and it is crucial that agency leaders consider how DSPs understand and perceive their role. Direct Support Professionals are the key to quality services, since as John F. Kennedy Jr. once wrote “Quality is defined at the point of interaction between the staff member and the individual with a disability” (NADSP, n.d.). In recognizing the integral role these professionals have on the lives and outcomes of people with intellectual and developmental disabilities, it is vital that the focus of their role is one that promotes the outcomes these services ultimately desire, with a focus on promoting self-determination and community engagement.

Agency leaders and governments need to develop more responsive and dynamic trainings, that extend beyond basic health and safety to focus on quality outcomes. It is imperative that DSPs understand their jobs as more than just meeting people’s basic needs, but rather are responsive to the wants and choices, of the people they support.

DSPs learn about their role from training, including formal, situational, and peer-to-peer training. These trainings need to be re-evaluated to ensure they are clearly communicating DSPs expected roles and the skills needed to perform them well. Beyond training, agencies should consider reviewing position descriptions, realistic job previews, and onboarding materials, to support greater role clarity and role focus for DSPs. They may even consider transitioning off staff who are resistant to evolving role expectations, who may be altering their peer’s role

perceptions and the broader agency culture. These strategies in combination, can hopefully strengthen role clarity, which not only supports greater retention of employees but is integral to promoting quality service outcomes.

While not the focus of this study, future studies should consider the role of the DSP working for someone who is self-directing their services. Self-directed supports, where people are the employer of record and have control over their own budgets, are a good option for people with disabilities and are growing in the U.S. However, it is unclear if the role of the DSP is different when providing self-directed services, or how to support training models for DSPs providing services in this service option.

All DSPs will need support by others in their agencies to navigate role conflicts that arise between the multiple roles DSPs execute. Trainings should be instructive regarding the evolving roles of DSPs, and clear about which roles should be prioritized. Researchers also can no longer assume that these evolving roles are definite, undisputed, and innate to the position, and instead question role perception and role focus. The possibility of quality services depends on it.

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Table 1

Summary of Role Function by Agency Type

Agency Group	Most Used Role Functions Relatively	Least Used Role Functions Relatively
Innovative	Independence Employment Choices Self-determination Non-locational Community	Health & safety Activities of Daily Living Medication Providing Activities Emotional Support
Intermediate	Providing Activities Developing Skills Relationship Building Meeting Goals Transportation Emotional Support Trying new things Locational Community	Independence Choices
Traditional	Health & Safety Activities of Daily Living Medication	Developing Skills Relationship Building Trying new things Meeting Goals Employment Transportation Self-determination Community