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Mediating the relation between workplace stressors and distress in ID support staff: Comparison between the roles of psychological inflexibility and coping styles

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ABSTRACT

The present study examined how different patterns of coping influence psychological distress for staff members in programs serving individuals with intellectual disabilities. With a series of path models, we examined the relative usefulness of constructs (i.e., wishful thinking and psychological inflexibility) from two distinct models of coping (i.e., the transactional model and the psychological flexibility models, respectively) as mediators to explain how workplace stressors lead to psychological distress in staff serving individuals with intellectual disabilities. Analyses involved self-report questionnaires from 128 staff members (84% female; 71% African American) from a large, state-funded residential program for individuals with intellectual and physical disabilities in the southern United States of America. Cross-sectional path models using bootstrapped standard errors and confidence intervals revealed both wishful thinking and psychological inflexibility mediated the relation between workplace stressors and psychological distress when they were included in separate models. However, when both variables were included in a multiple mediator model, only psychological inflexibility remained a significant mediator. The results suggest psychological inflexibility and the psychological flexibility model may be particularly useful for further investigation on the causes and amelioration of workplace-related stress in ID settings.

1. Introduction

Staff serving those with intellectual disabilities (ID) may experience significant work-related stress (Skirrow & Hatton, 2007) which may lead to deleterious mental health outcomes such as burnout and increased general psychological distress (Devereux, Hastings, & Noone, 2009). Such heightened levels of stress may lead to unwanted performance outcomes such as increased absenteeism and staff turnover (Hastings, Horne, & Mitchell, 2004), as well as fewer positive interactions between staff and the individuals they serve (Lawson and O'Brien, 1994; Rose et al., 1998).

Inadequate training, long hours, lack of opportunity for advancement, exposure to challenging client behaviors, and a sense of disparity between job demands and rewards have been identified as correlates of job related stress in ID settings (Hatton, Emerson, et al., 1999, Hatton & Lobban, 2007; Skirrow & Hatton, 2007). Further, staff members reporting high levels

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of stress also tend to feel unclear about job roles and to experience conflicting demands at work or between work and home (Hatton & Lobban, 2007). Stressed staff also report feeling unsupported by their coworkers and supervisors, and may use maladaptive coping strategies in dealing with clients (Hatton, Emerson, et al., 1999).

Although changes in the structure of treatment settings, such as hiring better-trained staff, improving compensation of workers, or altering the level of control workers exert over their work environments would be beneficial, such interventions are often impractical for financial and structural reasons. However, we can readily provide in-service interventions to these staff which target coping processes that may be of relevance in altering the ways that staff members relate to work stressors, thus improving well-being at work and attenuating associated unwanted outcomes such as turnover, absenteeism, and decreased client contact. However, the development of such interventions would need to be predicated on an understanding of the relationship between work stressors, coping, and psychological distress. To this end, the current study examines the usefulness of constructs from two distinct theoretical models in explaining how work stressors may lead to psychological distress in staff providing services to individuals diagnosed with ID.

1.1. Problem- and emotion-based coping

Research suggests that coping strategies may be important variables in determining whether staff serving those with ID experience negative psychological outcomes in the presence of perceived work stressors (Devereux, Hastings, & Noone, 2009). One predominant coping model is the cognitive-behavioral model (i.e., the transactional model) based in the work of Lazarus and Folkman (1984). According to this framework, stress is neither inherent in the person nor the work environment, but results from the transactional relationship between the person and the environment. Thus, individuals may differ in their stress response, even when they are exposed to similar situations (Devereux, Hastings, & Noone, 2009).

The development of stress is influenced by the processes of appraisal and coping. Appraisal concerns the initial evaluation of a situation, and is comprised of two types: primary and secondary appraisal. Primary appraisal concerns the assessment of a situation to determine whether a threat or stressor is present. Secondary appraisal involves making a judgment about whether one is able to cope with a stressor and deciding how to cope with the stressor. Coping has been defined as the "cognitive and behavioral efforts a person makes to manage demands that tax or exceed his or her personal resources" (Lazarus, 1995, p. 6). Coping is suggested to act as a mediator of the emotional outcome of an encounter with a perceived stressor (Lazarus, 1999).

Lazarus (1995) describes two main types of coping. Problem-focused, or practical, coping involves the individual changing his or her overt behavior in order to change the environment such that the stressor is removed or attenuated. Emotion-focused coping seeks to manage emotional distress associated with the stressor. This may be accomplished through avoidance, denial, or attempting to change one's emotional reaction to the situation, rather than the situation itself (Devereux, Hastings, & Noone, 2009).

Studies that have employed the cognitive-behavioral framework to examine coping among staff in ID programs have generally shown positive relationships between emotion-focused coping and staff stress (Devereux, Hastings, Noone, Firth, & Totsika, 2009; Hastings & Brown, 2002; Hatton, Rivers, et al., 1999). For example, Devereux, Hastings, Noone, Firth, et al. (2009) examined the roles of practical coping and wishful thinking as mediators of the relation between work stressors and psychological distress in support staff serving individuals with ID. Wishful thinking is an emotion-focused coping strategy characterized by attempting to avoid or alter one's emotional reactions to a stressful situation, rather than attempting to alter the situation itself (Hatton & Emerson, 1993). Devereux, Hastings, Noone, Firth, et al. (2009) found that wishful thinking coping partially mediated the relationship between work stressors and burnout in support staff, such that staff who engaged in wishful thinking reported higher levels of burnout. Practical coping was not found to mediate the relation between work stressors and burnout, but rather was found to be a positive predictor of staff perceptions of personal accomplishment in their work (Devereux, Hastings, Noone, Firth, et al., 2009). The authors further suggested that psychological interventions designed to reduce avoidance-based coping strategies, such as Acceptance and Commitment Therapy, might be useful to enhance well-being at work.

1.2. Psychological flexibility

The positive relationship between emotion-focused coping and work stress is consistent with the idea that deliberately attempting to avoid, alter, or otherwise control one's internal experiences may lead to, or exacerbate psychological distress, because when personal resources are concentrated on experiential avoidance, fewer resources are available to devote to more effective behavior. Conversely, a willingness to experience difficult thoughts and emotions, and to relinquish one's efforts to control the same, may lead to more effective behavior and less distress.

Such "psychological flexibility" (Bond et al., 2011, p. 678) in responding to aversive internal events is a major determinant of mental health and behavioral functioning according to the empirically based theory of psychopathology which underlies Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999). Psychological flexibility may be defined as "the ability to fully contact the present moment and the thoughts and feelings it contains without needless defense, and, depending on what the situation affords, persisting in or changing behavior in the pursuit of goals and values" (Bond et al., 2011, p. 678). Conversely, psychological inflexibility "entails the rigid dominance of psychological reactions over chosen values and contingencies in guiding action" (Bond et al., 2011, p. 678). Psychological inflexibility occurs when people