Recruitment and Selection in the UK Care Sector: A Longitudinal Study of Effectiveness in Resourcing Methods and Practice

John Michael Barratt

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ABSTRACT

The UK adult social care sector is growing constantly and finds itself under continuous scrutiny and evaluation regarding the conduct and effectiveness of its workers. This creates a dual challenge to organisations and recruiters to continue to provide an effective and efficient service whilst ensuring high care standards. The challenge is accentuated by the high turnover the sector currently experiences. There is a lack of robust recommendations pertaining to recruitment and selection practices, and a lack of identification of the drivers of turnover in adult social care workers. It is this domain that the present research looks to address. This research seeks to (1) Establish criteria for effective performance of care workers in adult social care, (2) Identify the individual level antecedents of effective performance, (3) Identify the conditions under which antecedents are enhanced or inhibited in achieving effective performance, (4) Develop a strategy for the recruitment and selection of effective care workers, (5) Identify the drivers of retention and attrition in the adult social care sector. The thesis presents the findings of three research studies, with the first two informing the third. The first consisted of interviews with present and past care workers to ascertain drivers of satisfaction and retention versus dissatisfaction and turnover. The second developed and validated a performance effectiveness measure to assess care worker performance. The third consisted of a longitudinal study of care worker effectiveness. This looked to identify the antecedents to effective care worker performance and the wider aspects that may impact on whether performance in realised. This then informed a strategy for the recruitment and selection of care workers. The findings of the main research study revealed: (1) There is no one set of variables that lead to all care worker effectiveness areas, (2) Recruitment and selection recommendations divide into three models: performance, job satisfaction and turnover intention, and actual turnover, (3) Personality has an important role to play in care worker effectiveness. (4) Organisational practices are influential in care worker practices. Theoretical and practical recommendations are also discussed.

Key words: Adult Social Care; Recruitment and Selection; Performance Assessment; Effectiveness model; Improved Retention.

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To my wife Amy for her love and support

Acknowledgements

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List of Abbreviations

ASA – Attraction Selection Attrition
CQC – Care Quality Commission
CFA – Confirmatory Factor Analysis
EFA – Exploratory Factor Analysis
JCM – Job Characteristics Model
ProMES - Productivity Measurement and Enhancement System
TAT – Trait Activation Theory
VBR – Values Based Recruitment

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Chapter 1 – Introduction

1.1 Background of the research

The UK adult social care sector is growing constantly and finds itself under continuous scrutiny and evaluation regarding the conduct and effectiveness of its workers. This creates a dual challenge to organisations and recruiters to continue to provide an effective and efficient service whilst ensuring high care standards. Estimates put staff turnover within the sector at well above the national average with some estimating it to be as high as 33.8% (Donoghue, 2009; Ekosgen for Skills for Care, 2013; Hussein et al., 2015; NAO, 2014; NMDS 2014; NMDS-SC, 2016; Skills for Care on behalf of the Department of Health, 2014). Moreover the growth in the demand leads to estimates of a further one million jobs requiring filling by 2025 (Eborall et al., 2010; Hunter, 2015; Imison & Bohmer, 2013). The combination of these drivers gives rise to the need to better understand and improve the recruitment, selection and retention of care workers within the sector.

A third of care providers have reported difficulties in the recruitment of care workers. One contributing factor to this has been identified as poorly managed recruitment practices (Rubery Hebson, Grimshaw, Carroll, Smith, Marchington and Ugarte, 2011) although no research to date offers evidence based recommendations on how to enhance the process. Reports show in the parliamentary term 2010-2015 social care funding decreased from £14.9 billion to £13.3 billion (10.7%) (E.g. ITV, 2015; Rubery et al., 2011).

The adult social care sector has no established way of assessing the performance of care workers. This is a common occurrence more generally and is a result of managers proposing to intuitively recognise whether a worker is effective without being able to detail what effective performance involves or how to measure it (Woods, 2008). It does however raise the question of how recruitment practices could possibly be considered successful if there is

no established way to assess whether new recruits produce effective performance once in the role.

Thus the dual challenge of developing an effective and efficient service while ensuring high care standards is accentuated firstly by the increased demand in required care worker numbers, secondly through the high turnover currently being suffered within adult social care, and thirdly through the current lack of a robust performance assessment measure to ascertain whether a care worker is effective. Together these create unreliable selection practices and a lack of clarity over performance quality. It is therefore timely to address this through improving the recruitment and selection process of care workers.

The present thesis looks to develop and validate a recruitment model for care workers, and in doing so will identify criteria to inform recruitment and selection practice. This will lead to both the effectiveness of care workers being enhanced and turnover reduced. The research will look at the road social care domain to produce sector wide recommendations. This goes beyond previous research that has focussed primarily on older people (e.g. Rubery et al., 2011).

1.2 Theoretical contribution of the research and research aims and objectives

The first step and theoretical contribution of this research is to establish clarity regarding what constitutes effectiveness in care worker performance. Only through doing this is it then possible to consider what leads to this effectiveness, and in turn what to therefore look for in recruitment and selection. The first objective of this research is therefore:

Objective 1

To establish criteria for effective performance of care workers in adult social care.

Working back from this, the research will identify the antecedents of effective performance. The focus here is on the characteristics of the individual including the traits and values, along with the skills and knowledge, that lead to the established effective performance. This is in order to inform the attraction, recruitment and selection of candidates who are most suited to the care worker role. This forms objective two, namely:

Objective 2
To identify the individual level antecedents of effective performance.

The establishment of the antecedents of effective performance brings in to sharp focus the need to consider wider aspects that may impact on whether this relationship is realised. Care work is a dynamic job where wider factors constantly impact and interact with a worker. Therefore extending beyond the initial two objectives, a third gap in the literature for this research to address is to identify under what conditions the relationship between antecedents and effectiveness outcomes is enhanced or inhibited. This forms objective three:

Objective 3
To identify the conditions under which antecedents are enhanced or inhibited in achieving effective performance.

Addressing these three gaps and subsequent theoretical advancement will result in the development of an evidence based recruitment and selection model. This will identify the key aspects to recruit and select care workers on, as well as advising on the wider factors that may impact on whether effectiveness is realised. In doing so it will help provide recommendations on the most effective recruitment and selection methods to use with respect to recruiting and selecting adult social care workers. This forms objective four:
Objective 4

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To develop a strategy for the recruitment and selection of effective care workers.

It is hoped the development of a model to identify the criteria to recruit and select candidates will lead to a reduction in the turnover the role and sector is experiencing. However this alone this is not sufficient. It is important also to identify the core driving factors behind attrition and retention decisions in order to enhance the whole recruitment, selection and retention process. This is a prominent gap and a final area that this research will look to address. This forms objective five,

Objective 5
To identify the drivers of retention and attrition in the adult social care sector.

The five research objectives within the present thesis combine to help achieve the main aim of this research; to provide a robust and valid evidence base upon which to make recommendations to the adult social care sector pertaining to the recruitment, selection and retention of care workers. The achievement of this will address the current lack of literature focussing on recruitment and selection practices in adult social care. This thesis will therefore look to address a key issue within the social care context, namely what constitutes effectiveness in the UK adult social care sector and how can social care providers recruit and manage care workers to maximise the chances of effective performance outcomes.

1.3 Structure of the thesis

Chapter two in this thesis outlines the current adult social care landscape in order to provide a more thorough context to the present research. It also further details the recruitment and retention problems faced by the sector leading to the development of the main research objectives of this thesis. Chapter two also proposes the key theoretical frameworks that form a basis and organising framework for the present research. These include Values Based

Recruitment (VBR), Attraction-Selection-Attrition framework (ASA), Trait Activation Theory (TAT), and the Job Characteristics Model (JCM). The chapter concludes with the operationalising of the research objectives into research questions.

Chapter three presents the development of the theoretical model of care worker effectiveness to be examined within this research. The first part of the chapter reviews the literature on what constitutes effectiveness in adult social care. The second part moves on to examine the literature on the possible antecedents and moderators of effectiveness. The second part of this chapter also examines literature on the drivers of retention and attrition. Together this leads to the presentation of the model of care worker effectiveness.

Chapter four summarises the theoretical and empirical rationale for the studies reported and explains how the present research thesis will address the gaps identified. It presents the three research studies that will be used to answer the research objectives as well as the model of care worker effectiveness to be examined within the main research study.

Chapter five describes the methodology of the research studies. This starts with an overview of the philosophical position of the research before providing a brief overview of the three studies and description of how the studies fit together. Study one uses one-to-one interviews to establish drivers of retention and attrition. Study two entails the development and validation of a performance measure for care workers. Findings from these studies inform the variables within the main longitudinal study. Following this, chapter five also provides a detailed description of how each study was undertaken as well as discussion of how the ethical considerations in each study were addressed. It also includes information on the samples, measures, methods, and procedures implemented for each one.

Chapter six presents the results of the research. It presents the results of each study in turn and describes the impacts of each in relation to wider research and theory, along with the

role and implications it has within the present thesis. For study one this involves presenting the key drivers of attrition and dissatisfaction followed by drivers of retention and satisfaction. For study two it involves presenting of the qualitative development of the performance effectiveness measure and quantitative refinement and validation. For the third study it involves the examination of the antecedent and moderating variables impacts on each identified effectiveness area in turn.

Chapter seven is the discussion and conclusion chapter. It presents a summary of the key findings and discusses the theoretical and practical contributions the research thesis makes. It also provides consideration of the strengths and limitations of the research along with the methodological contributions. It ends by outlining future research directions and overall conclusions from the research.

Chapter 2 – The background and context of adult social care

This chapter will outline the current social care sector landscape before detailing the gaps in the literature and the theoretical contributions that the present research makes. It will also put forward and outline the theoretical models that act as a foundation framework to underpin the development of the research.

2.1 The landscape of the UK adult social care sector

Adult social care encompasses personal care and practical support for adults with physical disabilities, learning disabilities, or physical or mental illnesses. The need for adult social care in the UK is substantial, the National Audit Office (NAO) (2014) estimate that 9% of adults in England partake in it. These clients are limited "a lot" in day-to-day activities by illness, disability or age (NAO, 2014). The level of demand is set to rise as a result of several factors. Firstly, the UK population of people over 75 years will rise to from 5 million to 6.6 million between 2012 and 2022 (Hunter, 2015). This estimated 1.6 million increase coupled with an increase in life expectancy (Hunter, 2015; Morton, 2015) places increased demand on the adult social care sector. This demand is accentuated by projections that the number of adults aged 85 or over (the age group most likely to need care) is rising faster than the population as a whole. The NAO (2018; 2014) also report that adults with long-term and multiple health conditions and disabilities are living longer, again increasing the demand on services. Thus the increasing demand for adult social care services is not only an immediate source of concern, but also one that looks set to be sustained in the longer term.

Adult social care is in a state of change with a growing amount of people using direct payments and employing support at home. Skills for Care estimate this to be between 8-10% of total jobs (Skills for Care, 2017), and there is limited evidence in relation to those who

employ their own care when compared to those employed in care homes. Adult social care is already one of the largest sectors and fastest growing sectors of the UK economy (Hussein & Manthorpe, 2010; NICE, 2015). However it is facing cuts to its funding by up to a third (AGE UK, 2015; Morton, 2015; The Kings Fund, 2015), and is under notable financial strain (AGE UK, 2015; BBC, 2017; BBC, 2016; ITV, 2015; LGA, 2015; Morton, 2015; NAO, 2018; The Kings Fund, 2015) including increased warnings over funding "black holes" (BBC, 2016; LGA, 2015). This cocktail of increasing demand and decreasing resources places both the care sector and the NHS under pressure, with hospital beds being "blocked" by clients who have no suitable care bed to be discharged to. Age UK (2015) worryingly estimate 900,000 older people currently have unmet social care needs.

Against this background of growing demand and decreasing resources, there has in recent years been an emphasis on improving care standards and worker effectiveness. This has in part been driven by negative publicity and experiences within the sector, for example the Mid-Staffordshire NHS Foundation Trust Inquiry (Francis, 2013), the Southern Cross experience (CQC, 2014), and the Cavendish review (2013). Rubery et al. (2011) produced a seminal report on this for the Department of Health as part of the Social Care Workforce Initiative, identifying policy and practice recommendations for the recruitment and retention of care workers specifically for older people. One way the enhancement of quality has been operationalised in the sector is through the new initiative of the "Care Certificate", which was launched across health and social care in April 2015 to ensure all workers are competent in the basic introductory standards (Skills for Care, 2015b). The aim of the certificate is to ensure a robust induction to the sector for new workers and a foundation for health and adult social care integration. It is fully endorsed by the Care Quality Commission (CQC- the provider-level regulator), which requires that all care providers implement it and that all new workers within the sector complete it. It is further advised that it is also offered to existing staff to enhance or refresh their knowledge.

However, operationalising care work by focusing purely on skills, such as certified knowledge, training, accredited qualifications and career progression, misses the relational and interpersonal features of the job (Rubery et al. 2011). These latter features are believed by many to be what constitutes a good care worker and service. Parallels can be seen with recent trends in nurse recruitment focusing on nurses with the perceived values, attitudes and behaviours that reflect a compassionate care approach (Francis, 2013).

Organisations and recruiters are consequently faced with a dual challenge: to provide an effective and efficient service, whilst ensuring high care standards. Providing a consistent high quality of care is in the views of some (Edebalk, Samuelsson, & Ingvad 1995; Francis & Netten, 2004; Malley & Fernandez, 2010; Moriarty, Manthorpe, & Harris, 2018; NAO, 2014; Rubery et al., 2011; Skills for Care on behalf of the Department of Health**,** 2014; Slawson, 2018) hindered by high levels of turnover and ineffective recruitment practices which leads to staff shortages and can focus more on having someone rather than the right person in role. Therefore one way to seek to improve care quality is to address recruitment, selection and retention issues within the sector in order to attract and retain effective workers in the industry. It is in this domain that the research reported here will focus on. The core focus being what to measure in the recruitment and selection of effective care workers.

2.2 Recruitment challenges in adult social care

A major challenge facing the care sector is that of recruiting between 800,000 to one million additional workers by 2025 to meet growing demand (Eborall et al., 2010; Imison & Bohmer, 2013; NMDS-SC, 2016). This represents a more than doubling of the sector from the 770,000 care worker jobs reported in 2013 (NMDC-SC, 2016). However, in addition to this huge increase in numbers, the sector faces a further challenge in relation to turnover. Estimates for care worker turnover in 2016-2017 ran at around 33.8% (NAO, 2018). This is an increase on previous turnover reports from 2014 that ranged from 20%- 24% in adult

social care as a sector compared to a 15% national all sector average (Donoghue, 2009; Ekosgen for Skills for Care, 2013; Hussein et al., 2015; NAO, 2014; NMDS 2014; NMDS-SC, 2016; Skills for Care on behalf of the Department of Health, 2014). Turnover rates increased year-on-year in the period 2009-2014 (NMDS-SC, 2016), although reported figures vary. Skills for Care's latest figures report 325,000 workers left their role in the past year (Skills for Care, 2017). This is alongside reported vacancy rates of 6.6% (90,000) (Skills for Care, 2017). A survey by the National Care Forum found over 40% of front-line care home staff left within a year (National Care Forum, 2011), however it is estimated that 42% of leavers continue to work in the adult social care sector (Skills for Care, 2015d), suggesting churn or job hopping is occurring.

This high turnover leads to two prominent ramifications for the sector. The first is the financial outlay, with recruiting, inducting, training and background checking new employees costing on average anything from £2000- £8200 per recruit (Skills for Care on behalf of the Department of Health, 2014; NMDS-SC, 2016). More importantly however is the challenge of continuity in care (Edebalk, et al. 1995; Francis & Netten, 2004; Malley & Fernandez, 2010), which can best be achieved through reducing turnover. Every time a care worker leaves, a relationship of trust and rapport is lost between service-user and care worker. Service-users value continuity of care highly (NMDS-SC, 2016) and the CQC rating system of care providers shows positive relationships between lower turnover and higher overall performance rating (NMSD-SC, 2016). Although it is acknowledged other factors beyond retention contribute to this scoring, it does indicate the importance of retention. It should be noted that 58% of adult social care providers within the NMDS-SC survey reported turnover of 20% or lower, indicating considerable variation within the sector. However, what is of concern is that some employers reported recruiting on the basis of urgent need rather than quality (Skills for Care on behalf of the Department of Health, 2014).

There are some grounds for optimism. The health and social care sector has become the

most popular apprentice framework (Hunter, 2015). In 2013-2014, 70,000 people began

apprenticeships, up 292% since 2010 (Hunter, 2015). This demonstrates the importance of

researching social care recruitment and selection, particularly as problems with recruitment

and retention currently limit improvements to skills and the status of the social care workforce

(Eborall, 2005). With the predicted need of a future one million more social care workers by

2025 (Hunter, 2015; Imison & Bohmer, 2013; Eborall et al., 2010), now is the perfect time to

address the recruitment and selection process in order to better meet staff quantity and

quality requirements. If this can be achieved, the economic burden of frequent recruitment

drives will be reduced, staffing levels and suitability should improve, and turnover be reduced

and critically improve continuity and quality in care.

In summary there are three core reasons for concern with this sector. Firstly, the increasing

demands against decreasing resources, secondly, the increasing quality standards and

regulation, and thirdly a volatile workforce. The need to develop effective recruitment and

retention strategies is clear. It is essential that these strategies be better informed if both the

current and future workforce requirement demands of the sector are to be met. This involves

ensuring the workforce has the right traits, values, behaviours, and skills to deliver the high

standard of care the sector demands (NMDS-SC, 2016). The present research therefore sets

out to directly address and answer this call and challenge. Having described the broad

landscape of adult social care and identified recruitment, selection and retention as the area

to target to tackle the challenges highlighted, it is next necessary to establish what the adult

social care literature proposes effective care worker performance to entail, as well as then

working back to consider what the key aspects to look for in recruitment and selection of care

workers are. In doing so this process will provide a foundation to establish the current state

of the literature and help in developing the research gaps and objectives of the present

thesis.

2.3 Adult social care recruitment, retention and effectiveness practice

There has been limited research into adult social care from the perspective of improving recruitment and selection and addressing the high turnover by which the sector is plagued. The research reported here therefore actively confronts this dearth in literature and it is the first notable gap it addresses. The literature that is available splits into academic and professional. Firstly from the perspective of what constitutes effective performance, the professional literature provides a foundation framework for measuring and assessing care worker effectiveness. However it does so in a functional capacity to meet the basic governmental quality standards. The Care Quality Commission (CQC), the provider-level regulator shows this. The CQC (2010) state providers should *"Use information about the quality of experiences of people who use services, or others acting on their behalf, the views of staff and the risks they are exposed to, including the outcomes of comments, complaints and investigations, to understand where improvements are needed."* This provides no means of how to measure and assess these points, or any surveys or items to collect the data to enable change. It is a purely empirically-defined approach. A more detailed resource for health and social care staffing is Skills for Care and the Kings Fund. These bodies make suggestions on what to look for in care workers and how to ensure they meet the regulatory requirements. However, again these lack detail on how to measure and assess what effective care is, and dimensions to consider and examine. In short, they provide no means of quantifying performance criteria or any other measure of effectiveness, nor any means of establishing whether a given care worker is proficient in their job role. As a result this breaches Breaugh's (2008) first recruitment objective recommendation of identifying the specific recruitment need, in this case the performance level required.

It is at this point where the academic literature can help probe deeper into what effective care is, and how care worker effectiveness can be measured, as well as the characteristics to

potentially consider in recruitment and selection. However, this literature is limited primarily to the care of older people, and consequently neglects the wider adult social care sector (e.g. Rubery et al., 2011). The research reported here aims to provide a universal (rather than provider specific) list of recommendations of the criteria to recruit and select care workers on, given the current lack of any sector wide recommendations. This will be done by incorporating a variety of social care provider types to enable provision of a first initial block of recommendations to build from. This is rather than producing a specialised list for each provider type. The dearth of literature available makes it necessary and useful to consider allied fields. One example is through utilising the medical and nursing fields, which are rich with evidence-based relevant research, and thus can provide valuable contributions. For example the core caring elements of compassion and empathy required in nursing assistants are anticipated to be equally important in social care workers. This overlap makes consulting these literature sources essential and can in turn help inform the present research. This overlap and inclusion is consistent with the wider goings on, with the widening of the health secretary's role to include responsibility for social care (Community Care, 2018).

There are two prominent pieces of research in adult social care relating to recruitment, selection and retention. These are by Consilium in combination with Skills for Care (Consilium and Skills for Care, 2016) and Rubery et al. (2011). It is important to consider these two as a foundation that the present research can build on and address the gaps they have created. Firstly Consilium's research looked to evaluate a Values Based Recruitment (VBR) approach to recruitment and selection. It details the impact their "values based" recruitment and "core social care values" (respect, empathy, compassion, treating people with dignity, and integrity) have had over a period of time to the providers who took part and implemented the method. The method involved matching candidates' personal values to those of the provider during selection to identify congruence (This links to the ASA framework to be discussed later in section 2.5.1). The success of the approach was ascertained by linking the process to what were deemed key performance indicators. These

entailed staff retention, absence and performance measures. Its conclusions were the new VBR method was more effective than previously implemented traditional methods. The implication of this is a first step in the field at establishing a universal list of characteristics that associate with desirable outcomes.

However this research does provide gaps to fill and questions to answer. Firstly in order to examine the effectiveness of the VBR method, providers were merely asked: *"Compared to staff recruited under a traditional (not values based) approach to recruitment, and based on your experience of values based recruitment to date, do you think that staff recruited using a values based recruitment approach perform differently on the following measures?"* those measures being absence levels, punctuality, skills required for their role and overall performance. The manager would respond on a six-point scale of: *much worse, somewhat worse, same, better, much better,* or *not sure*. One could argue this is too simplistic a way to collect data on complex constructs and reiterates the problem already highlighted of no established way of assessing care worker performance. It relates to Woods (2008) who stated managers tend to know intuitively whether staff are performing well or poorly but are at a loss about exactly how to quantify performance.

This shortcoming is reiterated by managers within the study being asked *"Compared to staff recruited under a traditional (not values based) approach to recruitment, and based on your experience of VBR to date, do you think that staff recruited using a values based recruitment approach reach average performance"* They would then select "*Sooner, later, same, or not sure*". This creates a second important gap to consider, namely in the context of overall performance what entails effective performance? In this context the VBR worker may be "much better" at something or reach "average performance" quicker but still not be performing at a high or competent standard. Moreover there is no definition of what average performance is. It is crucial that research looks to link aspects to valid measures to provide robust evidence to base recommendations on. The lack of a sector performance assessment

measure to quantify effectiveness is therefore another key gap. There is currently no proposed performance assessment measure to assess overall performance, and there is no recommendation of the specific facets of performance. This leads to research making proposals without linking them to a valid performance measure (e.g. Consilium and Skills for Care, 2016; Rubery et al., 2011). Through addressing this gap more robust recommendations can be made to the sector. This is an important step when considering or proposing changing a sector's recruitment philosophy.

Beyond this, the research provides no measures or means of assessing the proposed core social care values. It could be argued those values Consilium and Skills for Care have identified are not values as usually defined within the academic literature (e.g. Schwartz, 2012; 1992). Instead they appear a combination of personality traits (e.g. compassion and empathy), competencies, and behaviours. This provides a third gap requiring filling pertaining to what the key elements are (including establishing clearer use of values, traits and behaviours) and how to assess them. There is also no current consideration to the wider factors that may enhance or inhibit effective performance. This creates a fourth gap to consider in the present research. Moreover, in relation to retention they compared the levels of turnover pre and post VBR implementation with providers. This helps in establishing if retention is improved but provides no means of identifying the reasons behind turnover decisions and any drivers of the behaviour. This identifies a further gap requiring addressing, and one that is fundamental to consider given the high turnover outlined earlier in this chapter.

Finally the methodology part of the report (Consilium & Skills for Care, 2016) suggests that every employer and provider taking part was in effect implementing their own interpretation of VBR (from implementing it through recruitment posters, to using it in screening interviews, or even in group assessment days). That is, although there were documents advising ways to incorporate values into the recruitment process, there was no set structure on what

specifically to do and when to do it. This creates a further gap for the present research to build on. It will utilise valid measures to assess the individuals' characteristics. This coupled with the development of a performance effectiveness measure will help build on this previous research to provide a robust and valid evidence base to base recommendations on.

The second prominent piece of research is by Rubery et al. (2011). Their research was funded by the Department for Health and examined the recruitment and retention of the care workforce for older people. Although limited to older people and therefore only part of the sector, their research helps provide a grounding and basis of the knowledge of recruitment and selection in adult social care. One of the areas they considered was why people go in to care work. They cite research by Himmelweit (1999) that proposes workers opt for a career in care over other careers based on the intrinsic rewards it offers, rather than extrinsic rewards such as pay. Therefore Himmelweit's work implies identifying and targeting individuals with an intrinsic drive to care for and helping others would be beneficial. However to maximise the effectiveness of recruitment and selection it is necessary to identify the exact traits that would be beneficial to the adult social care worker job role. The current lack of a clear itinerary of characteristics and traits for the care worker job role, along with a lack of recommendations of items and measures to assess these, is a significant gap and one the present research will look to address.

McClimont and Grove's (2004) survey of 3,000 care workers further reiterates the need to identify the key characteristics such as traits relating to the care worker role. They found the three most cited reasons for entering the care sector to be enjoying helping others, liking care work and working time flexibility. Another survey of 500 workers commissioned by Skills for Care (TNS, 2007) found that enjoying working with people and wanting to enter this type of care work were the most important reasons along with the desire to work flexible hours. Rubery et al. (2011) supported this through finding the work being meaningful was a dominant reason behind entry into the role. What this research demonstrates is there

appears a common set of factors that draw individuals towards this type of work. The gap this creates is how these aspects can be related to personal characteristics. This would provide a basis to operationalise the related characteristics within recruitment and selection to identify those workers most suited for the job role, and this would in turn enhance retention rates as well as worker job satisfaction.

Rubery et al. does not advise on the core aspects to look for in recruitment and selection, how to assess these, and if these link to later effective performance. In this respect it is descriptive of (what was) the current sector state, and reports what providers were doing and experiencing. The present research will look to address this and look to identify key performance outcomes and antecedent individual attributes that lead to them. It will look to develop a recruitment process to produce effective care workers and identify why people with certain characteristics are more effective and why people stay in the profession and leave. It is crucial to link potential predictors such as personality and values to outcome measures to ascertain whether it actually produces high performance and thus is important to consider. The present research differentiates itself in this respect. It will do this by producing an outcome measure and then examining the relationship between proposed important elements.

The discussion above has presented an overview of the adult social care landscape and the challenges it faces. In doing so it has identified that enhancing recruitment, selection and retention is an important step towards addressing these challenges. It has presented two prominent pieces of research that has looked at recruitment, selection and retention in adult social care and has in turn provided a foundation for the present research. The discussion of this research has led to the identification of gaps that require addressing. One of which entails development of clearer and more robust definitions of values and personality, which will be incorporated into the design of this research. Ultimately however the present research will look to provide recommendations on items, questions and methods for care providers to

implement in recruitment and selection surveys, interviews, and other selection practices such as assessment days.

2.4 Establishment of the main research objectives

From the gaps identified the main gap requiring addressing is the lack of clarity concerning effectiveness in the care worker job role. The current landscape does not establish the key aspects of effectiveness, and therefore any recommendations relating to recruitment and selection are of limited validity. Indeed there is no established performance assessment measure that can be used by managers to quantify a worker's level of overall competence, or their competence on the facets of performance of the care worker role. Beyond this, it is necessary to explore the characteristics such as traits and values, along with the skills and knowledge, that lead to effective performance in order to attract, recruit and select candidates who are most suited to the role. The present research will address this gap through:

Objective 1
To establish criteria for effective performance of workers in adult social care.

This first gap and objective in turn creates a second gap for this research to address. Once effectiveness has been identified, it is then possible to consider what leads to this. This means identifying the antecedents of care worker effectiveness. This will involve establishing the characteristics and attributes of effective care workers, and will involve examination of the role of personality traits and values using valid measurement scales. The use of valid pre-existing scales will help in establishing clearer definitions of measures, which will help overcome some of the issues currently existing as detailed. The identification of antecedents of effectiveness is with the aim of firstly establishing *why* people with certain characteristics are more effective as care workers than others; And secondly then incorporating these

factors into recruitment and selection practises. This is important as case-study research has indicated that the predisposition to caring for others is not formed within the workplace (Cunningham 2005), and therefore identifying and then recruiting and selecting workers with the necessary traits for a caring nature and performance is necessary.

Objective 2

To identify the individual level antecedents of effective performance.

Extending these objectives, a third gap in the literature for this research to address is to identify under what conditions is this relationship between antecedents and effectiveness outcomes enhanced or inhibited. This forms objective three:

Objective 3

To identify the conditions under which antecedents are enhanced or inhibited in achieving effective performance.

By addressing these three gaps with these three objectives a recruitment and selection model for adult social care workers will be developed. Furthermore, in doing so it will also aid in helping propose the most effective recruitment and selection strategies and methods to use with respect to recruiting and selecting adult social care workers. This forms objective four:

Objective 4

To develop a strategy for the recruitment and selection of effective care workers.

Beyond this, given the retention challenges the sector faces (Donoghue, 2009; Ekosgen for Skills for Care, 2013; Hussein et al., 2015; NAO, 2018; 2014; NMDS 2014; NMDS-SC, 2016; Skills for Care on behalf of the Department of Health, 2014), coupled with the substantial

increase in the number of care workers required (Imison & Bohmer, 2013; Eborall et al., 2010; NMDS-SC, 2016), it is crucial to identify the drivers behind retention and attrition in order to enhance the whole recruitment, selection and retention process of social care workers. This is a prominent gap in the present literature (Consilium and Skills for Care, 2016; Rubery et al., 2011). Moreover, a further aspect requiring addressing is the incorporation of those who have left the sector. For example Rubery et al. conducted interviews and cite reasons for high satisfaction. They asked those same workers why others had left; however they did not actually interview those leavers. Therefore there is no way of knowing precisely why they have left. This together forms objective five of the research:

Objective 5

To identify the drivers of retention and attrition in the adult social care sector.

Together the addressing of these gaps through the five research objectives will achieve a core aim of providing a robust and valid evidence base upon which to make recommendations to the adult social care sector pertaining to recruitment, selection and retention practices. It will also address the current lack of literature focussing on recruitment and selection practices in adult social care.

2.5 Proposed criteria domain for care worker recruitment and selection

With respect to recruitment and selection, broad Human Resource Management (HRM) theory proposes there to be three universal steps that should be systematically applied in recruitment activities. These are recruitment objectives (identify specific recruitment need – such as required performance level and retention level needed), strategy development (strategy for the recruitment process – such as who to target and what to communicate) and recruitment activities (specific recruitment methods) (Breaugh, 2008). Breaugh further

proposes that the applicant's perceptions of the company, along with their interest in the job role and their expectations of it impact the effectiveness of the recruitment and selection process. These factors are not only important to whether a candidate applies but also once a candidate is in position, as is their experience of and interest in the job role. This is encapsulated in Schneider's Attraction- Selection-Attrition(ASA) framework (Schneider, 1987; 1978; Schneider et al. 1995).

Here again the adult social care literature is lacking. There is currently no understanding or consensus on what "effectiveness" is in relation to care worker job role performance – the criterion problem (Smith, 1976). Without a clear understanding of what is sought, recommendations for recruitment and selection practice will be flawed. This represents a clear gap in both theoretical and practical understanding.

In order to effectively address the gaps identified and the objectives developed, it is important to consider relevant Human Resource Management (HRM) theory to inform the present research. There are four to be considered which encompass key elements this research will be built on, namely, Attraction Selection Attrition (ASA) (Schneider, 1987), Values Based Recruitment (VBR) (Patterson et al., 2015), Trait Activation Theory (TAT) (Tett and Burnett, 2003) and the Job Characteristics Model (JCM) (Hackman and Oldham 1980; 1975). Each will be outlined in turn in this next section and their relevance for the present research detailed.

2.5.1 Values Based Recruitment (VBR) and Attraction Selection Attrition (ASA)
Skills for Care, the employer-led workforce development body for adult social care in England, proposes a central role for Values Based Recruitment (VBR). A VBR approach in the purist sense involves recruiting workers based on their values. It is a method used when recruiting nurses in healthcare and is becoming increasingly popular in social care (Patterson et al., 2015; Skills for Care, 2016b). VBR relates to Attraction Selection Attrition framework

(Schneider, 1987) and so the two will be discussed here together. ASA suggests that individuals are attracted to organisations based on similarity of their values. Moreover, organisations will select candidates based on how similar these candidates' values are to those held within the organisation. This is because when there is a high degree of fit between an employee and their organisation, there are positive outcomes, including increased performance, job satisfaction, relationships with co-workers, and decreased turnover intentions (Arthur, Bell, Villado, & Doverspike, 2006; Parks and Guay, 2009). Where values of the person and organisation do not fit then attrition will occur. As such it would appear to be beneficial for organisations to disclose and be open about their values and beliefs in order to allow potential employees to compare their values to these and self-select in or out. Where there is good fit this will lead to positive outcomes (Chapman, et al., 2005; Skills for Care, 2015c).

The academic literature identifies two types of values and this is where gaps in the recruitment, selection and assessment literature for adult social care appear. Parks and Guay (2009) identify two main value areas as previously proposed by Ravlin and Meglino (1987). These are *values as preferences* and *values as principles*. Values as principles relate to behaviour and will be discussed later; whereas values as preferences are said to be essentially attitudes. They indicate preferences that individuals have for environments. For example, in practical terms relating to the care worker role this means that if someone had a strong preference for caring then they are likely to be more satisfied in a job that affords them the opportunity to interact and care for people. These types of values are important when examined in the context of career choices and fit (Parks and Guay, 2009). Values as preferences relate to satisfaction, but not in general to behaviours (apart from career choice – Dawis, 1991). This values type fits with VBR and ASA theory as well as with Skills for Care (2016b). Skills for Care describe how the main aim is to identify the values of the provider and look to match candidates' values to this when selecting candidates. They detail this is important in order to ensure high quality, consistent care. Throughout the Skills for Care

document values are discussed in the context of workplace values and how to recruit candidates who will embrace these. This type of recruitment is orientated at enhancing retention and therefore does address one of Breaugh (2008) recruitment objectives. It does however show their orientation is towards retention opposed to performance behaviours.

This position and use of values from Skills for Care is reiterated by social care looking to adopt certain practises from healthcare (Skills for Care, 2016a). These include adopting the "6 C's" (care, compassion, courage, commitment, competence and communication). The six C's are outlined in the NHS compassion in practice (NHS, 2012) and are described as *"These are the values that motivate us to want to work in health and care in the first place".* This definition again reiterates the values as preference element and suggests a reason to be attracted to the job. Skills for Care (2016a) state the 6Cs: *"are immediately identifiable as values which underpin quality social care provision too."* They also state the 6Cs were developed as a way of articulating the values which need to underpin the culture and practice of organisations delivering care and support. This reinforces their framing of these values as being orientated predominantly at the provider level values. It therefore means that these are not values to necessarily look for in assessment and selection with respect to predicting future behaviour (values as principles/ personal values), but instead guide individuals towards the job to begin with and may enhance satisfaction and retention. However, Skills for Care have not explicitly stated where and how these values should be applied, therefore causing confusion as to how providers should apply them to their recruitment process.

This stance towards the values as preferences position is further shown through Skill for Care's research in combination with Consilium (Consilium and Skills for Care, 2016). Within this research *"values were predominantly aligned to overall organisational values or the needs of the people in receipt of care and support."* The aim was that a coherent match between candidate and provider will lead to higher retention rates. This concept relates to the ASA framework detailed above (Schneider et al., 1995; Schneider, 1978), which, while not

explicitly discussed in their research, appears implicitly. For example *"job adverts to reflect the values required by candidates rather than desired levels of experience and qualifications."* This provides a basis for the potential employee to compare their own values and beliefs to in order to assess if they are attracted to the sector and/or care provider based on the compatibility of their values. If there is congruence, then these potential employees are increasingly likely to be selected and retained. If the values projected by the sector/provider however are not accurate, or the potential employee misjudges their match, then attrition is likely to occur. This is in accordance with the social process interpretation of the recruitment and selection process (Herriott, 1989). This should help to improve retention in line with the ASA framework (Schneider et al., 1995; Schneider, 1978). This does however create the gap of what characteristics of a care worker leads to other effectiveness outcomes such as performance. This will be addressed by the present research in chapter three.

Beyond this, Rubery et al. (2011) considered why people look to go in to care work. They cite research by Himmelweit (1999) that proposes workers opt for a career in care over other careers based on the intrinsic rewards it offers, rather than extrinsic rewards such as pay. This reflects implicitly the ASA model, whereby workers are attracted to an organisation, or in this example the sector, based on how their values, beliefs, and intrinsic job requirements match the sector and role. For example an individual who is caring and empathetic is more likely to be attracted to a job role such as a care worker where this is proposed as a key characteristic that is required. This coherence in line with ASA theory will enhance selection and retention.

However, with the current process of recruiting and selecting candidates seemingly being based on their values congruence (and therefore with the recruitment outcome focussing on retention), it creates the potential problem of having workers who perform poorly but remain in their position. The process is flawed if recruits produce poor performance once in the job role. Arguably what is of more concern initially is Parks and Guay (2009) second values area:

values as principles (or *personal values*). One can argue when looking to develop a care worker recruitment and selection model a more effective first step is to identify what effective job role performance involves, and to then identify what antecedents lead to this effective performance. This may include personality and values but would also address concerns about for example skills, knowledge and capability. Such a universal set of criteria for the recruitment and selection of social care workers is a central objective of this thesis. Once this key objective as identified by Breaugh (2008) has been established, then retention can then be considered. This demonstrates how there may be a more effective way of applying values than is currently being exploited.

In this example it is values as principles that guide the individual's behaviour, and thus role performance. To demonstrate, if an individual values compassion highly then they will expect all people to be compassionate in their actions (Parks & Guay, 2009). This would be expected to be important in the care worker job role. This therefore identifies that values may be important to consider in recruitment and selection, but their role may be more influential beyond purely selecting candidates with similar values to the care provider, instead recruiting values that may lead to more effective in role performance may be more desirable. This can only be done by first establishing what effective care worker performance is and then linking values to this. This is what the present research will do to address this gap and it will be detailed more in chapter three.

2.5.2 Trait Activation Theory (TAT)

A further relevant theory is Trait Activation Theory (TAT) (Tett and Burnett, 2003), and this in part relates to ASA and in turn VBR. Personality trait expression is a crucial part of human nature and not being able to express one's traits is said to cause anxiety (Bakan, 1966; Cote & Moskowitz, 1998). It is proposed that individuals will be more satisfied and will seek out positions that afford them the opportunity to express their personality traits. Tett and Burnett (2003) have delved deeper into the relationship between personality and job performance

and satisfaction and propose that different job roles encompass elements that provide cues to activate personality traits in individuals. The paradigm centres on the idea that every job role contains elements that activate personality traits in individuals, and this activation impacts on how the person performs in the job role. The theory is that those with traits suited to a particular job role will excel following this trait activation and will benefit from implicit (e.g. satisfaction) and explicit rewards (e.g. pay, praise, recognition). In contrast, if an individual does not possess the traits related to the role and the traits being activated cause conflict and dissatisfaction then they are less likely to excel in the role and are less likely to feel comfortable.

A tangible example of trait activation theory in action is outlined by Tett & Burnett (2003). They describe how if someone hears someone scream out for help, then this cue would relate to the trait *nurturance,* and that this trait would be activated in one of the following ways. The first way is someone who responds to the cue by helping would suggest that they are high in nurturance. In contrast, if they were to ignore it, they would be low in nurturance. Trait activation is the process whereby individuals express their traits when subjected to trait-relevant situational cues. The example here of nurturance is one that would appear to also be applicable to the care worker role in social care, which is the present research focus.

Coupled with this, the research example discussed in the ASA section above by Himmelweit (1999) proposes that workers opt for a career in care over other careers based on the intrinsic rewards it offers, rather than extrinsic rewards such as pay. This can also be applied to TAT. This is because an individual who is caring and empathetic is more likely to be attracted to a job role such as a care worker where this trait is activated regularly. As a result of this they are likely to experience intrinsic rewards such as job satisfaction (Tett and Burnett, 2003), compared to a job role such as data entry whereby these traits will not be activated. This is similarly the case with McClimont and Grove (2004) research that found a key reason for entering the care sector was enjoying helping others. Beyond this,

Himmelweit (1999) implies identifying and targeting individuals with an intrinsic drive to care for and help others would be beneficial.

However in order to maximise the effectiveness of recruitment and selection it is necessary to identify the particular traits the adult social care work activates. This then will maximise intrinsic benefits in line with TAT. The current lack of a clear itinerary of traits for the care worker job role, along with a lack of recommendations of items and measures to assess these, is a significant gap. The importance of identifying the traits related to the care worker job role is also vital in relation to retention of workers. This is in part due to the entry level and low paying nature of the role, with reports stating a £7.50 median pay per hour for care workers in the independent care sector in 2016-17 (NAO, 2018). Due to the general low paying nature of social care work, workers have been described as "prisoners of love" (England, 2005) with retention relying on altruistic motivation and intrinsic satisfaction, as well as a lack of viable alternative employment. Through identifying the appropriate traits and maximising trait activation, job satisfaction can be enhanced and turnover reduced.

Overall this demonstrates the need for personality to be considered in care worker recruitment and selection. Moreover, through applying these theoretical lenses to identify the traits required by the job additional benefits may arise. Evidence suggests intrinsically motivated individuals who are motivated by a "calling" to their work may engage in more expansive job crafting compared to extrinsically motivated workers. This involves the exercise of discretion in defining and extending what the job entails (Wrzeniewski and Dutton 2001). Furthermore, it is due to individuals having different trait make-ups that enable the hiring of certain individuals over others, show that some candidates are more suited to the role than others, and demonstrates how traits can inform recruitment and selection. The utilisation of personality measurement is therefore an important starting point when developing a recruitment model for care workers, to identify those more or less suited to the care worker role.

2.5.3 Job Characteristics Model (JCM)

The Job Characteristics Model (JCM) (Hackman and Oldham 1980; 1975) proposes a standard set of features be built into jobs in order to make them motivating and rewarding to workers. The JCM identifies a range of job characteristics that act as antecedents to job outcomes including performance, turnover and job satisfaction. Examples of these characteristics include autonomy, social support, task identity and work scheduling. These factors in turn lead to three critical psychological states of meaningfulness, responsibility and knowledge of results, which in turn lead to the outcomes. The JCM is a widely, although not universally, supported framework (e.g. Fried & Ferris; Humphrey Nahrgang, & Morgeson, 2007). Due to its impact on outcomes such as performance, turnover and job satisfaction it is relevant and important to consider in the context of the present research focus of the care worker job role. Although the framework per-se will not be examined it provides a useful organising framework of variables. For example as detailed above key reasons for entering care have been identified as enjoying helping others, working time flexibility, and the work being meaningful (McClimont & Grove, 2004; Rubery et al. 2011; TNS, 2007). These resonate with elements of the JCM. This demonstrates how the JCM can potentially provide a foundation of elements to consider that may be impacting on turnover decisions of care workers. Given the high turnover within the sector detailed this is an important consideration. This will be discussed more in chapter three where the antecedents and moderators to be examined will be presented.

2.6 Chapter Summary

This chapter has built on the introduction chapter (chapter one) to provide a more thorough overview of the adult social care sector and the challenges it is faced with. It has outlined a key way of addressing these challenges as being through the enhancing of the under researched and developed area of recruitment, selection and retention processes. From here the chapter detailed two influential pieces of research in the recruitment area within adult

social care that provide a basis for the present research. The key gaps requiring addressing were identified from these and the main research objectives detailed and presented. Following this, relevant theories were put forward as a way of explaining and grouping the current literature, and also as a means of providing detail as to the direction this research will take to achieve the main research objectives presented. This research will therefore help provide a foundation of recruitment and selection recommendations and an evidence base for future research to extend beyond. Through considering the available literature within this chapter and comparing it to human resource management theory it has helped identify gaps for this research to address.

The second chapter has identified numerous gaps requiring addressing, this had led to five core objectives for the present research. Table 2.1 shows these and how they take the form of research questions.

1 Table 2.1 Operationalising of the research objectives into research questions

Objective	Related research question
1) To establish criteria for effective performance of workers in adult social care	**1)** What makes an effective care worker in the UK care sector?
2) To identify the individual level antecedents of effective performance.	**2)** Why are people with certain characteristics (measured at selection) more effective as care workers than others?
3) To identify the conditions under which antecedents are enhanced or inhibited in achieving effective performance	**2)** Why are people with certain characteristics (measured at selection) more effective as care workers than others?
4) To develop a strategy for the recruitment and selection of effective care workers	**3)** How can the attributes, competencies and other key elements of an effective care worker be assessed and used in the process of recruiting and selecting applicants?
	4) What are the best selection methods to use when recruiting and selecting care workers?

5) To identify the drivers of retention and attrition in the adult social care sector.	**5)** Why do people stay and continue to work in the sector, and why do they leave?

Going forward for the care sector and for this research to be effective it is important to theoretically model the key performance outcomes and behaviours, the antecedent individual attributes that lead to them, and how the performance behaviours and antecedents can be effectively operationalised (measured) in HRM (selection and performance management). Moreover, moderating organisational factors need considering to better understand how performance is realised (*when* the antecedents lead to effective outcomes).

Chapter three will therefore undertake this model development through conducting an extensive literature review of the adult social care and related literatures. This review will centre on providing elements to construct a model of care worker effectiveness that can be used to inform recruitment and selection practices. This will firstly focus on the effectiveness issue, with respect to the care worker job role, and will then consider the antecedents to the identified effectiveness areas, as well as the wider factors that may impact on this relationship. This will lead to the presentation of the model to be examined within this thesis.

This process of model development leads to the addressing of several prominent gaps in the literature from a social care, a performance assessment, and a recruitment and selection perspective. Through identifying the effectiveness areas in chapter three it will establish the recruitment objectives, which is the first step of Breaugh (2008) recruitment objectives. Chapter three will then also identify the factors to recruit and select on and this will address the second objective of Breaugh (who to target). Therefore the present research is addressing the gaps identified in the literature through systematically applying wider theory. Chapter four will then provide an overview summary of the gaps this research has identified and how it will address these, before the methodology is presented in chapter five.

Chapter 3 – What is care worker effectiveness?

The purpose of this chapter is to identify what care worker effectiveness might mean. In doing so it will identify what the literature considers the key outcomes that constitute effective care worker performance. The filling of the gap relating to a lack of agreed definition concerning care worker effectiveness forms objective one of this research, and this literature is explored in the first part of this chapter (section 3.1 - 3.6).

The second part of the chapter (section 3.7- 3.10) focuses on the antecedents of effectiveness and the wider moderators that may enhance or inhibit the antecedent-effectiveness relationship (objective two and three). Recruitment and selection literatures as well as health and social care and medical literatures will be consulted to inform what the key antecedents, and potential moderators may be of care worker effectiveness. These can then be built into an effective recruitment and selection process (objective four). Finally through identifying antecedents in relation to turnover, the chapter will also begin the process of addressing objective five. The chapter concludes with the systematic development and presentation of the model of care worker effectiveness to be examined within this research.

3.1 Defining care worker effectiveness

3.1.1 Care worker effectiveness outcomes

There are four main areas to be considered in relation to care worker effectiveness within this research and these are performance, job satisfaction, turnover (and turnover intention) and absence. These can be grouped into those of primary concern (performance and job satisfaction) and secondary concern (turnover/ turnover intention and absence). This is because performance is arguably the predominant concern of the care provider, whilst job satisfaction is arguably the primary concern of the care worker. Turnover is to be considered

due to the high volume experienced by the sector as outlined in chapter two (section 2.2). Absence is to be considered due to the increased pressure it causes on a sector facing staffing challenges due to the aforementioned high staff turnover and also the growing staffing demand of the sector (as outlined in chapter two section 2.2). Together these four constructs will form the outcome part of the model of care worker effectiveness being developed and will be discussed below in turn.

The first part of this chapter will discuss the chosen outcome measures of performance, job satisfaction (primary concern areas), turnover (and turnover intention) and absence (secondary importance).

Performance

Satisfaction

Turnover (& Turnover intention)

Absence
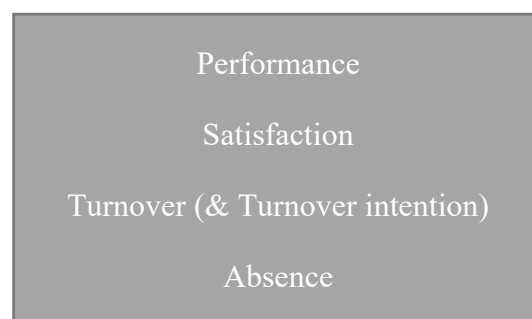
1 **Figure 3.1 Effectiveness outcome areas to be examined**

3.2 Performance

An individual's level of performance in a job role contributes to and impacts on the achievement of the goals of the organisation (Aguinis, 2009; Burke & Litwin, 1992). The performance of an individual can be defined in terms of behaviour (Campbell, 1990) and outcomes. Behaviour can be observed and measured in order to determine the level of proficiency of a given worker (Campbell, 1990; Motowidlo et al., 1997; Murphy, 1989; Smith, 1976). Through identifying effective workers through assessing their performance, it can help to inform recruitment and selection practices through identifying indicators of effective behaviours.

However, a common core problem with respect to performance is that although many managers believe they know intuitively whether or not a particular worker is effective, they do not know exactly how to quantify this performance (Woods, 2008). This is a common problem across the field of work and organisational psychology. Performance as a construct is so fundamentally important and yet elusive that it is often referred to simply as 'the criterion problem' (Dalal, 2005). This essentially represents a problem of the unavailability of a robust valid job performance measure (Austin & Villanova, 1992; Thayer, 1992), which inhibits research on inter alia, performance management, training evaluation and promotion planning. It also is at the core of the present research; what is effective care worker performance? Two core issues can be identified here; firstly identifying what constitutes effective performance and secondly what methods can be used to measure performance (Woods & West, 2015).

One key consideration when looking to identify what constitutes effective performance is that agreement between stakeholders regarding what constitutes the key performance dimensions is essential (Patterson et al., 2008; Currie et al., 2004). Consensus between stakeholders is fundamental to the present research if the performance measure is to be accepted. Therefore the inclusion of the key stakeholders involved in, or affected by, the delivery of care worker performance when developing a performance measure is crucial.

One challenge that exists and is important to highlight in relation to researching service type performance is that aspects of it are intangible and therefore hard to measure (Hyde et al., 2013). Furthermore, staff and service-user interaction (and its quality) is hard to guarantee through standardisation (Hyde et al., 2013), due to it being a unique and subjective experience. This is partly due to the concurrent nature of services, with production and experience occurring simultaneously, with provider and service-user cooperating in the process (Hyde & Davies, 2004).

One starting point for identifying what the social care role comprises is through examination of existing structured role analyses. One well-regarded source is O*net (2015), an occupation database containing information on hundreds of standardised and occupation-specific descriptors. It is continually updated by surveying workers from each occupation. As an American based tool the term adult social care worker is not represented, however *nursing assistant* appears to be a close match in terms of the overall role description. O*net provides details of work activities and styles associated with the job role. The work activities refer to types of job behaviours required by a given role (O*net, 2016b), and can therefore be considered here as a starting point to develop a performance effectiveness assessment measure. (The work styles refer to personal characteristics that can affect how well someone performs a job (O*net, 2016a), and is something therefore more relevant as predictor antecedents than performance behaviour. This will be discussed further in the second section of this chapter).

Ten fundamental work activities in which workers must be accomplished are detailed by O*net. These include assisting and caring for others, communicating with peers, subordinates and supervisors, identifying objects, actions and events, monitor surroundings, make decisions, and solve problems (O*net, 2016b). O*net therefore suggests initial relevant performance behaviours that social care workers should be competent in. These behaviours form an initial set of dimensions to consider when developing a performance effectiveness measure (objective one) and offer a basis for discussion of effective performance with stakeholders.

In addition to O*net, other professional literature suggests behaviours that help differentiate high quality care. For example, Skills for Care (2015a) propose core skills such as the worker accepts responsibility, solves problems, communicates effectively (written and verbal), works co-operatively, is flexible, and challenges poor practices. There is some overlap with the

dimensions identified by O*net although these are perhaps not as extensive as might be anticipated.

Beyond the professional pragmatic literature, we now must consider the theoretical construction of individual difference. The first aspect to consider are traits. These are internal dispositions that remain generally stable over time (Chamorro-Premuzic, 2007) and predispose individuals to certain behaviours. A number of core traits are generally considered to be essential in care workers including *empathy* (Patterson et al., 2012; Rubery et al., 2011; Strandberg et al., 2012), *care* and *compassion* (Burnell & Agan, 2013; Dewar et al., 2013; Francis, 2013; NHS, 2012; Pitt et al., 2014; Skills for Care on behalf of the Department of Health, 2014; West & Dawson, 2012). As traits manifest in performance through behaviour they are informative in the construction of a performance measurement tool. In addition they can also be considered as potential antecedents to performance (objective two), and will be discussed further in section 3.8. Trait Activation Theory (Tett and Burnett, 2003) indicates that candidates may experience intrinsic rewards through possessing these traits and then the role regularly activating them, generating a virtuous cycle of high performance behaviour leading to intrinsic reward.

Compassion comprises one component of the NHS (2012) compassion in practice "six C's", namely care, compassion, competence, communication, courage and commitment. It was initially developed in health care as a best practice method to the deliver high quality, compassionate care. It is now being adopted by social care (Skills for Care, 2016a). Dewar and Nolan (2013) highlight compassion and the relational knowledge that underpins it as a performance dimension that is important in carers. They declare carers must demonstrate recognition of vulnerability and suffering, relating to the needs of others, preserving integrity, and acknowledging the person behind the illness in order to be effective. This establishes a strong evidence base for the possible inclusion of compassion in a performance measure, but raises questions over what it looks like and how to assess it.

Finally Johnson et al. (2011) provides functional job skill requirements for supervisors to use to assess carers of challenging clients. These include assisting daily living activities, money and medication management, problem solving, effective reading and writing skills, excellent attendance and being attentive and showing patience (see appendix A for full list). This list further informs the range of performance elements to consider when constructing a performance measure for care workers. Beyond this the core skills identified by Skills for Care (2014b) are said to be essential for communicating effectively, time management, working safely, working with weights and measures, and keeping accurate records. This indicates these factors are important facets of performance to consider.

This review of some suggested dimensions of performance has identified that across various literatures there seems to be a developing consensus on some of the performance behaviours required of care workers. Those most commonly endorsed that require demonstrating by care workers are empathy, communication and compassion. However their relative importance, the means of assessing and observing them, and the cluster of other significant behaviours (as well as knowledge and skills) supporting them remain contested. Indeed, the discussion here highlights the absence of a generally recognised performance requirement against which to measure adult social care worker performance. However, the literature here can be used as a foundation for discussion when developing such a measure.

So far this chapter has discussed existing knowledge and models of care worker performance, a key outcome for recipients of the care workers actions and thus also for their employers. The next section 3.3 will address the outcome of more salience to the care worker themselves, specifically job satisfaction. Section 3.4 and 3.5 will discuss the secondary outcomes of turnover intention, turnover and absence.

3.3 Job satisfaction

While effectiveness is a key outcome of care worker performance, there are other relevant outcomes of care work. If performance is the key proximal outcome for the employer, then it could be argued that job satisfaction is the key proximal outcome for the employee. This therefore constitutes the second primary outcome of concern.

Job satisfaction is what is arguably most likely to lead to the employee terminating their employment (Griffeth et al., 2000), while poor performance is most likely to lead to the employer terminating employment. Job satisfaction is therefore also important to examine when understanding performance in the care sector. By examining job satisfaction alongside performance, a more complete recruitment model that is beneficial to both the care provider, existing care workers and future candidates and clients can be constructed. The importance of examining job satisfaction as an effectiveness outcome area is also supported through research evidence showing it to have reciprocal effects on job performance (Harrison et al., 2006) and to impact on absence (Robbins et al., 2010; Smith, 1977).

Job satisfaction is defined as a positive and emotional feeling concerning one's job, and one that results from an evaluation of the particular job's characteristics and facets (Brooke, Robbins, et al., 2010; Russell & Price, 1988; Spector, 1997). It is a complex phenomenon that involves consideration of numerous facets of a job role to generate an overall feeling. Individuals who hold positive evaluations of their role are more likely to have high levels of job satisfaction, whereas negative connotations are more likely to result in low job satisfaction. Research has shown job satisfaction to have a moderate relationship with job performance (Judge et al., 2001), although it can be argued performance may cause satisfaction (Harrison et al., 2006). Future research could examine this interplay more in the care sector.

High levels of job satisfaction has been shown to relate to a range of outcomes, including organisational citizenship behaviour (Hoffman et al., 2007; Le Pine, Erez & Johnson, 2002; Organ & Ryan 1995), higher customer satisfaction (Harter, Schmidt & Hayes, 2002; Koys, 2001), lower absenteeism (Smith, 1977), and lower turnover (Griffeth et al., 2000; Robbins et al., 2010). Lower levels of job satisfaction have been demonstrated to be associated with workplace deviances including substance abuse, stealing, undue socialising and tardiness (e.g. Harrison et al., 2006; Tett & Meyer, 1993) as well as manifesting in absence, lateness, or turnover intention (Eby et al., 1999; Harrison et al., 2006; Tett and Meyer, 1993; Woods et al., 2013).

Job satisfaction is therefore both an important outcome for the morale of an individual care worker, and also has ramifications for other important organisational outcomes including performance and turnover. Moreover, research suggesting a link between job and customer satisfaction (Harter et al., 2002; Koys, 2001) implies a further link to service user satisfaction.

Job satisfaction along with performance is therefore important to consider when developing a model of effectiveness to inform recruitment and selection. This is because it may be that candidates with a particular personality or values set are better suited to the job role, and in turn may experience higher levels of satisfaction once in the job. This can be explained in line with TAT (Tett and Burnett, 2003) whereby individuals who possess traits congruent to the role and therefore regularly activated will experience higher levels of job satisfaction. Furthermore in line with the JCM (Hackman and Oldham 1980; 1975) individuals may experience high levels of satisfaction due to the care worker role work being meaningful, which is a key psychological state in leading to satisfaction according to the JCM. Finally in line with the ASA framework (Schneider, 1987), a worker who is attracted and selected for the role and therefore is high in fit is more likely to be more satisfied and have less intention to leave (lower turnover attrition) (Arthur, Bell, Villado, & Doverspike, 2006; Parks and Guay,

2009). This shows the importance of job satisfaction and the implications it can have in line with the theoretical models identified in this research.

This second core section to the chapter has introduced the individually orientated effectiveness aspect of job satisfaction, which constitutes the second primary outcome of this research model. It has defined what the construct is and its relevance both for the individual and wider aspects of performance, including absence and turnover. The next section will move on to examining the secondary outcomes in more detail.

3.4 Turnover and turnover intention

3.4.1 Turnover

The third effectiveness area is turnover (or retention) and turnover intention. Turnover is arguably the most extreme form of withdrawal behaviour, resulting in an employee leaving their role entirely. High turnover rates have been associated with decreased customer, and in this context service user, satisfaction (Koys, 2001). It is also important to consider turnover because of the loss of a skill set and a member of the workforce. This is especially problematic in a sector such as social care, which strives to provide continuity in care (CQC 2010; Edebalk et al. 1995; Malley & Fernandez, 2010; Netten 2004, as cited in Rubery et al., 2011; NSA 2015). Turnover is a particular concern in the care sector due to the roughly 30% turnover rate in the sector (see section 2.2). The consideration of turnover also speaks to objective five of this research in relation to the drivers of attrition.

Turnover can be defined as the voluntary or involuntary permanent withdrawal from an organisation (Robbins et al., 2010). It is the termination of an individual's employment with a given organisation (Tett & Meyer, 1993). A by-product of high turnover is the consequential actions required to fulfil the activities undertaken by the leaver with their associated financial ramifications. The CIPD estimate the average cost of turnover and subsequent replacement

at £2000 (CIPD, 2017), whilst Skills for Care report the figure to be anything from £2000-£8200 per recruit (Skills for Care on behalf of the Department of Health, 2014; NMDS-SC, 2016). Furthermore, turnover leads to more than the lost human capital of that respective worker, it also leads to the loss of knowledge, skills and experience. It can lead to disruption within the workforce and subsequently the running of the organisation until a suitable replacement is found.

It is important to recognise that not all turnover is "bad". In fact if the "right" employees are leaving it can be a positive for the organisation (Robbins et al., 2010). It can create opportunities for other workers and can lead to the replacing of the worker with a more suited, more motivated, more skilled individual. For example in line with the ASA framework (Schneider, 1987) those individuals who do not fit the role once selected are likely to leave, and this is beneficial when it is due to poor fit. Turnover can also prevent the workforce becoming stagnant (Torrington et al., 2002). This can result in an improved, more efficient workforce. It can also result in the addition of fresh ideas and perspectives (Sturman & Trevor, 2001). However, when turnover pertains to large numbers of workers the organisation wishes to retain, then undesirable consequences may ensue. A major concern is that in an attempt to reduce turnover in some cases management are reported to be overlooking poor practises in order to prevent staff from leaving (RCN, 2012). This is especially worrying if as a consequence lower standards of work become accepted and normalised in a role with as much responsibility as that of a care worker. The staff shortages arising from high turnover can result in perceptions of a 'conveyor belt' of staff regularly passing through (RCN, 2012) such that remaining workers become unable to offer personalised service user centred care.

It is important therefore to delve deeper within the present research and to uncover the causes of satisfaction and retention and dissatisfaction and turnover due to its impact on quality and continuity in care (Lewis & West, 2014; UNISON, 2012). Section 3.9 will therefore

engage in a more explicit discussion of potential drivers of satisfaction and retention versus the drivers of dissatisfaction and attrition in relation to care work.

3.4.2 Turnover intention

The concept of turnover intention is closely related to turnover and is a therefore considered in combination with it. Turnover intention relates to the intent of an individual to withdraw from an organisation in either the near or long-term future. Turnover intention is also considered to be a conscious and deliberate willingness to leave an organisation (Tett & Meyer, 1993). It can be measured with reference to a specific interval (e.g. within the next year) and can be described as the final part of a sequence of withdrawal (Tett & Meyer, 1993). This sequence also includes thinking about leaving the organisation and also the intent to search for alterative employment (e.g., Mobley, Homer, & Hollingsworth, 1978). Turnover intention is an important construct to include within the present research as it has shown in to mediate the path between attitude and actual turnover (Mowday, Koberg, & McArthur, 1984). As with turnover identifying the key predictors of turnover intention will help in tackling the high turnover experienced within the sector. The identification of antecedents will enable prevention strategies to be developed and target specific.

Turnover intentions may arise as a result of poor fit with an organisation, and this can be explained in line with the ASA framework (Schneider, 1987) where poor fit following selection fuels turnover intentions (Arthur, et al., 2006; Parks and Guay, 2009). Turnover intentions can also be explained through Values Based Recruitment (Patterson, et al., 2015) whereby a poor fit of one's personal values to those of an organisation may motivate intentions to leave. Beyond this as with turnover, section 3.9 will provide a more explicit discussion of the potential drivers of dissatisfaction and attrition in relation to care work.

The discussion here has outlined the relevance of including turnover and turnover intention as indicators of effectiveness. In particular it highlights the financial ramifications of high turnover and the quality and organisational ramifications for other staff and service users.

3.5 Absence

The final effectiveness area identified here is that of absence and absenteeism. Absenteeism is generally defined as the failure to report to work (Johns, 2002), although a more precise definition identifies absenteeism as the lack of physical presence at a behaviour setting when and where one is expected to be (Harrison & Price, 2003). It is a further example of a withdrawal behaviour (Luchak & Gellatly, 2007; Meyer et al., 2002). Absenteeism is highly problematic and is proposed to cost the UK economy £18 billion a year (FirstCare, 2017). Furthermore, it has been estimated to cost businesses around 15% of their payroll (Navarro & Bass, 2006).

When employees fail to report to work it affects the organisation's functioning and performance. It disrupts the workflow and can lead to delays in decision-making processes and implementation of practices (Robbins et al., 2010). If absence is high the relationship with service users is compromised, and this relationship is essential to good care (Dewar and Nolan 2013; Malley and Fernandez, 2010; Rubery et al., 2011). Understaffing can also result in financial costs (e.g. through the requirement to fall back on bank staff) and/or lower care quality (Lewis & West, 2014), the latter being especially dangerous. Absence also causes increased workload to attending workers, and consequently increases the risk of overload and burnout to those workers. It is therefore a crucial aspect in relation to whether a care worker is effective.

Not all absence is avoidable and attendance should not be sought at all costs. However avoidable absence as a result of a worker's perception of both the organisation and their job

role is to be discouraged. If workers perceive either of these negatively then absenteeism (and turnover) is more likely to occur and this has repercussions on the ability of a provider to provide continuity in care to its service users.

Absenteeism therefore is the fourth and final key area to effectiveness explored in this research. The inclusion as the final effectiveness area completes objective one by identifying the final area of what constitutes an effective care worker.

3.6 Summary

Thus far, chapter three has identified four areas of effectiveness (performance, job satisfaction, turnover/ turnover intention and absence) that form the criterion domain of effectiveness for a care worker. This has addressed objective one and provided four outcome areas around which the present research will develop a performance effectiveness model.

Following the defining of effectiveness it is next important to consider what may lead to those effectiveness outcomes, and thus address objectives two and three. This focuses on identifying elements for recruitment and selection of care workers. This is particularly important as the Cavendish report (2013) proposes that experts from the sector say it impossible to train people to be caring, so therefore we must recruit people who are caring at the start. The second part of the chapter that follows will propose both the antecedents that will lead to the four effectiveness areas, as well as wider potential moderators that may impact on whether this relationship is realised.

3.7 Individual differences as antecedents and moderators of effectiveness

Having identified the performance domain for care work, the remainder of this chapter will explore and justify the choice of possible antecedents and moderators of these outcomes.

Each factor and characteristic to be included within the present research is introduced in turn. Individual level antecedents are primarily drawn from the domain of personality and values, as discussed in chapter two, and from a moderator perspective it involves person environment fit, organisational justice, organisational commitment and organisational identification. Beyond this, organisational drivers of key outcomes (particularly satisfaction and retention, and dissatisfaction and turnover) will be considered. In sum this will provide a clear and robust justification for each element's inclusion. Finally a theoretical model is presented which will be addressed in the research reported later in the thesis.

3.8 Antecedents of effectiveness

Personality

Values
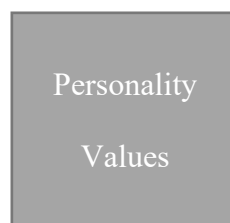
2 Figure 3.2 Antecedent variables to be examined

Individual differences are a fundamental building block to consider as they enable the differentiation between individuals and have been shown in chapter two and the first part of this chapter to be important in relation to care work. Personality is an example of an individual difference and it has been demonstrated to have significant and stable associations with job performance (Barrick & Mount, 1991; Barrick, Mount & Judge, 2001; Ozer & Benet-Martinez, 2005; Hurtz, & Donovan 2000; Judge et al., 1999; Mount, Barrick & Strauss, 1994; Salgado et al., 2003; Salgado, 1997; Schmidt & Hunter, 1998). While there is

an extensive literature on the link between intelligence and work performance, I'm not going to look at it within this research beyond taking a gauge of individuals qualifications as a proxy of intelligence. This is because as detailed in chapter two, the care worker role is an entry level position, and therefore intelligence is arguably of less concern.

Beyond personality as outlined in section 2.5.1 an issue growing in prominence in social care is that of values (Parks & Guay, 2009; Patterson et al., 2015; Schmidt & Hunter, 2004; Skills for Care, 2016b). If work goals and settings match an individual's values then it could yield higher performance (Parks & Guay, 2009), this also fits with the ASA framework (Schneider, 1987; 1978; Schneider et al. 1995) discussed in chapter two. Values are distinct from personality and therefore may add to the explanatory variance in performance.

Evidence demonstrates that values and personality structures are sufficiently stable (Conley, 1985; Feather, 1971; Rokeach, 1973; Rokeach, 1972; Schwartz, 1997) to permit some generalisations about how they are likely to impact behaviour in general (other things being equal). By examining both personality and values as individual differences, the present research entails both the implicit actions of personality and the cognitively controlled actions of values. However, there is confusion between the academic and professional literature between the terms attitudes, values, and personality, with terms often used interchangeably. For example, Skills for Care (2016b) promote a Values Based Recruitment method, and one case study that they promote (The Good Care group) involves a care provider identifying values and behaviours they found to be important in care workers. However one of these values is emotional stability, which is arguably a core personality trait, indeed one of the "big five" personality traits, a thoroughly tested and validated personality structure (e.g. Costa & McCrae, 1988; John & Srivastava, 1999). This research will focus on the more traditionally defined personality traits predominantly due to the stability they provide. Where values are used this will be in line with the academic perspective of values and the work by Schwartz (1992; 1994; 2012).

These two areas together provide a foundation that enables differentiation between candidates and therefore a basis upon which to select one individual over another. The section that follows (section 3.8.1) will firstly discuss personality traits and facets in relation to performance, satisfaction, turnover (and turnover intention) and absence. This will be followed by discussion of the second antecedent area of values (section 3.8.2).

3.8.1 Personality traits and Personality facets

Personality has been defined as people's characteristic patterns of behaviour, thought and emotion, combined with the processes, hidden or not, behind those mechanisms (Funder, 2001). Personality is an area of psychology that has readily been applied to the field of work and organisational psychology including recruitment and selection (Hogan & Holland, 2003; Ones, Dilchert, Viswesvaran, & Judge, 2007). Personality has been shown to predict important work outcomes including accidents (Clarke & Robertson, 2005), counterproductive work behaviours (Berry, Ones & Sackett, 2007; Ones, Viswesvaran & Schmidt, 2003; Salgado, 2002), and training success (Barrick & Mount, 1991). Moreover, crucially personality has been found to predict job performance (Barrick & Mount, 1991; Barrick et al., 2001; Hurtz, & Donovan 2000; Mount, Barrick & Strauss, 1994; Ozer & Benet-Martinez, 2005; Salgado, 1997; Schmidt and Hunter, 1998). Therefore it may help differentiate between individuals with respect to producing the desired effectiveness outcomes, and can help inform recruitment and selection decisions.

The 'Five Factor Model' (FFM) (or Big Five) (Funder, 2001) is one of the most common personality models. It proposes personality consists of five relatively independent dimensions that when combined provide a meaningful taxonomy for the study of individual differences. The table (3.1) below presents the five factors along with descriptions and behavioural tendencies.

2 Table 3.1 Table of the big five personality dimensions and their descriptions and behavioural tendencies

Trait	Description	Behavioural tendencies
Extraversion	Extent a person is outgoing and sociable, versus quiet and reserved	Sociable, gregarious, assertive, talkative, and active
Agreeableness	Extent a person is warm and trusting, versus cold and unfriendly	Altruism, nurturance, caring, and emotional support at one end and hostility, indifference to others, self-centeredness, spitefulness, and jealousy at the other of the spectrum. Also involves being courteous, flexible, trusting, good-natured, cooperative, forgiving, soft-hearted, and tolerant
Conscientiousness	Extent a person is organised and dependable, versus impulsive and disorganised	Hard-working, achievement-oriented, persevering, careful, and responsible; Attention to detail
Neuroticism (Emotional Stability)	Extent a person is calm and stable, versus neurotic and anxious	Anxious, depressed, angry, embarrassed, emotional, worried, and insecure
Openness to experience	Extent a person is imaginative and open to new experiences, versus narrow-minded and unimaginative	Scientific and artistic creativity, divergent thinking, and political liberalism

Table informed from Woods & West (2010); Judge et al. (1999); Barrick & Mount (1991); McCrae & John (1992); Digman (1990); Judge et al. (2002); McCrae (1996).

Each of the five core trait dimensions is assessed on a bipolar scale. For example those scoring high on extraversion are increasingly likely to demonstrate behaviour relating to being outgoing and sociable. Whereas an individual scoring low on the trait dimension is more likely to be introverted and be more reserved and quiet. The Big Five are dimensions and this means individuals can be described as having varying degrees of each trait. This is opposed to type theory of personality whereby a person is assigned as either extraverted or introverted.

In combination with the five broad traits it is important to consider the niche facets of personality. Personality facets are more precise measures of personality traits that sit below

the broad traits such as the 'Big Five'. These facets can be matched against role requirements and enable more precise matching of traits to particular job requirements. This can have positive benefits on performance. The importance of considering facets is demonstrated by Hogan and Holland (2003) who found that in order to maximise the predictive utility of personality traits in the context of job performance, it is important to consider which specific traits might be relevant for the particular job role. Many measures of personality have facet scales built in that are subsets of the broad five factors. One such measure is the 'Big Five Inventory' (BFI) (John & Srivastava, 1999; Soto & John, 2009). This is a valid and popular measure due to its concise 44-item length and is outlined below in table 3.2 and shows each trait consists of two facets. Section 3.8.1.1 – 3.8.1.4 will discuss research exploring the links between personality and each of the effectiveness outcome domains discussed above.

3 Table 3.2 Table of big five dimensions and facets – Big five inventory

Personality Trait	Facets
Extraversion	Assertiveness
	Activity
Agreeableness	Altruism
	Compliance
Conscientiousness	Order
	Self-Discipline
Neuroticism (Emotional Stability)	Anxiety
	Depression
Openness	Aesthetics
	Ideas

Table informed by (John & Srivastava, 1999; Soto & John, 2009)

3.8.1.1 Personality and Performance

There has been a considerable amount of research seeking to identify links between personality and performance. Research has shown individuals who are high in extraversion produce higher job performance (Ozer & Benet-Martinez, 2005) and perform better in roles that require interpersonal interaction and social skills (Ashton et al., 2002; Tett & Burnett, 2003). This is said to be due to them being more adept at social and emotional expressivity,

social and emotional control, and emotional sensitivity. It is also said to be because they have more social skills and spend longer and more frequent periods in social situations interacting with people (Ashton et al., 2002; Judge & Zapata, 2015; Riggio, 1986; Zimmerman & Darnold, 2009).

When applying this to the care worker role, a large part of the role involves interaction with team members and service-users. Therefore extraversion may be desirable for individuals in the role. However, there are drawbacks to those high in extraversion and thus should be treated with caution. For example individuals who are high in extraversion have been shown to be more impulsive and engage in risky behaviour (Spirling & Persaud, 2003). In the context of the care worker role this may mean encouraging service users to try things they are not confident in doing.

Conscientiousness has also been found consistently to link to higher performance and better training outcomes (Barrick & Mount, 1991; Mount, et al., 1994; Hurtz, & Donovan 2000), as well as citizenship behaviours (Borman, Penner, Allen, & Motowidlo, 2001). Conscientious individuals are said to work harder in order to learn the job role and this results in them performing the role more effectively (Schmidt &Hunter, 1998).

The implications of this for the care worker role are individuals may work harder during training exercises and onboarding when they are new. As a result they are more likely to become accomplished in the role and provide a higher level of performance. A drawback may be that in a fast moving dynamic role such as that of a care worker, there simply is not the time to be as detail conscious as those high in conscientiousness may require. This may lead to frustration.

Those who score high on the trait agreeableness are reported to be better liked and better in job roles that involve interpersonal relations (Robbins et al., 2010). Furthermore, those higher

on agreeableness demonstrate more prosocial work behaviours (Chiaburu, Oh, Berry, Li, & Gardner, 2011), due to them being motivated to maintain positive interpersonal relationships (Barrick, Stewart, & Piotrowski, 2002).

Agreeableness therefore appears especially relevant to the care worker role as it is often associated with demonstration of caring and concern for others (Costa & McCrae, 1988), a core part of the role. This coupled with the interpersonal nature of the role indicates that this is a further personality dimension that has potential to lead to enhanced performance in the care worker role.

Individuals high in openness to experience have been demonstrated to cope better with changing work contexts, due to them being more comfortable with ambiguity (Le Pine, Colquitt & Erez 2000). The care worker role requires flexibility as the nature of the work is dynamic. It therefore may be advantageous for workers to possess high levels of openness. The possible drawback being if an individual is low on openness to experience they may find the role difficult as they struggle to adapt to change and variety.

Finally, emotional stability (neuroticism) has also been found to link to higher performance (Ozer & Benet-Martinez, 2005). Such individuals are less susceptible to negative affect and better at demonstrating emotional control, which is particularly important in social skills (Riggio, 1986). Moreover, Judge and Zapata (2015) reported emotional stability should be valued in occupations requiring strong social skills, particularly those that require dealing with unpleasant or angry people.

When relating this to the care worker role it would seem likely those higher in emotional stability would be more effective as care workers. This is because the care worker role can involve a lot of interaction with challenging behaviours and may involve interaction with unpleasant people at times. Coupled with this, an individual high in emotional stability may

be more likely to control their emotions and prevent themselves from becoming too emotionally invested. This will help them remain professional and objective. This demonstrates how personality traits can link to effectiveness in role performance.

Beyond the broad Big Five personality traits discussed, when considering the facets of personality such as those in table 3.2 above, it is likely these will have impacts on an individual's performance in the care worker role. For example those higher in *altruism*, and therefore those who are more selfless and concerned for others' wellbeing, are potentially more likely to excel in the role as this facet relates to the role requirements. Similarly those higher in the facet *activity*, which relates to the extent an individual is energetic (John & Srivastava, 1999) may perform better in the role as it requires a lot of physical requirements. Whereas those higher in *anxiety* may struggle in the role as it has a lot of responsibility and this may make them anxious and worried. This demonstrates why it is important to consider the facets of personality beyond the broad Big Five traits.

Research has proposed a range of traits, abilities, aptitudes, and skills that are beneficial to good care worker practice. These include compassion, respect, empathy, integrity, courage, responsibility, imagination, adaptability, and treating people with dignity (Burnell & Agan, 2013; Cavendish, 2013; CQC-NHS 2013; Dewar et al., 2013; Francis 2013; NSA, 2014; 2015; NSA, 2014; 2015; Patterson et al., 2015; Patterson et al., 2012; NHS 2012; Pitt et al., 2014; Rubery et al., 2011; Skills for Care on behalf of the Department of Health**,** 2014; Strandberg et al., 2012; Van Bogaert et al., 2013; West & Dawson, 2012). Beyond these, workers are expected to be reliable, follow instructions and procedures and understand people's feelings (Skills for Care 2015c; Patterson et al., 2012).

It is apparent when looking at this list that someone high in conscientiousness, which relates to following rules and procedures, is likely to be reliable and follow instructions and procedures in their work. Moreover someone high in agreeableness, or the agreeableness

facet of altruism (shows concern for others) are likely to understand people's feelings. This shows how the Big Five and personality trait facets relate to the care worker role requirements.

When considering specific research examples of personality traits in care, Robson et al. (2010) created a composite predictor including agreeableness and conscientiousness. They applied this to the care sector and found it significantly correlated with performance. This demonstrates the potential of examining personality in relation to performance, and in turn the benefits in including it within recruitment and selection. This sets precedent to begin looking at traits in care worker selection. This again reiterates the important role personality may play in relating to effective performance.

Finally personality traits have been demonstrated to be associated with a range of behavioural traits, or in O*net's terms work styles. I constructed Table 3.3 below to show how personality traits relate to the O*net 'work styles'. The table presents examples of the work styles, the trait I believe it to associate with, and description of that trait. To exemplify this further, those high in conscientiousness are more likely to be dependable, and pay attention to detail. Similarly those high on openness to experience will have better imagination and flexibility. This demonstrates how personality can play an important role in representing key aspects care workers are required to have, and this may provide means of identifying characteristics that lead to effective care worker performance.

4 Table 3.3 O*net work styles linked to personality traits and descriptions from table 3.2

O*net style	Personality	Description examples
Dependability	**Conscientiousness**	Organised, Dependable, Responsible
Concern for others	**Agreeableness**	Altruism, Nurturance, Caring, Emotional Support, Soft-hearted
Cooperation	**Agreeableness**	Courteous, Cooperative, Tolerant
Attention to detail	**Conscientiousness**	Attention to detail

Adaptability and Flexibility	Agreeableness	Flexible
	Openness to experience	Open to new experiences

3.8.1.2 Personality and Job satisfaction

Personality has also been found to associate with job satisfaction (Brief & Weiss, 2002; Bruk-Lee et al., 2009; Judge et al., 2002; Judge & Hurst, 2007; Judge et al., 2000; Mount et al., 2006; Organ & Lingl, 1995; Robson et al., 2010; Tokar & Subich 1997) and life satisfaction (Judge, Bono, Erez & Locke, 2005). Specifically, neuroticism has been found to relate to negative affectivity, and individuals high in negative affectivity are more likely to experience less job satisfaction. Linked to this, emotional stability (low neuroticism) has been found to link to higher life and job satisfaction (Judge et al., 2002; Ozer & Benet-Martinez, 2005; Tokar & Subich 1997). Extraversion is said to relate to positive affectivity (Brief & Weiss 2002), and those high in positive affectivity are more likely to be satisfied in their job. An individual's affectivity impacts on how the individual perceives objective job circumstances, thus affecting their satisfaction in that job (Brief & Weiss 2002). So those with higher positive affect tend to perceive themselves and their surroundings more positively and are more likely to recall more positive than negative information concerning their work environments (Brief, et al., 1995; Brief & Weiss, 2002; Watson & Slack, 1993; Weiss & Cropanzano, 1996).

Robson et al's (2010) composite predictor outlined above was also found to significantly correlated with satisfaction. Further examples showing the big five personality traits relating to job satisfaction include agreeableness (Mount et al., 2006; Organ & Lingl, 1995; Robson et al., 2010), conscientiousness (Furnham et al., 2009; Organ & Lingl, 1995; Robson et al., 2010), and extraversion, with those high in extraversion having higher job satisfaction (Judge et al., 2002; Tokar & Subich 1997).

3.8.1.3 Personality and Turnover and Turnover intention

Personality has been shown to impact on both turnover and turnover intentions (Mobley, et al., 1979; Steers & Mowday, 1981; Robson et al., 2010). Barrick and Mount (1991) found that emotional stability and conscientiousness both had weak relationships with turnover. Salgado (2002) found much stronger relationships between personality and turnover for openness and emotional stability. Emotional stability has further been shown to (negatively) predict employee's intentions to leave, and conscientiousness and agreeableness have been shown to (negatively) predict actual turnover (Zimmerman, 2008). Whilst Robson et al's study (2010) identified above also found agreeableness and conscientiousness associated with turnover in care workers.

Arguments can be put forward as to how these personality traits affect turnover and turnover intentions. Highly conscientiousness individuals may feel an obligation to remain in the role (Maertz & Campion, 2004; Maertz & Griffeth, 2004), while high agreeableness may be associated with tenure as such individuals are likely to be more understanding of negative aspects of their environment. Finally, emotionally unstable workers may experience more insecurity in relation to their ability to perform the job role (Zimmerman, 2008). Thus increasing their propensity to quit, especially early in their job tenure (Judge & Ilies, 2002). Zimmerman (2008) further demonstrated direct effects from personality to both turnover and turnover intention that were not captured through job satisfaction and performance and that individuals low on agreeableness or high on openness may engage in unplanned turnover. This provides an evidence base to indicate traits could impact on retention and turnover in care workers.

Case study research has further demonstrated the beneficial role personality profiles can play in relation to the care worker role. Staff higher in empathy and introversion were found to be more likely to stay and demonstrate less sickness and absence (Cavendish, 2013). The present research also answers calls from wider literature in relation to calling for more

research on methods to control turnover by focusing on applicants, rather than job incumbents (Griffeth et al., 2000; Hom & Griffeth, 1984; McEvoy & Cascio, 1985). Through identifying traits and causes of turnover it can help inform the recruitment and selection process, which is the key objective of this research.

3.8.1.4 Personality and Absence

The links between personality and absence have already been alluded to in relation to Cavendish's study. Ones et al. (2003) also proposed that personality is crucial in the production of absence behaviour and urged future research to examine this link in more detail. They proposed benefits of considering personality in personnel selection due to the link with absence behaviour. Studies have identified the role personality can play in relation to absence. For example it has been shown extraversion (Judge et al., 1997; Spirling & Persaud, 2003), conscientiousness (Bernardin, 1977; Conte & Jacobs, 1999; Judge et al., 2007; Furnham & Miller, 1997; Hattrup et al., 1998) and neuroticism (Bernardin, 1977; Cooper & Payne, 1965; Furnham & Miller, 1997) predict absenteeism (Judge et al., 1997), with conscientiousness negatively relating and neuroticism and extraversion positively relating. Finally, individuals who score higher on agreeableness have been found to demonstrate less organisational deviance, and more prosocial work behaviours, indicating this may include less absence behaviour (Chiaburu, et al., 2011). However other research has failed to establish a link between personality and absence (e.g. Salgado, 2002).

3.8.1.5 Personality summary

There is therefore significant evidence to suggest that personality is influential in relation to all of the outcome domains of interest to this study, namely performance, job satisfaction, turnover (and turnover intention) and absence.

Overall the evidence presented in relation to the role of personality in leading to the four effectiveness areas again drives the examination of personality traits in the recruitment and selection of social care workers. Furthermore, given the entry-level nature of the role it is arguably a central concern to the present research, and provides a core individual difference building block to use to differentiate between candidates. The relative stability of personality over time also supports its usefulness as a selection criterion (Roberts & DelVecchio, 2000), although research also increasingly suggests that personality continues to develop in adulthood (Roberts, Robins, Caspi, & Trzesniewski, 2003; Roberts, Walton, & Viechtbauer, 2006) and that there is a more complex reciprocal interplay of personality and working life. The application of personality traits helps address objective two and in turn can therefore help inform the choice of relevant selection techniques. In doing so it helps address objectives four of this research.

3.8.2. Values

In recent years, attention has increasingly been turned to the role of values in predicting performance. Values are learned, socially endorsed beliefs that reflect an adaption of one's needs to what is considered acceptable in society (Rokeach, 1972). Schwartz can be considered a pioneer of the research into values and has been influential in research into both the development and refinement of values (E.g. Schwartz 1992; 1994; 2012). He identified 10 motivationally distinct types of values that people in all cultures recognise (Schwartz, 2012; 1994; 1992) (table 3.4). Schwartz (2012) reports how studies have assessed the 10 values theory with data from hundreds of samples in 82 countries around the world. The samples include highly diverse geographic, cultural, linguistic, religious, age, gender, and occupational groups, with representative national samples from 37 countries (Bilsky, Janik & Schwartz, 2011; Davidov et al., 2008; Schwartz, 2006). In these analyses, each of the ten basic values is distinguished in at least 90% of samples. This shows the validity and applicability of implementing parts of this in the present research, especially in a sector known for high diversity in its workers.

5 Table 3.4 Schwartz personal value areas and definitions

Value	Definition
Self-direction	Independent thought and action—choosing, creating, exploring.
Stimulation	Excitement, novelty, and challenge in life
Hedonism	Pleasure or sensuous gratification for oneself.
Achievement	Personal success through demonstrating competence according to social standards.
Power	Social status and prestige, control or dominance over people and resources.
Security	Safety, harmony, and stability of society, of relationships, and of self.
Conformity*	Restraint of actions, inclinations, and impulses likely to upset or harm others and violate social expectations or norms.
Tradition	Respect, commitment, and acceptance of the customs and ideas that one's culture or religion provides.
Benevolence*	Preserving and enhancing the welfare of those with whom one is in frequent personal contact (the 'in-group').
Universalism	Understanding, appreciation, tolerance, and protection for the welfare of all people and for nature. Universalism values derive from survival needs of individuals and groups.

(Table informed by Schwartz, 2012)

*Schwartz states Benevolence and conformity values both promote cooperative and supportive social relations. However, benevolence values provide an internalised motivational base for such behaviour. In contrast, conformity values promote cooperation in order to avoid negative outcomes for self. Both values may motivate the same helpful act, separately or together.

When considering the nature of values, it is said that it concerns what we as individuals see as important in life. As a result, what is seen as important to one person, may not be seen as important by another (Schwartz, 2012). Moreover, with some of the values being compatible (and others conflicting), it causes the individual to decide which value to pursue at the cost of the other. Values will therefore influence actions of individuals when they are relevant in the context (I.e. likely to be activated) and important to the actor. The value theory developed by Schwartz contains six main features of values that are said to be implicit in the writings of many theorists. Schwartz (2012) states these theorists include Allport (1961), Feather (1995) and Rokeach (1973) amongst others.

The first of the six features detailed by Schwartz (2012) is that values are beliefs. This means they are linked to affect. When a value is activated it links to feelings. For example if an

honest person can be honest they are content, if they are asked to lie they will feel distress. This is similar to TAT (Tett & Burnett, 2003) and can help explain both performance and satisfaction levels. The second is that values refer to desirable goals that motivate action. For example someone who values helpfulness will pursue being helpful. The third concerns values transcending specific actions and situations. For example someone who is honest will be honest at home, at work, with friends and with strangers. It is not specific to one place. The fourth feature is values serve as standards or criteria. In explanation, this is that values guide the evaluation and selection of actions and events. People will decide what is good and bad and what is worth doing or avoiding, based on the consequences it will have on their held values. However, in everyday decisions the impact of values is very rarely conscious, it only becomes conscious when the actions or judgments have consequences for the held values. The penultimate feature is that values are ordered by importance. The order in which the values are placed characterise us as individuals. This hierarchical feature is said to differentiate values from attitudes and norms (Schwartz, 2012). Finally the relative importance of multiple values guides action. Any attitude or behaviour has a knock-on implication typically to more than one value. Moreover, the trade-off among relevant, competing values guides attitudes and behaviours (Schwartz, 1992, 1996).

A person pursues values by behaving in a way that expresses them or promotes their attainment (Bardi & Schwartz, 2003). The reason for concordance can be for a variety of reasons, such as the need for consistency between one's beliefs (values) and actions (e.g., Rokeach, 1973). A further reason is the rewarding feeling individual's associate with acting constant to their values. This has been shown in hypothetical situations within research (Feather, 1995; Sagiv & Schwartz, 1995).

In real-life situations, values are but one of many factors that may influence behaviour, and therefore is the reason for them being only one antecedent variable in this research. Bardi and Schwartz (2003) state the importance and need to measure behaviour in relation to

values. Values have been shown to have impacts on the behaviour of individuals and to affect how one acts and performs in the workplace (Parks & Guay, 2009; Schwartz 2012; Schwartz, 1994). The driving argument for the inclusion of values in this present research is that they can give an indication of how an individual will act in a given situation and are stable and ingrained (Conley, 1985; England & Lee, 1974; Feather, 1971; Rokeach, 1972; Rokeach, 1973; Schwartz, 1997). Skills for Care has also argued for the importance of consideration of values in social care, although primarily from a fit or retention perspective, rather than as a behavioural predictor. The present research therefore looks to explore whether there is a clear contribution that understanding values can make to care worker performance and therefore could be used in recruitment and selection.

While values and personality are conceptually similar and there is overlap between the two constructs. There is often confusion surrounding what is a personality trait and what is a value. Therefore it is important to clearly differentiate between the two constructs. Parks and Guay (2009) help with this important differentiation. A first fundamental aspect is that personality traits are relatively intrinsic dispositions that are fundamental to a person (Olver & Mooradian, 2003), while the individual can more readily manipulate the values they hold. An example given by Parks and Guay (2009) is that someone who behaves in an outgoing extraverted manner does so because of a pre-disposition. In contrast someone who acts in an honest manner does so because they have learned that is the acceptable way to behave and function. Secondly, although values are relatively stable they are susceptible to change if or when an individual comes in to contact with a new environment (Rokeach, 1973). On the contrary, personality traits are relatively stable over the lifetime (Judge, et al., 1999; McCrae et al., 2000) (although some dispute this, e.g. Mischel, (1968) who emphasised the importance of the situation on personality traits). Beyond this a fundamental difference is the evaluative component that is present in values, which links to values relating to what we ought to do whilst personality relates to what we tend to do. A final difference is that personality traits do not conflict with each other (e.g. we can express extraversion and

conscientiousness simultaneously), whereas values may conflict and we pursue one at the expense of another.

Personality and values however are not entirely independent (Olver & Mooradian, 2003). Parks and Guay (2009) exemplify how personality may influence the choice of values where an agreeable individual who might decide that the value type of benevolence is more important than that of power (irrespective of what they have learned from their parents and other role models) because this is consistent with their personality. This implies that values and personality may interact in predicting behaviour, and therefore that both are important to consider in relation to behaviour.

3.8.2.1 Values and Performance

In the context of social care and the care worker job role, the Cavendish report (2013) cites research that recruiting for values in nursing staff led to higher staff performance and increased patient care and a reduction in staff turnover (between 25%-33%). This indicates that understanding values may lead to improved effectiveness. The values of conformity and benevolence are conceptually important (Schwartz, 2012; 1992). Schwartz describes conformity as the restraint of actions, inclinations, and impulses likely to upset or harm others and that violate social expectations or norms. He stipulates that conformity values derive from the requirement that individuals inhibit inclinations that might disrupt and undermine smooth interaction and group functioning. He defines conformity values as emphasising self-restraint in everyday interaction; usually with close others such as elders. This definition is applicable to the care worker role in social care, whereby as described previously they may come in to interaction with challenging clients and other stakeholders.

Secondly, Schwartz states the value benevolence relates to preserving and enhancing the welfare of those with whom one is in frequent personal contact. He further states that benevolence emphasises voluntary concern for others' welfare suggesting that this may be

an important value for a care worker to possess. Parks (2007) meta-analytic research found the personality trait agreeableness to relate to benevolence. Parks stated this relationship makes sense given that agreeableness describes the extent to which individuals tend to be friendly, loyal, and cooperative, while the benevolence value domain captures the belief that individuals ought to be honest, friendly, and helpful. This further demonstrates the utility of examining both personality traits and values together, and also reiterates the conceptual relation that these have to the care worker job role.

Schwartz (2012) states that both benevolence and conformity values promote cooperative and supportive social relations. Crucially, he differentiates that benevolence values provide an internalised motivational base for such behaviour. Whereas in contrast, conformity values promote cooperation in order to avoid negative outcomes for self. However, the crucial point being both values may motivate the same helpful act, separately or together. The consequence of this being both values are applicable to the care worker job role in social care, and they require including within the present research due to their impacts they can have on performance and the other effectiveness areas. Examining values in this way is consistent with Parks and Guay (2009) values as principles strand (See section 2.5.1 where this was discussed) with the view of predicting performance behaviour.

3.8.2.2 Values and Job satisfaction

The values of an individual can influence perceptions of job satisfaction (Schwartz, 2012; Yahyagil, 2015). Yahyagil identified the values of self-direction, achievement, hedonism and conformity to be positively and strongly linked to job satisfaction. Essentially values are said to underlie our attitudes and are the basis of our evaluations (Schwartz, 2012). Therefore they underlie our evaluations of behaviour, people, and events and in extension also job roles and work-based events. We evaluate these aspects positively if they promote or protect attainment of the goals we value; and evaluate them negatively if they hinder or threaten attainment of these valued goals. Therefore it can be proposed that job satisfaction will be a

result of an individual working in an environment that promotes or protects the individual values they hold.

Consistent with Schwartz (2012) and Tett and Burnett's (2003) TAT: if an individual's values are consistently being activated in the care worker role due to the role demands, then they will benefit from intrinsic satisfaction and in turn experience job satisfaction. The two key values to be considered within this research are benevolence and conformity, and evidence already demonstrates conformity to link to satisfaction (Yahyagil, 2015). Therefore it can be proposed that individuals with these values are likely to experience increased satisfaction in line with the role requirements.

3.8.2.3 Values and Turnover and Turnover intention

Schwartz (2012) states values underlie our evaluations and that we evaluate aspects positively if they promote or protect attainment of the goals we value; and evaluate them negatively if they hinder or threaten attainment of these valued goals. This links to Maltarich et al. (2010) who propose that congruence between an employee's abilities and the working environment is insufficient on its own. Instead congruence must also include the employee's values relative to the working environment (Dawis & Lofquist, 1984). The stronger the value congruence, the less likely an employee is to leave voluntarily (Spokane, Meir, & Catalano, 2000; Tranberg, Slane, & Ekeberg, 1993).

The link between values of an individual and turnover can also be explained in line with ASA theory (Schneider, 1987; 1978; Schneider et al. 1995). This is because when applied to social care an individual is said to be attracted to a role or provider based on their perceived fit. This then leads to selection if the provider perceives their organisation values to be consistent with the applicants' values. This would suggest candidates will be drawn to the role based on their perception that their values of conformity and benevolence fit the care worker job role, and that the provider similarly sees these as important. However if once in

the role these values do not fit or are not leading to high performance and satisfaction then the worker is increasingly likely to leave causing attrition. Finally in relation to values and turnover, the Cavendish report (2013) cited earlier also found that the use of the Hartman Values Profile Tool when recruiting nursing staff led to a reduction in staff turnover (between 25%-33%). Overall this again suggests values can be influential in relation to the effectiveness areas of concern in the present research.

3.8.2.4 Values and Absence

There is little evidence that considers values in relation to absence. However when considering that values are ordered by importance (Schwartz, 1994; 2012) a person's value hierarchy may indicate how they will act in a given situation involving absence decisions. It is proposed that if two values are in conflict then the individual will attend and behave in a manner consistent to the order of importance of the two values. For example, a person who values hedonism (pursuit of pleasure) more than conformity (restraint of actions likely to violate social norms), will when in a situation where they have to choose between going to work or going to the football, will be more likely to go to the football (unless obvious consequences). This is because they place a greater importance on personal desires. This suggests in line with Schwartz absence could occur as a result of the relative order of importance of values. The present research will examine the relationship between conformity and benevolence and the absence of workers.

3.8.2.5 Values summary

Overall the evidence presented here supports the inclusion of values assessment in relation to the key criterion domains. While this research will only focus on two core values, future research could explore the relation to care worker absence in more depth by utilising the full 10 value areas of Schwartz's circumplex. Values provide a core individual difference building block to use to differentiate between candidates. The application of values helps address

objective two and in turn can therefore help inform the choice of relevant section items and methods. In doing so it helps to address objective four of this research.

3.9 Identification of the specific drivers of satisfaction and retention and dissatisfaction and turnover in care workers.

3.9.1 Drivers of satisfaction and retention

So far this chapter has introduced the two core antecedents to be considered in the present research, namely personality and values. These are both factors vested in the individual. This next section will move beyond this to present the key drivers of satisfaction and retention and dissatisfaction and attrition from the social care literature in order to inform potential factors relating to objective five (To identify the drivers of retention and attrition in the adult social care sector).

It is assumed a satisfied worker is more likely to remain in their role, compared to a dissatisfied worker who may consider that they no longer fit within the role or company and will leave (in line with ASA theory- Schneider et al., 1995) (Arnold & Feldman, 1982; Baroudi, 1985; Cotton & Tuttle, 1986; Igbaria & Greenhaus, 1992). Understanding candidates' preferences in work adds a further level of depth in evaluating the match between the individual and the work. McClimont and Grove (2004) reported aspects including training, flexibility and chances to progress their career to be important in leading to job satisfaction in care work. It is possible to consider that these drivers in relation to the design of work in turn may lead to longer tenure and reduced turnover, and in extension potentially to improved performance and less absence.

When considering the aspects research has identified as being influential in job satisfaction and retention, it is apparent they can be organised in line with The Job Characteristics Model

(JCM) (Hackman and Oldham, 1980; 1975; Humphrey et al., 2007). The JCM details features of a job that motivates individuals. The JCM proposes a standard set of features be built into jobs in order to make them rewarding and motivating to workers. These elements play an important role in leading to desirable outcomes including job performance, satisfaction, commitment and turnover. When examining the JCM, it is apparent that some of these elements resonate with aspects identified in the literature as important to care worker satisfaction. These include the JCM elements of flexibility and autonomy, task significance, meaningfulness, and responsibility. The following sections will use the JCM as an organising framework for the drivers of care worker satisfaction and retention.

Firstly with respect to the JCM elements of autonomy and flexibility, Eborall (2003) highlighted flexibility as key to care workers, and where this is inhibited then recruitment and retention is affected. The importance of autonomy has also been demonstrated to result in higher satisfaction, retention and tenure in care workers (Butler et al., 2013; Ekosgen, for Skills for Care, 2013; Rubery et al., 2011), with a lack of autonomy causing dissatisfaction and turnover (Rubery et al., 2011).

The second theme in the care work literature relating to drivers of satisfaction and retention relates to the JCM elements of task significance and meaningfulness of the work. McClimont and Grove (2004) surveyed 3,000 care workers. They found that "liking care work" and "wanting to help people" were two core reasons for entering the sector, and therefore drivers of satisfaction and retention decisions, findings echoed by NCPQSW, (2015) and Skills for Care (TNS, 2007). Further, research has found the nature of the work is fundamental for entering care, with the "rewarding nature" of the role being identified as crucial (Rubery et al., 2011). Research on care homes in Northern Ireland revealed that a commitment to caring was the fundamental reason why employees had not considered leaving their job role (Fleming & Taylor 2007). This indicates intrinsic rewards drive attraction, satisfaction, and retention in care workers, opposed to the external rewards (e.g. monetary rewards). This is

consistent with the proposed JCM elements detailed. Beyond this, TAT may help in explaining the intrinsic benefits causing satisfaction, whereby the role is triggering traits such as altruism in individuals high in this trait.

The third area relating to drivers of satisfaction and retention again resonates with the task significance and meaningfulness element of the JCM and entails the care worker role being meaningful. Research indicates that care workers feeling that they can make a real difference in the work they are doing is a major satisfaction (Downs, 2016; Rubery et al., 2011; Skills for Care (TNS), 2007). Engaging in satisfying and meaningful work is often in contrast to previous positions of similar work with few barriers to entry. Competing options for care workers include retail or factory work, which is often described as being monotonous (Rubery et al. 2011). This relates to the task significance element that proposes that workers will feel more meaningfulness in a job that substantially improves either psychological or physical wellbeing of others, than a job that has limited effect on anyone else (Hackman & Oldham, 1975). This is supported by Eborall (2003), who stated social care work is "intrinsically satisfying" as workers feel they can, in principle, "make a difference" in their job. The consequence being this should be a positive aspect and should not be something causing workers to leave the job role. This relates to the personality traits altruism, compassion and empathy; and the values set of benevolence.

Finally task significance as well as responsibility from the JCM can also be considered to apply to the care worker role in the context of the relationship with service users. This relationship as well as service user happiness and being able to display empathy is a final core satisfaction source that is key in the role (Cunningham, 2005; McClimont & Grove, 2004; Rubery et al., 2011; Skills for Care (TNS) 2007; Strandberg et al., 2012). This also indicates that if a provider or company prevent care workers accessing this source of satisfaction, it risks causing dissatisfaction and in turn creates a heightened risk of attrition (in line with the ASA model). This forms an evidence base to consider. The present research will

undertake interviews with care workers to identify the drivers of satisfaction and retention and dissatisfaction and attrition.

3.9.2 Drivers of dissatisfaction and turnover

While the previous section has identified drivers of satisfaction, there may also be separate drivers of dissatisfaction. Some of these can be grouped into HR type factors such as dissatisfaction with the office, increased paperwork, unpredictable and unsociable working hours, high numbers of absent staff, being under staffed, and poor pay (Cunningham 2005; Rubery et al., 2011; Skills for Care (TNS) 2007). On the notion of poor pay there is much debate about whether this dissatisfaction would go as far as manifesting into the care worker leaving. On the one hand it is cited as a major dissatisfaction (Skills for Care (TNS) 2007) and those who have left their employer (but remained in the sector) often cited better pay as a core reason for doing so (Rubery et al. 2011). However, only one person cited this as a reason to leave in Rubery et al's work. Moreover, Skills for Care (2013a) found pay freezes did not cause higher staff turnover. Shift work and working unsociable hours, sometimes on zero-hour contracts can also reduce the attractiveness of a role. Downs (2016) found a quarter of care workers felt their role was not appreciated or understood by society. Arguably of more concern is that around the same proportion believed they were treated as "second-class workers". These dissatisfiers echo Herzberg et al's (1959) two-factor model of intrinsic satisfiers and extrinsic dissatisfiers.

The actions of management can also give rise to dissatisfaction (McClimont & Grove 2004; Rubery et al., 2011; Skills for Care (TNS), 2007). McClimont and Grove (2004) identifies the importance for job satisfaction of managerial support and emphasised how dissatisfaction and unhappiness tend to relate to the employer (provider) rather than the job role (see also Rubery et al., 2011; Skills for Care (TNS), 2007). This results in workers job-hopping within the sector (Rubery et al., 2011), as demonstrated by Skills for Care (2015d), and reflected in NAO (2014) findings of 42% of leavers remaining in the sector (chapter two section 2.2).

Management and colleagues may be either a favourite aspect of the care role or a reason for turnover (Rubery et al., 2011; Skills for Care (TNS), 2007). Providing feedback and knowledge of results (again core to the JCM) can further enhance performance and satisfaction and reduce turnover. It is suspected here that some of the attrition experienced within the sector could result from poor management practices including a lack of support and feedback.

Career prospects and progression opportunities are further potential sources of either satisfaction or dissatisfaction and turnover (Downs, 2016; NCPQSW, 2015). Both Rubery et al. (2011) and McClimont and Grove (2004) identified that care workers commonly leave for improved job prospects, for example moving to work for the NHS or undertaking nurse training. Lack of career structure and progression are major causes of recruitment and retention problems (NCPQSW, 2015). Turning this around it may prove informative to explore how career ambition may impact on the retention of care workers. This will therefore be included as an antecedent within the developed model. The concept of Protean Career, whereby it is the individual as opposed to the organisation that takes on the responsibility for one's career development and in turn transforming one's career path may be particularly pertinent in this regard (Hall & Mirvis, 1996; Baruch, 2014). This is driven by personal values and career success is evaluated based on subjective success criteria (Hall, 2002). The Protean Career has been referred to as an attitude (e.g. Briscoe & Hall, 2002) and the individual is their own career agent with respect to self-development, networking and education (Woods & West, 2010). Subjective career success and life success will be formed and defined by themselves and self-directed vocational behaviour (Briscoe et al., 2006; Baruch, 2014).

Baruch (2014) found higher protean career scores related to higher organisational commitment, organisational identification, occupational commitment, and job satisfaction, a finding echoed by De Vos and Soens (2008). A potential explanation for this is that protean

career orientation relates to personal development and the ability to follow one's own dreams as the most important career success factor (Hall & Chandler, 2005). Therefore it could be that those in the care worker job role, are there because that is their "dream" role, and consequently satisfaction is high as it is the job they wish to be doing. The reverse of this would be a care worker with high protean career and ambition, having low job satisfaction, as they are in a role they do not wish to be in as they have ambition to progress beyond that role. As the present research is concerned with the care worker role, an entry level position, it would seem more likely that high protean scores will relate to job dissatisfaction, as career ambition is less likely to relate to satisfaction in an entry level position. Therefore the protean career as a measure of career ambition could help in addressing objective two of the present research, with respect to identifying a construct that may lead to individual level performance of satisfaction. Moreover It may identify a factor behind turnover decisions (objective five).

A further feature which may lead to dissatisfaction is the lack of opportunity for and access to training. Being trained before starting work and having the opportunity to undertake additional training is hugely important to workers (McClimont & Grove 2004; Downs, 2016). However it is also important that staff receive the opportunity to undertake specialist-training relating to the needs of specific service-users (Rubery et al., 2011). This links to the growth need strength element of the JCM (Hackman and Oldham, 1975). Within a total reward model, training opportunities may be a way of counteracting low pay. However if it is poor attrition becomes more likely. High turnover discourages providers from investing in training (NAO, 2014), along with the cost and workload pressures (Balloch et al., 2004, Fleming & Taylor, 2006). However, by not investing it is causing workers to become despondent and view the provider poorly. This enhances the risk of turnover, and reinforces the providers chosen position of not investing in training. Rubery et al. (2011) cite research that emphasises the benefit to both recruitment and retention if training is offered. One final observation relating to turnover of care workers is that workers aged 30 and under are found to be more likely to leave than those aged over 30 (Downs, 2016).

It is because of the numerous challenges facing the sector and the issues surrounding retention and turnover that the present research will seek to better understand the driving forces behind the high turnover (objective five). The aim is by identifying these driving forces steps can be taken to alleviate, or at least minimise their impacts and in turn reduce staff turnover. Aspects relating to the care worker role will directly (via job role factors) and indirectly (via provider practices) influence the retention and attrition of workers, in line with ASA theory (Schneider et al., 1995). This in turn impacts on both the continuity of care and the quality of care delivered (Edebalk, et al. 1995; Francis & Netten, 2004; Malley & Fernandez, 2010; Rubery et al., 2011). Therefore through identifying the likes and dislikes of workers along with the explicit factors causing turnover, it enables us to identify what makes the role (un)attractive. When we have identified what makes the job (un)attractive, we can then build this into methods to increase attraction and retention within the sector.

3.10 Moderators of effectiveness

So far this chapter has looked at the key outcome variables, core predictor variables and somewhat separately given consideration to what motivates care workers to stay in or leave the profession. This final section of the chapter will consider the wider factors relating to the care worker job role that may impact on the conditions under which these predictor antecedents lead to the four effectiveness outcome areas. This constitutes the potential moderators of person environment fit, organisational justice, organisational commitment and organisational identification.

Person environment fit

Organisational Justice

Organisational
Commitment

Organisational
Identification

3 **Figure 3.3 Moderators of effectiveness**

3.10.1 Person Environment Fit

The match between an individual and their work environment is an area of organisational psychology that has long been of keen interest (Kristof-Brown et al., 2005). Research has identified predominantly four types of fit; person-job fit, person-organisation fit, person-group fit and person-supervisor fit (Kristof-Brown & Guay, 2011). These four areas have been examined and found to be influential in contributing to areas of work attitudes, turnover, performance and managerial selection decisions (Kristof-Brown et al., 2005). It is therefore an important area for consideration in relation to performance and recruitment and selection.

The crux of person-environment fit theory is the assumption that certain individuals are more suited to a particular environment than others whereby high correspondence results in higher performance, satisfaction and less stress for the individual. A key characteristic of person-environment fit is the multidimensionality of the construct; there are multiple aspects of an environment that an individual is a part of and interacts with (Chuang et al., 2016; Edwards & Billsberry, 2010; Jansen & Kristof-Brown, 2006; Wheeler, Buckley, Halbesleben, Brouer, & Ferris, 2005). Workers are nested in multiple aspects of an environment simultaneously (Chuang et al., 2016; Jansen & Kristof-Brown, 2006; Kristof-Brown & Guay, 2011). It is important to consider the different parts of an environment an individual is a part of when considering environment fit as a whole. For example Chuang et al. (2016) propose four sub

areas of environment fit to be job fit, organisation fit, group fit, and supervisor fit. These combine to give an overall judgement on environment fit.

Person-job fit is defined as an individual's compatibility with a specific job (Chuang et al., 2016; Kristof, 1996). It is the fit between job demands and the individual's ability, or the needs of a person and the supplied attributes of a job (Edwards, 1991; Woods & West, 2010). Chuang et al. (2016) propose the job demands and individual's ability relate to the knowledge, skills, abilities and personality of an individual, whereas the person needs and supplied attributes is concerned with job characteristics and dimensions of interest. Research evidence demonstrates the link between person-job fit and performance and satisfaction (Cable & DeRue, 2002; Chuang, et al., 2016; Li & Hung, 2010; Pervin, 1968; Wang et al., 2011). It also links to turnover intention and decisions (Chuang, et al., 2016; Wang et al., 2011; Cable & DeRue, 2002).

The second area is person-organisation fit. This is defined as the match between an individual and their organisation on dimensions such as values and goals (Kristof, 1996). Person-organisation fit manifests from the attraction-selection-attrition theory (ASA) (Schneider, 1987). This is the concept that people are drawn to and selected by an organisation based on their mutually held values and attributes. Should the match stop existing then it will result in turnover. The ASA theory in the context of person-organisation fit has also been shown to associate with performance and job satisfaction (Cable & DeRue, 2002; Chuang, et al., 2016; Kim, Aryee, Loi, & Kim, 2013; McCulloch & Turban, 2007; Vancouver & Schmitt, 1991; Wang et al., 2011), as well as to turnover intention (Chuang, et al., 2016; Vancouver & Schmitt, 1991; Wang et al., 2011) and retention (McCulloch & Turban, 2007). When considering person-organisation fit, the utilisation and consideration of both value and goal dimensions are important. Chuang et al. (2016) examined both value and goal concepts making their findings robust.

The third area is person-group fit. This is defined as the compatibility between individuals and their work group (Kristof, 1996). This paradigm is further clarified via use of the similarity attraction paradigm (Chuang, et al., 2016; Byrne, 1971). This states that a person is generally attracted to individuals with whom they are similar. For example research has indicated personality similarities help facilitate social integration (Schaubroeck & Lam, 2002). Research evidence also demonstrates that person-group fit significantly relates to individual performance (Kristof-Brown & Stevens, 2001), job satisfaction and turnover intention (Chuang, et al., 2016; Wang et al., 2011). Beyond this, Chuang, et al. (2016) examined values, goals and group member attributes (personality, work style and lifestyle) as dimensions of person-group fit. They found person-group fit to associate with in role performance. This reiterates the importance of the present research utilising environment-fit.

Finally person-supervisor fit is the concordance between an individual and their supervisor (Kristof-Brown et al., 2005). Previous research in this area has studied aspects including values (Hoffman, Bynum, Piccolo, & Sutton, 2011; Van Vianen, 2000), personality (Schaubroeck & Lam, 2002), work style (Turban & Jones, 1988), lifestyle (DiMarco, 1974) and leadership style (Chuang, Judge, & Liaw, 2012). Findings indicate person-supervisor fit relates to job performance (Huang & Iun, 2006), satisfaction, and turnover intention (Chuang, et al., 2016; Ostroff et al., 2005; Van Vianen, 2000).

When considering the overall variable person-environment fit, a meta-analysis by Verquer et al. (2003) found significant relationships with the effectiveness areas performance, turnover intention, job satisfaction and organisational commitment. Beyond this, Hoffman and Woehr (2005) demonstrated a link between person-environment fit and job performance. Likewise in the context of job satisfaction and turnover intention Chuang et al. (2016) demonstrated the importance of all four fit areas and therefore the need to consider a measure of environment fit that encompasses all four. This further highlights the importance of person-environment fit. There is a lack of research relating environment fit to absence and therefore this is an

avenue this research can lay foundations for. It can be argued that an ill-fit will lead to higher absence, in line with the established link between low environment-fit and undesirable outcomes such as turnover intentions.

In relating this construct back to the care worker job role, it is clear the person-environment construct is influential. If a care worker does not feel they fit well within the environment they are working, their effectiveness will be compromised. Considering the four areas combined into one variable is also important, as each area is influential in effectiveness outcomes. For example, person-job fit is crucial in the context of the research project. When looking to recruit and select a care worker with the primary aim of effective performance, enhanced job satisfaction and addressing the high sector turnover, person-job fit is fundamental. If a worker does not feel well suited to the job role then it is likely to inhibit their performance and will potentially contribute to poor satisfaction and turnover. However, equally if the care worker experiences ill-fit with the organisation or their team this could impact on their effectiveness. Poor environment fit therefore could be a key cause of the churn experienced within the sector as well as the effectiveness of a worker.

Coupled with this evidence, research on care homes in Northern Ireland revealed that a commitment to caring was the fundamental reason why employees had not considered leaving their job role (Fleming & Taylor 2007). This demonstrates the job-fit element facet is influential and key to retention. Environment fit can also lead to workers remaining even if they are dissatisfied. For example, research on care workers in Wales found although staff reported satisfaction, over a quarter wanted to leave or was actively seeking a new job (Evans & Huxley, 2009). However, despite some staff reporting dissatisfaction, facilities and good caseload management prevented them leaving. This shows how good environment fit can impact on retention and cause people to remain even if they are dissatisfied.

This section has identified an important wider factor that has potential to influence the effectiveness of a care worker. It provides evidence of its applicability to the present research and demonstrates how it may impact on whether the antecedents identified above lead to the effectiveness outcomes. Moreover, it has potential to contribute to effectiveness in its own right. This has helped address research objective two and three and may help in contributing to identifying a factor in turnover (objective five).

3.10.2 Organisational Justice

Organisational justice is a concept that refers to the overall perception of what is deemed fair within an organisation or workplace (Greenberg, 1987). It is proposed employees regard a workplace as just when the outcomes they receive are considered fair, and importantly the means and procedures by which they received these outcomes is also perceived as consistent, unbiased, accurate, correctable, equitable and representative of worker concerns and opinions (Greenberg, 1986; Leventhal, 1980; Thibaut & Walker, 1975). Crucially, the concept of organisational justice is subjective, and therefore hinges on the perception of each individual and their respective lens and internal moral compass. What to one person is fair and appropriate may not be to another. Thus the same act or decision may cause someone to dislike a job and leave, but to another have no or indeed a positive impact and they remain satisfied and happy to work and remain in their role.

Organisational justice can be differentiated into three areas (Robbins et al., 2010; Woods & West, 2010). Firstly distributive justice concerns perception of fairness of outcomes (with reference to the outcomes for comparator others) (Adams, 1965; Leventhal, 1976). Procedural justice concerns the perceived fairness of the process used to determine the allocation of rewards (Colquitt, 2001; Folger & Cropanzano, 1998; Leventhal, 1980; Moorman 1991; Thibaut & Walker 1975). In the absence of distributive justice, procedural justice becomes ever more important (Shaw et al., 2003). A final element of justice completing the organisational justice trio is interactional justice. This represents the degree

an individual deems they are treated with dignity, respect and concern. If a worker perceives they are treated in an unjust manner the consequence can manifest in retaliation, which can have harm on the organisation, on members, and even co-workers and beyond (e.g. Bies & Moag, 1986; Greenberg, 1993; Skarlicki & Folger, 1997). In the context of the care worker role, retaliation on service-users would be a major concern.

Perceptions of justice at work are said to impact on motivation and consequently work behaviour (Latham & Pinder, 2005). However it is the impact that organisational justice has on performance and the other effectiveness areas that make it important to consider (Colquitt & Greenberg, 2003; Cropanzano, Byrne, Bobocel, & Rupp, 2001; Cropanzano & Greenberg, 1997; Latham & Pinder, 2005). For example, research has identified a link between organisational justice and job satisfaction (e.g. McFarlin & Sweeney, 1992; Colquitt, et al., 2001; Al-Zu'bi, 2010 (positive relation). Moreover, perceived injustices can result in workers being less committed, which in turn may manifest as turnover. This is particularly problematic in a social care sector dogged with high turnover. Due to this problem within the sector, importance is placed on wider concepts such as organisational justice, which may impact on levels of turnover and turnover decisions. Indeed, meta-analytic research has shown the dimensions of organisational justice to link to withdrawal (Colquitt et al., 2001). More specifically research has shown distributive justice (Hom et al., 1984) and procedural justice (Dailey & kirk, 1992; Masterson, et al. 2000) to influence withdrawal.

Linked to this, Organisational justice has also been shown to be influential in context of absenteeism. When inequality is perceived to be occurring this has been found to associate to higher absence (Geurts et al., 1994; Elovainio et al., 2003; Schwartzwald et al., 1992; van Dierendonck et al., 1998; van Yperen et al., 1996). Perceived inequality also relates to equity theory proposed by Johns (2001). Johns (2001) found that when people saw both their commitment to the organisation and the organisation's commitment to them as high, absenteeism was diminished. With the reverse being low perceived commitment leading to

increased absence. More specifically distributive justice perceptions are reported to most strongly relate to withdrawal (Cohen-Charash & Spector, 2001). This reiterates organisational justice's importance in relation to the four effectiveness areas.

With regards to the three types of justice described, distributive justice relates most strongly to satisfaction outcomes (e.g. pay) and organisational commitment (e.g. McFarlin & Sweeney, 1992). Research demonstrates distributive justice takes on more importance if procedural justice is low - Indicating a self-serving element, that as long as the person in question is ok, then the procedures in place and other people are less important (Brocker & Siegel, 1996). In contrast, if procedural justice is high, distributive justice takes on less importance (Brocker & Siegel, 1996). McFarlin & Sweeney (1992) report distributive justice to be an important predictor of job satisfaction. However, other evidence indicates procedural justice to relate most strongly of the justices to job satisfaction (Masterson, et al., 2000; Mossholder et al., 1998; Wesolowski & Mossholder, 1997), employee trust, organisation withdrawal, intrinsic motivation, job performance and organisational citizenship behaviour (Colquitt et al., 2001; Zapata-Phelan et al., 2009). It is also influential in organisational commitment (Sweeney & McFarlin, 1993; McFarlin & Sweeney, 1992).

This section has demonstrated how organisational justice can impact on the different effectiveness areas and is therefore important to consider in the present research. In the context of recruitment and selection, this is a construct that will impact on whether the antecedents recruited for transition into effective outcomes. For example in the context of the social care worker job role: an individual may possess high empathy and compassion, but if they feel ill-treated and that there is a lack of fairness within the organisation or provider, they may not produce effective performance and maybe more dissatisfied and look to leave. It could be argued in a role such as care work that lacks high monetary rewards and often involves long hours that organisational justice takes on an increased importance. This is because workers may feel their rewards are insufficient to outweigh their sense of injustice.

Therefore their motivation and subsequent performance may suffer if they are unfairly treated. Indeed it may fuel attrition decisions. Organisational justice therefore acts as a potential moderator through influencing the motivation one has to perform.

Finally, if injustices are being reported by the majority of care workers at a particular home it could be that high turnover can be prevented through addressing causes of these perceptions. This construct's relevance is reinforced through research demonstrating personality traits link to types of justice (Shi et al., 2009). The inclusion of organisational justice helps contribute towards objective two, in respect to identifying what leads to effective performance, and also to objective three and five, through potentially identifying wider factors that may explain why care workers leave their job role.

3.10.3 Organisational Commitment

Organisational commitment is regarded as one of the major job attitudes alongside job involvement and job satisfaction (Brooke et al., 1988; Keller, 1997), and is the third potential moderator to be considered. It has implications on whether an employee continues membership within an organisation (Meyer and Allen, 1997). Organisational commitment is defined as the degree to which an employee identifies with a particular organisation and its goals and wishes to maintain membership. It refers to identification with the particular employer (Brooke et al., 1988). There are three distinct types of commitment (Meyer et al., 1993).

The first type of commitment is affective commitment, whereby the employee has an emotional attachment to the organisation. The second type is continuance commitment, whereby consideration of the perceived economic value of remaining with an organisation against leaving it is considered. It works on the premise that an employee may be committed to an employer because they are paid well and leaving would result in damage to their family.

The final type of commitment is normative commitment. This type of commitment involves remaining at an organisation for moral or ethical reasons or a sense of obligation.

There are numerous well-documented benefits to having committed employees, such as lower staff turnover and absence (Hom et al., 1979; Meyer et al., 2002; Pierce & Dunham, 1987; Simons & Roberson, 2003). Beyond this, further benefits include the positive relationship that exists between organisational commitment and job productivity (Riketta, 2002). Although one could argue a worker can be productive but not committed. When considering the specific types of commitment outlined above, research indicates that affective commitment is the most strongly related to outcomes including job performance and turnover (Dunham et al., 1994). Indeed affective commitment is often seen as an affiliation to an organisation, normative commitment as an obligation to an organisation, and continuance commitment as a tethering to an organisation.

An important consideration for the present research based on the above is that a more committed worker is less likely to leave. This enhances the ability of a provider to ensure continuity-in-care for the service-user, which is a key aim in social care (CQC 2010; Edebalk et al., 1995; Malley & Fernandez, 2010; Netten 2004, as cited in Rubery et al., 2011; NSA 2015). When considering the three types of commitment they can all be applied to the care worker job role. For example affective commitment would be where the worker has a belief in social care work. Continuance commitment would be apparent if the care worker is working purely because they need the money and they believe this is the best option. Finally normative commitment would be occurring if workers remained out of moral reasons or sense of obligation. In a sector with high turnover and that suffers from understaffing, it could be workers in a care home who are particularly susceptible to understaffing will remain through the guilt of them contributing to this further by leaving.

Beyond this, antecedents within the model have been linked to commitment and this is why it is a variable that has the potential to both predict the key effectiveness areas (e.g. turnover and satisfaction) and also moderate the antecedent-effectiveness outcome area relationship. For example, personality has been found to predict organisational commitment (Erdheim, Wang & Zickar, 2006; Tziner et al., 2008). More specifically, Erdheim et al. (2006) found extraversion to be significantly related to the three types of commitment. Furthermore they also reported neuroticism, conscientiousness and openness to experience to relate to continuance commitment, and for agreeableness to relate to normative commitment. This association between personality and commitment, and commitment and lower turnover is clearly an important one, especially in a sector such as adult social care dogged with high turnover. Beyond this, Schwartz (2012) explanation of values is applicable to commitment. This is because values are said to underlie our evaluations of behaviour, people, and events and in extension also the evaluation of job roles and work-based content and events. Indeed Schwartz proposes we evaluate these aspects positively if they promote or protect attainment of the goals we value, and evaluate them negatively if they hinder or threaten attainment of these valued goals. Therefore if the worker is in a role that elicits positive evaluations and congruence, they will in turn be more committed. This theory is also consistent with the previously outlined Attraction-Selection-Attrition theory (Schneider et al. 1995; Schneider 1978).

In summary this discussion has demonstrated how both values and personality traits are especially appropriate and important to consider in relation to commitment in care workers. It has identified that commitment is influential in leading to the key effectiveness areas under consideration within this research. Therefore it is a variable with potential to both predict effectiveness and also moderate the antecedents relation to effectiveness. The potential moderating effect commitment may have is important in a sector that offers little monetary reward to entice workers to remain. It is also an interesting avenue to consider as one could argue a person does not need to be committed to perform well in a job role, so identifying the

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role commitment plays may be equally important with respect to absence, turnover, turnover intention and job satisfaction.

3.10.4 Organisational Identification

Organisational identification is the final potential moderator to be considered and is defined as a perceived oneness with an organisation and the experience of the organisation's successes and failures as one's own (Mael & Ashforth, 1992). Moreover, it is the perception of belongingness to an organisation, where the individual defines him or herself in terms of the organisation in which he or she is a member (Ashforth & Mael 1989). It is hypothesised that the amount of time in which a person is actively involved with an organisation is positively associated with identification (Hall & Schneider, 1972).

Research has shown higher organisation identification to relate to the key effectiveness areas within this research such as performance, job satisfaction, lower absence and lower turnover (Abrams et al., 1998; Chughtai & Buckley, 2010; Efraty & Wolfe, 1988; Karanika-Murray et al., 2015; Van Dick et al., 2005; Van Dick & Wagner, 2002; Van Knippenberg et al., 2005). As a result of this established link it is included within the present research as a potential moderating variable. In line with the previous research and in relation to the care worker job role, it can be proposed that those care workers with longer tenure will have higher identification. Furthermore, those workers who identify more with their care home and provider will demonstrate higher performance and satisfaction levels, as well as lower levels of absence, turnover intention and actual turnover.

Coupled with this expectation concerning turnover, and given the churn effect that was discussed before in relation to care workers leaving their job role but remaining in the sector, it could be that in general care workers have low identification with their provider and home. This discussion of identification has shown it to be significant in relation to the core effectiveness areas to be considered within this research. It is therefore the final potential

moderator to be examined. This research will look at the contribution organisational

identification can have in a predictive and moderate capacity on the effectiveness areas.

3.10.5 Moderator Summary

This section has presented and discussed the moderating variables to be considered within

this research. This has included environment fit, organisational justice, organisational

commitment and organisational identification. The chapter has also applied these variables

to the care worker job role and presented research evidence to their applicability to the

effectiveness areas of interest as well as their established relations to the antecedents

included within this research. The variables detailed as potential moderators will be

considered in both a predictive capacity on the effectiveness areas (to establish their

relevance to the effectiveness outcome area), as well as in a moderating capacity on the

antecedents presented in the first half of this chapter. This helps address objectives two and

three and in turn research questions two and three, as well as five.

3.11 Rationale for the research model

Values and VBR is increasingly being pioneered as the way forward in social care, as well as

more generally within healthcare (e.g. Parks & Guay, 2009; Patterson et al., 2015; Schmidt &

Hunter, 2004; Skills for Care, 2016b). Because of this it is timely and necessary to look to

lead the way in examining the role values have within social care, through utilising an

evidenced based approach to provide valid findings to help in furthering this research

agenda. Specifically examining values from a principles perspective (behaviour prediction)

opposed to a preferences (fit) perspective is a gap to be filled. Given the confusion and

contradictory use of the term *values* between the academic and professional literature it was

decided to utilise Schwartz (1992; 1994; 2012) values definition and related measures due to

their validity and wider acceptance. Specifically conformity and benevolence were chosen

due to their clear conceptual relationship to the care worker job role based on Schwartz (2012) definitions (section 3.8.2).

In combination with this examination of values, is the overwhelming evidence of the importance and role personality can play with respect to the key outcomes identified (section 3.8). This evidence base also builds a case for the importance of inclusion and examination of personality in this context. However the more pressing argument for the need to include personality and values together is the reciprocal role they have been proposed to have with one another with respect to behaviour motivation and production (Parks & Guay, 2009). Personality and values motivate behaviour and where personality is purported to provide the intrinsic motivation to behaviour, values are claimed to provide the conscious learned driver of behaviour. Both are said to be stable in adulthood and therefore enable assumptions to be drawn on how one will act. The examination of the two together is especially appropriate and timely given that research seldom considers the two together (Parks & Guay, 2009). It is because of this close relationship that it was chosen to examine these two constructs specifically within this research in an antecedent capacity. Personality was operationalised using the big five definition of personality as this is the most supported structure (Funder, 2001). The decision was taken not to include the more separate paradigm of intelligence, though it is acknowledged the important role this has been shown to have in relation to the key outcomes examined here previously. However due to the scope of this research and in order for it to maintain a realistic operational size the decision was taken to include only personality and values in order to examine their interplay. Moreover the care worker position is an entry level position and Skills for Care (2019) indicate few qualifications are required for it, instead proposing values are more important. Therefore it was decided to not examine intelligence within this research.

With respect to the specific personality traits included, chapter five section 5.7.4.2 outlines the rationale behind the selection of the specific traits to be examined. However to provide an

overview, the big five framework is arguably the most supported organising framework of personality (Funder, 2001) and so forms a logical basis and foundation. From here additional traits were selected and operationalised based on the one-to-one interviews in study one (e.g. sociability and experience seeking) and this was the motivation of their inclusion. Beyond these compassion and empathy were opted for due to their clear definitional and conceptual relation to the sector requirements, and the frequent reference to them within the health and social care literatures (as discussed within this chapter three). Finally the traits warmth, nurturance and calmness were selected on the basis that their definition and characteristics resonate strongly with the care worker role requirements. It is clear from previous research that there is an overlap between personality trait areas and also in relation to trait facets. Indeed it is noted that some of the trait facets selected here may be related to the same broader big five trait. However as Woods and Anderson (2016) demonstrate different facets have their own respective place upon a periodic table of personality traits, whereby they differ. This is based on the concept that most personality traits and in turn scales should in fact be considered and looked at as blends of two or more higher order factors, as opposed to being exclusively representative of a single factor (Soto & John, 2009). To be clear, though facets may be a part of the same broader trait (e.g. warmth and nurturance are part of agreeableness), they may indeed be measuring quite distinct aspects within the dimension as they are formed from different blends. Therefore the overlap is not problematic.

In relation to the specific values included, Schwartz offers a robust measure of values that can provide the validity required by the sector to base recommendations. Upon examination of the values areas benevolence and conformity are the two that are conceptually related and applicable to the care worker role requirements. Benevolence is: *Preserving and enhancing the welfare of those with whom one is in frequent personal contact (the 'in-group'),* and Conformity is the *restraint of actions, inclinations, and impulses likely to upset or harm others and violate social expectations or norms* (Schwartz, 2012)*. Further reason for the

inclusion of these two specific values is that Schwartz details that they can together motivate behaviour. Therefore utilising both is warranted.

With respect to the chosen moderators, these were chosen due to their effects on the effectiveness areas, their previous relationships with the antecedent areas (discussed in the chapter), and their particular relevance to the sector and present sector state. Firstly as outlined in chapter two the sector suffers from high turnover and there is evidence of potential churn of workers. Person environment fit is a theory that enables the examination of how well a person fits within their work environment. This inclusion is appropriate as the environment has scope to impact on all effectiveness areas included within this research (as detailed in this chapter). The inclusion of the construct therefore enables the examination of the role the environment plays on the key effectiveness areas. This is with respect to in its own right as well as in a moderator capacity whereby higher fit will in turn enhance the antecedent-effectiveness relationships.

Organisational Identification was selected due to its association to turnover and job satisfaction primarily. Moreover the reason for this construct as opposed to others is due to the possible resonation and explanation for the churn of workers. It is arguably the case that workers identify with the job opposed to the organisation, and that low identification is why there is this churn effect occurring. The inclusion of this construct therefore will examine this. Indeed it may also act as an antecedent-outcome buffer whereby low identification may lower effectiveness due to a lack of the worker relating the results of their work and the organisation's reputation to themselves.

Organisational commitment is a highly established variable and has been shown previously to have impact on the effectiveness areas selected here. This was selected in part due to the high turnover the sector is faced with. On the one hand this is because it may act as a precursor to turnover (and intention) and identify those at risk of leaving. But also importantly

it may also will show whether a worker needs to be committed in order to perform well and be satisfied. The multi role this construct may play is a central motive for its inclusion. Beyond this, in a low paying role such as a care worker position one can argue that the way a worker is treated and the procedures that they must adhere to take on an increased importance. As a result the wider construct of organisational justice was included. This was included on the premise that this variable has potential to lead to the effectiveness areas, but also to impact on the antecedent-effectiveness outcomes whereby low justice will have negative effects.

This section has argued the importance and appropriateness of the chosen moderators and explained their inclusion. All of those selected have in previous research been shown to, and potentially here have scope to, impact on the antecedent and effectiveness areas. It was at this point the line was drawn with respect to not including further moderators that arguably may also have a role to play (e.g. organisational support). This was due to the need to maintain the surveys at an operational length and to enhance both initial participation numbers and subsequent survey returns.

Overall this section has justified the rationale behind the research model. It has demonstrated why these aspects have been selected, whether this be in an antecedent perspective or moderating capacity. Moreover the justification for the variables is further grounded in the variables' particular relevance to the given sector of adult social care. This together provides rationale for the developed model.

3.12 Expected interplay of antecedent and moderating variables

Based on the discussion within this chapter the link between antecedents and the effectiveness outcome areas has been made. Coupled with this the moderators to be examined have been established, and this has also indicated how they relate and have potential to enhance the explanatory variance accounted for in the effectiveness areas in

their own right. However it is also important to give some consideration as to how these moderators may interact with the predictor antecedents and the potential impact they may have on whether the effectiveness areas are realised.

Firstly with respect to the broader moderators and environment fit, it is expected that high fit will enhance the relationships to the primary effectiveness areas of performance and job satisfaction. For example it is expected that the personality traits and values proposed as important to the role (e.g. compassion) will lead to higher performance. In line with this if fit is also high this will further enhance this relationship. On the contrary if fit is perceived as low this is likely to buffer the effects whereby although the individual may possess the traits that lead to effective performance, their ill fit will prevent the benefits being fully realised. This effect is expected to be similar for job satisfaction. In accordance with trait activation theory a worker may possess relevant traits that will be regularly activated, and this will in turn lead to higher job satisfaction. However if they do not fit in the environment this will buffer satisfaction being realised to its full potential. In the context of the other outcomes of turnover (and intention) and absence it is expected that high fit may buffer the relationship. For example an individual higher in neuroticism may be at increased risk of leaving, however if they perceive they fit well within their environment this may buffer the intention to leave. On the other hand if they perceive low fit this may further enhance their intention to leave. This is one example of how the antecedent predictors may interplay with the moderators.

A second broader example relates to the moderator organisational justice. It is expected that organisational justice will play a buffering role on the predictor-effectiveness relationship for the two primarily areas of performance and satisfaction; whereby low levels of justice will buffer the effects the predictors have. This is because if a worker feels they are being treated unfairly or that procedures are not just, then this will impact on aspects such as their satisfaction and performance. For example conscientiousness is consistently shown to link to performance. However this relationship to performance may be buffered by the worker

perceiving low levels of justice. Low levels of justice are also expected to potentially enhance any predictors that lead to adverse outcomes such as turnover intentions.

With respect to the individually orientated moderators, commitment and identification are expected to operate in similar ways. If commitment or identification is low it is expected they will act as a buffer between the predictor-effectiveness outcome. This is because if someone is less committed or identifies less with the care provider this may impact on the job satisfaction they experience. Similarly they may buffer the predictor-performance relationship, although as was discussed previously commitment is not necessarily necessary for performance. On the reverse of this high commitment and identification is expected to enhance the relationship to performance and satisfaction. In the context of turnover (and intention) and absence, it is expected that low levels on these two factors will enhance the relationship to these undesirable adverse outcomes.

This section has therefore demonstrated and given an overview of how the moderators may do more than just contribute to the explanatory variance relating to the effectiveness areas. Instead it also outlines how they may interplay with the predictors in the model to either enhance or buffer their relationships to the effectiveness areas.

3.13 Chapter Summary

Overall this third chapter has introduced the four effectiveness areas as well as the variables to be considered within this research as antecedents and moderators. It has provided research evidence (and care worker specific grounding) as to the importance of each effectiveness area, as well as the antecedents and moderating variables. In doing so it has also provided evidence as to why each variable is placed in the developed model in the position that it is. This is because it is either shown to be an individual difference that predicts the effectiveness areas; or it is a wider variable that has impacts on both the effectiveness areas and antecedent individual differences, and therefore has potential to moderate the

relationship. The chapter has also reflected on how these variables may interplay within the model. This has led to the model of care worker effectiveness to be examined within the present research, which is shown below in figure 3.4.

The chapter has therefore helped in addressing objectives one, two, three and five and research questions one, two and five. In examining the impact of these variables it will subsequently help in informing the selection methods to utilise in recruitment and selection based on those found to be significant in relation to the care worker role (objective four, research question three & four). The next chapter will draw together the opening three chapters to explicitly detail the gaps in the literature that this research thesis will address as well as presenting the research aims.

Environment Fit
Organisational Justice
Organisational Commitment
Organisational Identification

Big five
Extraversion
Conscientiousness
Openness
Agreeableness
Neuroticism

Big Five Inventory Facets

Personality facets
• Empathy
• Compassion
• Warmth
• Nurturance
• Calmness
• Sociability
• Experience seeking

Values
• Benevolence
• Conformity

Career Ambition

Overall Performance
Job Satisfaction
Turnover Intention
Turnover
Absence

4 Figure 3.4 Model of care worker effectiveness

Chapter 4 – Gaps in the literature and present research aims

The thesis so far has introduced the social care sector and the large-scale problems pertaining to recruitment, selection and retention within the sector. This has highlighted the need, and therefore the focus of this research, to improve the recruitment and selection process and look to also improve turnover within the sector. It has described how before it is possible to develop selection techniques, it is first necessary to define what effective care worker performance consists of. Chapter three established performance, job satisfaction, absence and turnover intention and turnover as the key effectiveness areas in relation to the care worker job role.

Once the effectiveness areas were identified it was then important to consider what might lead to effectiveness. The second part of chapter three outlined and identified the key antecedents for consideration within the research. This focused on the fundamental building blocks of individual differences – personality and values. It further considered wider factors that may moderate or mediate possible effects of these individual differences on effectiveness outcomes. Environment fit, organisational justice, organisational commitment and organisational identification were highlighted as the key potential moderators. The present chapter (chapter four) will explicitly summarise and detail the gaps in literature and how the present research will address these. This will lead into a reiteration of the research objectives and questions; as well as presenting the model to be examined within the main research study.

4.1 Gaps in the research literature

An extensive literature review of the social care and related areas has highlighted the lack of literature identifying what constitutes effective care. This has identified the main gaps in literature that this research will address. The review offers there to be four main effectiveness

areas and it proposes the fundamental characteristics of personality traits and values that effective care workers need to demonstrate in order to excel in the care work (E.g. Johnson et al., 2011; O*net 2015; Patterson et al., 2012 ; NSA, 2015; Pitt et al., 2014; Rubery et al., 2011; Robson et al., 2010; Skills for Care, 2014); as well as describing wider factors that may impact on whether effectiveness is realised. The examination of whether such relationships exist between antecedents and effectiveness areas, as well as the role of wider factors, is the prominent gap this research addresses.

Previous research has provided a broad foundation which the present research extends, looking to provide both theoretical and practical advancement and practical recommendations. For example, Rubery et al.'s (2011) research focused on recruitment and retention in social care for older people. Although highly useful, their research does not offer a taxonomy of effective performance. Such a measure will provide an objective outcome measure against which to quantify a care worker's performance and to relate individual and organisational characteristics. While Rubery et al. (2011) identify aspects linked to poor performance, they do not adequately define good performance.

The development and validation of a performance measure within the present research is therefore one substantial extension to the literature. The development of the performance assessment taxonomy will enable the uncovering and examination of what constitutes effectiveness and what leads to it. This forms objective one of the present research: *To establish criteria for effective performance of workers in adult social care.* This has a further practical benefit of helping to identify current effective care workers and highlighting where development may be required.

A further contribution here is the examination of the antecedent individual attributes that lead to performance, and crucially how these antecedents can be effectively operationalised. Rubery et al. (2011) identifies some features to look for but provides no recommendations

into how to assess these. Furthermore, when exploring what managers look for when recruiting, Rubery et al. had managers list elements they see as important (e.g. attitude). However, they do not ask how attitude is measured. This research will address this and will identify how people with certain characteristics are more effective as care workers than others. In order to enable the accurate selection and retention of effective care workers, it is necessary to identify the key aspects to look for in recruitment and selection which result in effective performance, high job satisfaction, low absence and low staff turnover. This forms objective two of the research: *To identify the individual level antecedents of effective performance.* Consideration will also be given to the wider factors that may impact on whether the antecedents manifest in effectiveness and this forms objective three: *To identify the conditions under which antecedents are enhanced or inhibited in achieving effective performance.*

Beyond this, Rubery et al. (2011) reports the percentage of providers who find recruitment easy or difficult, but do not consider the recruitment process as such. In this respect it is quite descriptive of (what was) the current sector state, and reports what providers were doing and experiencing. At a practical level, the present research will develop recommendations and advice on methods, questions and items that care providers and recruiters can use at selection to differentiate between candidates. This forms objective four: *To develop a strategy for the recruitment and selection of effective care workers*. This is a crucial gap this research addresses.

Another extension from previous literature pertains to the qualitative element this research contains. While previous research highlights elements associated with longer tenure (Butler et al., 2013; Wright, 2011) and satisfaction (Rubery et al., 2011) in care roles, little effort has been made to explore why people leave their roles or the sector. Rubery et al.'s approach of asking existing workers why others had left does not allow us to understand the actual causes of such turnover, nor whether those causes affect other areas of effectiveness.

Similarly Consilium and Skills for Care (2016) calculated turnover as a percentage at a care provider and compared levels pre and post VBR implementation. This again does not allow us to understand the actual causes of such turnover. Just because someone chooses to stay does not mean they are necessarily an effective worker. This leads to objective five: *To identify the drivers of retention and attrition in the adult social care sector.*

This is where research needs to marry the two concepts of improving retention in the care sector with improving care quality. This can then help inform recruiters on the aspects and items to use to differentiate between candidates and enhance the recruitment and selection process. This is because social care needs workers high in performance and tenure. This is a major gap that the present research seeks to fill. It will develop and provide an objective outcome measure to assess the key performance behaviours workers need to excel in (objective one) and will also uncover what leads to tenure and turnover (objective five). Crucially it will interview both long tenured workers to identify *why* they stay, and also those who have left. This will provide tangible evidence on *why* workers leave, and in turn help provide recommendations to reduce turnover. It also provides an avenue to identify whether those who leave do so for career progression, an idea to test proposed by Rubery et al. (2011). Finally, it is suggested high turnover is discouraging providers from investing in training staff (NAO, 2014). Therefore improving retention will help encourage investment in skills training.

A final driving factor behind the present research is its timeliness. Reports (E.g. ITV, 2015) show in the parliamentary term 2010-2015 social care funding decreased from £14.9 billion to £13.3 billion (10.7%). With more recent reports highlighting the financial pressure the sector is under, to the extent that care contracts are being cancelled (BBC, 2017). This change in circumstances reiterates the need to revisit and research adult social care. The present research will incorporate a range of care provider types, with the aim of providing sector wide recommendations for recruitment and selection. Beyond this the present

research also looks to develop and add clarity to the emerging field of VBR, through assessing the utility of values in a predictive capacity in relation to the four effectiveness areas, opposed to fitting candidates to a specific provider's values. This is with the aim of creating novel findings of identifying specific values that lead to effectiveness in care workers. This extends the current literature significantly.

Overall for the care sector, and for this research to be effective it is important to model theoretically the key effectiveness areas, the antecedent individual attributes that lead to them, and how the effectiveness and antecedents can be effectively operationalised in selection and performance management. Moderating and mediating factors need considering to better understand how performance is realised. This need couples together to form the five research objectives of this present research.

4.2 Research objectives

1) To establish criteria for effective performance of workers in adult social care.
2) To identify the individual level antecedents of effective performance.
3) To identify the conditions under which antecedents are enhanced or inhibited in achieving effective performance.
4) To develop a strategy for the recruitment and selection of effective care workers.
5) To identify the drivers of retention and attrition in the adult social care sector.

These research objectives are to be operationalised within this research in the form of five research questions. The table below (4.1) shows how the research questions relate to the research objectives.

4.3 Research questions

1. What makes an effective care worker in the UK care sector?

2. Why are people with certain characteristics (measured at selection) more effective as care workers than others?

3. How can the attributes, competencies and other key elements of an effective care worker be assessed and used in the process of recruiting and selecting applicants?

4. What are the best selection methods to use when recruiting and selecting care workers?

5. Why do people stay and continue to work in the sector, and why do they leave?

6 Table 4.1 Operationalising of research objectives into research questions

Objective	Related research question
1) To establish criteria for effective performance of workers in adult social care	**1)** What makes an effective care worker in the UK care sector?
2) To identify the individual level antecedents of effective performance.	**2)** Why are people with certain characteristics (measured at selection) more effective as care workers than others?
3) To identify the conditions under which antecedents are enhanced or inhibited in achieving effective performance.	**2)** Why are people with certain characteristics (measured at selection) more effective as care workers than others?
4) To develop a strategy for the recruitment and selection of effective care workers.	**3)** How can the attributes, competencies and other key elements of an effective care worker be assessed and used in the process of recruiting and selecting applicants? **4)** What are the best selection methods to use when recruiting and selecting care workers?
5) To identify the drivers of retention and attrition in the adult social care sector.	**5)** Why do people stay and continue to work in the sector, and why do they leave?

The gaps identified above pull together and lead to the development of three research studies that will be described in detail in the methods chapter that follows (chapter five).

1) Identification of drivers of satisfaction and retention and causes of dissatisfaction and turnover attrition in social care workers.

2) Development and validation of a bespoke performance assessment measure for use on social care workers.

3) Longitudinal examination to identify the significant antecedents and moderating variables involved in production of the key effectiveness areas of performance, job satisfaction, turnover (and turnover intention), and absence.

There are three main contributions of this research. First the quantification of what constitutes effective performance in social care, and the development of a performance measure to assess care worker performance. Second the development of a model of performance, linking individual characteristics to key performance criteria, and third the identification of the drivers of turnover and retention. In combination these lead to recommendations regarding selection processes which will identify high potential candidates on the desired aspects. Indeed there is a lack of UK adult social care research literature and evidence-base (NAO, 2014). To address this the present research will firstly develop and validate a performance measurement scale, having mapped the performance domain, which supervisors and managers can use to rate care worker performance. Beyond this, the current research will look to examine other effectiveness areas beyond performance (job satisfaction, absence and turnover (and intention)), and identify the antecedent individual attributes that lead to them. It will establish how these effectiveness areas and antecedents can be effectively operationalised. Moreover, the present research will go further and consider potential moderating factors to better understand how performance is realised. In doing this it will identify why people with certain characteristics are more effective as care workers than others, and why people stay in the profession versus leave. It can then inform on the items and methods to use within selection. Together this will lead to the addressing of

all research objectives. The table below (4.2) summarises which study addresses which

research objective, and what the corresponding research question is.

7 Table 4.2 Research studies to address the research objectives and research questions

Research study	Research objective addressed	Research Questions
1) One-to-one interviews of attraction and attrition	5	5
2) Performance assessment measure development and validation	1	1
3) Longitudinal study of effectiveness	2,3,4	2,3,4,5
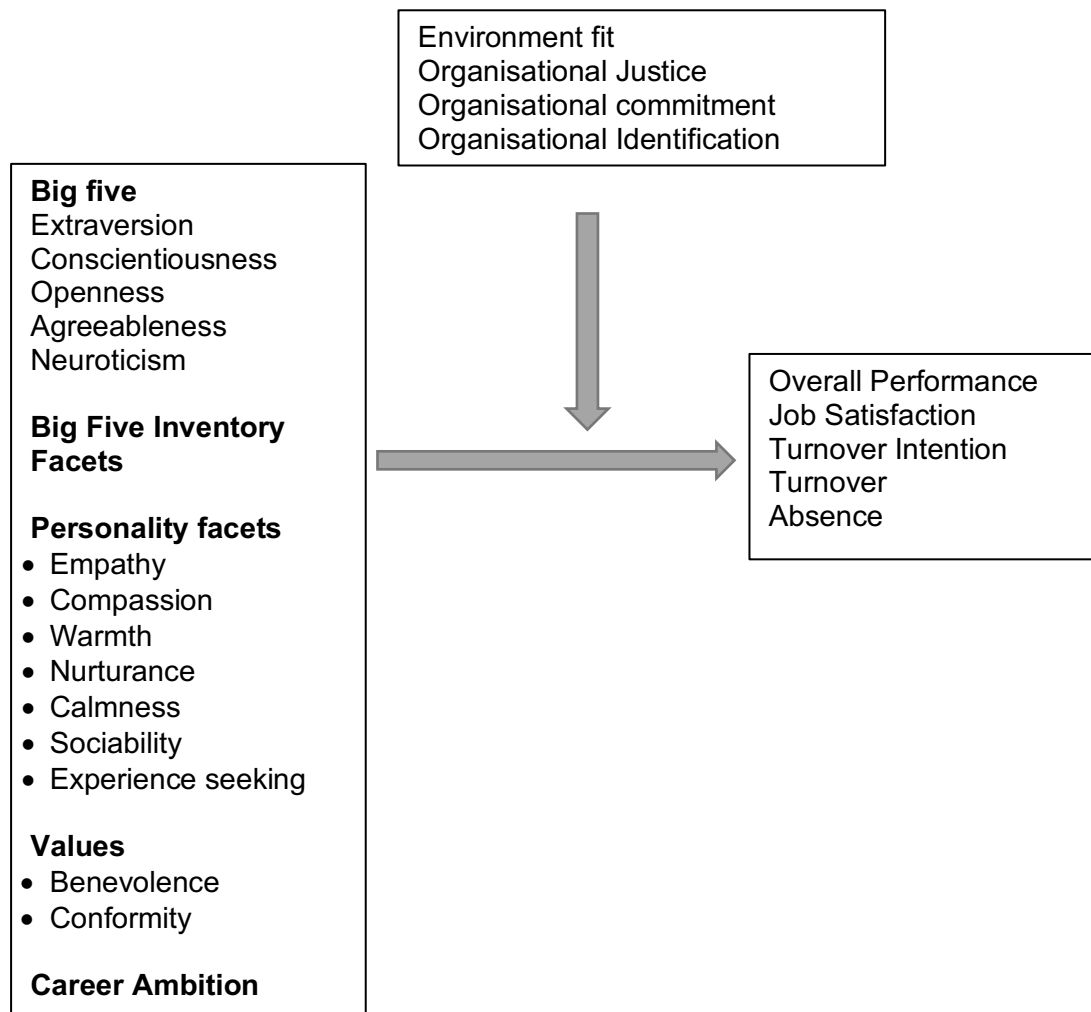
5 Figure 4.1 Model of care worker effectiveness

Chapter 5 - Methodology

5.1 Philosophical position

This research is based on the philosophical paradigm of post-positivism, and more specifically a realist rather than constructivist perspective. This is because it looks to incorporate the traditional quantitative positivist epistemological position of scientific deductive reasoning and ontological position of objectivism, and on the other hand utilise qualitative epistemological interpretivism to induce and generate theory. Post-positivism enables this more flexible research position. Moreover, the realist post-positivism sub-aspect adheres to the notion that there is some objectivity to the social world. However, it does so whilst acknowledging the Schutzian view that social science is interpretive and therefore consequently involves a degree of subjective sense-making by the researcher (Fox, 2008). This subjective view is proposed to prevent true discovery of the reality. Therefore, realist post positivists strive to develop knowledge through rigor, multiple data analysis, and through theory building and testing (Fox, 2008). This method of combining the two research paradigms (quantitative and qualitative) is becoming more popular and when done correctly and appropriately can enhance the research quality (Bryman & Bell, 2003).

Post-Positivism enables a more thorough and valid research methodology to address the present research questions. The quantitative aspect allows the analysis of variables and their impacts on one another, as well as identifying what aspects are more or less important in producing the desired effectiveness outcomes. This is in line with the positivist notions of Popper, who stated theories should be tested against data with the intention of their falsification and subsequent replacement with improved theoretical models (Kuhn, 1996). However, this neglects human understanding and interpretation of the world. This is where the qualitative strand enables an in-depth uncovering of the reasons why certain behaviours and outcomes are occurring. For example, research question five: *Why do people stay and continue to work in the sector, and why do they leave?* This provides valid grounds to

implement qualitative research techniques in combination and alongside quantitative techniques. As will be described below in more detail an example of the combined use of the two methods is the study two *Identifying "performance", ProMES and scale validation* study that implements a qualitative focus group methodology to identify performance areas and construct a performance assessment tool; before the subsequent quantitative testing and validation of the psychometric properties of the developed measure.

Mixed method or mixed strategy (Bryman & Bell, 2003) also enables triangulation (Flick, 2002). This strengthens the present research. For example, the quantitative techniques will link aspects such as characteristics to outcomes including turnover, turnover intention, satisfaction and absence. Qualitative interviews with long serving workers and those who have left their job role and sector will identify reasons *why* this is occurring. The identification of aspects via the study one qualitative interviews will triangulate and validate as well as inform the quantitative variables within the main study model. It may also identify additional aspects that can help inform the recruitment, selection, and retention model going forward. Finally, recruitment by its nature involves identifying those with the appropriate characteristics, and then inviting them to selection to more thoroughly understand the individual before offering them a position. Therefore, by its nature it combines quantitative and qualitative methods, providing further justification for using both techniques.

5.2 Ethical consideration

All research studies received ethical approval from Aston University. Each study contained its own ethical considerations, and the discussion of these and the steps taken to address them, are outline in the respective study methodology below.

5.3 Overview of the research process

8 Table 5.1 Research questions and the studies that address them

Research Question	Research study
1) What makes an effective care worker in the UK care sector?	**Study 2 Identifying "performance", ProMES and scale validation.**
2) Why are people with certain characteristics (measured at selection) more effective as care workers than others?	**Study 3 Longitudinal study of effectiveness**
3) How can the attributes, competencies and other key elements of an effective care worker be assessed and used in the process of recruiting and selecting applicants?	**Study 3 Longitudinal study of effectiveness**
4) What are the best selection methods to use when recruiting and selecting care workers?	**Study 3 Longitudinal study of effectiveness**
5) Why do people stay and continue to work in the sector?	**Study 1 Interview study on attraction and attrition.**

5.4 Research overview

Before each research study is described in detail the following section presents a brief overview of the three studies and how these relate together to inform the testing of the main model within the present research, and how these relate to the five research questions.
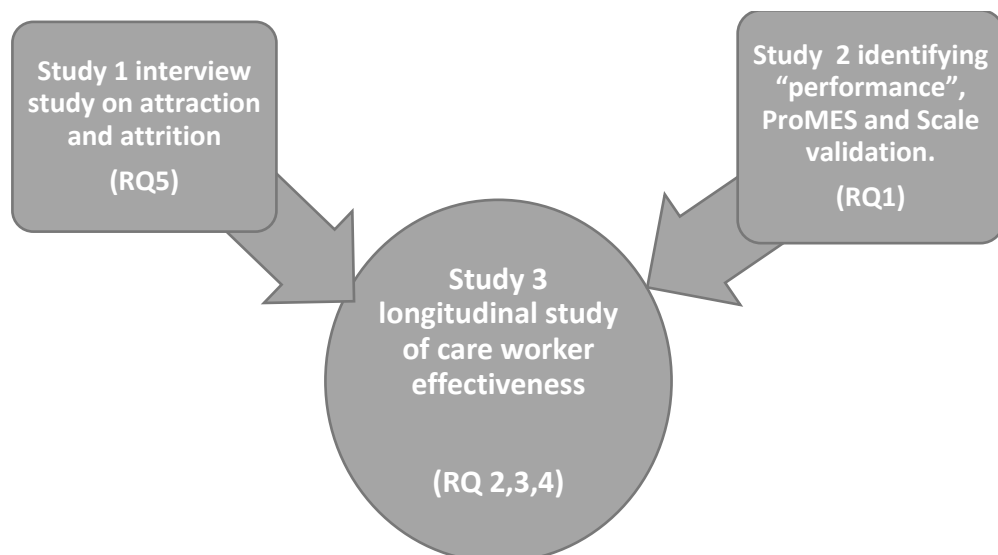
6 Figure 5.1 Summary diagram of the overall research study structure

Big five
Extraversion
Conscientiousness
Openness
Agreeableness
Neuroticism

Big Five Inventory Facets

Personality facets
- Empathy
- Compassion
- Warmth
- Nurturance
- Calmness
- Sociability
- Experience seeking

Values
- Benevolence
- Conformity

Career Ambition

Environment Fit
Organisational Justice
Organisational Commitment
Organisational Identification

Overall Performance
Job Satisfaction
Turnover Intention
Turnover
Absence

7 **Figure 5.2 Model of care worker effectiveness**

5.4.1 Study 1- Interview study on attraction and attrition overview.

The first study consisted of one-to-one interviews with social care workers that either had

long tenure in the role (5+years) or had recently left their role (and in some cases sector as

well). This study was developed to address the issue of satisfaction and attraction and

dissatisfaction and attrition in the social care worker role and these interviews specifically

addressed research question five: *Why do people stay and continue to work in the sector,*

and why do they leave? The results of these interviews helped identify drivers of turnover

and also helped inform the selection of antecedents and moderating variables for the main

longitudinal study concerning why people stay and leave the role. A major strength of the

sample was the composition of 'stayers', 'leavers' and 'churn' workers who left to take a

similar role at a different care provider. This enabled comparison behind the differences in drivers of satisfaction and retention, and dissatisfaction and attrition.

5.4.2 Study 2 - Identifying "performance", ProMES (Pritchard, 1990) and scale validation overview.

The second study in the research was developed with the aim of developing a performance measure to assess care worker performance. This study looked to develop a bespoke measure that could be used to quantify care worker effectiveness. This study consisted of two individual studies. The first involved a qualitative strand of focus groups involving the key stakeholders involved in or affected by care worker performance. These groups were responsible for the discussion and identification of the key performance areas and indicator items for the measure. The second study then involved the quantitative testing and refinement of the measure using a sample of social care workers and their managers. Together these studies enabled the establishment of *what makes an effective care worker in the UK care sector* (RQ1). The developed performance assessment tool was then utilised as the performance effectiveness outcome measure for the main longitudinal study (study three).

5.4.3 Study 3 - Longitudinal study of care worker effectiveness overview.

The final phase involved the main longitudinal study. This study examines the main model of the research (figure 5.2 above) to enable the identification of the attributes and characteristics to recommend to recruit and select care workers on. It also aims to identify the wider factors that may affect the relationship between antecedent and the effectiveness outcomes of performance, job satisfaction, turnover and turnover intention, and absence. The items within the model were derived based on the literature review above along with the results from the previous two studies (i.e. the interviews and performance assessment measure). The quantitative testing of the developed model enables the identification of the characteristics that make some care workers more effective than others across the

effectiveness domains. This addresses research question two: *Why are people with certain characteristics (measured at selection) more effective as care workers than others?*

Once the specific characteristics have been identified it will help inform the methods, questions and items to recommend using during recruitment and selection. Moreover, some of the wider aspects examined may impact beyond the selection process and require wider consideration by the care provider (e.g. organisational justice). This addresses research question three: *How can the attributes, competencies and other key elements of an effective care worker be assessed and used in the process of recruiting and selecting applicants?* Finally, in identifying the influential characteristics (e.g. personality traits and values) it in turn identifies different selection methods. If these characteristics lead to desirable effectiveness outcomes (performance, job satisfaction, low turnover (and intentions), or absence) then this will validate those selection methods. This addresses the final unanswered research question, question four: *What are the best selection methods to use when recruiting and selecting care workers?*

The method section below will detail the methodology of each of the three studies. It will take the following structure:
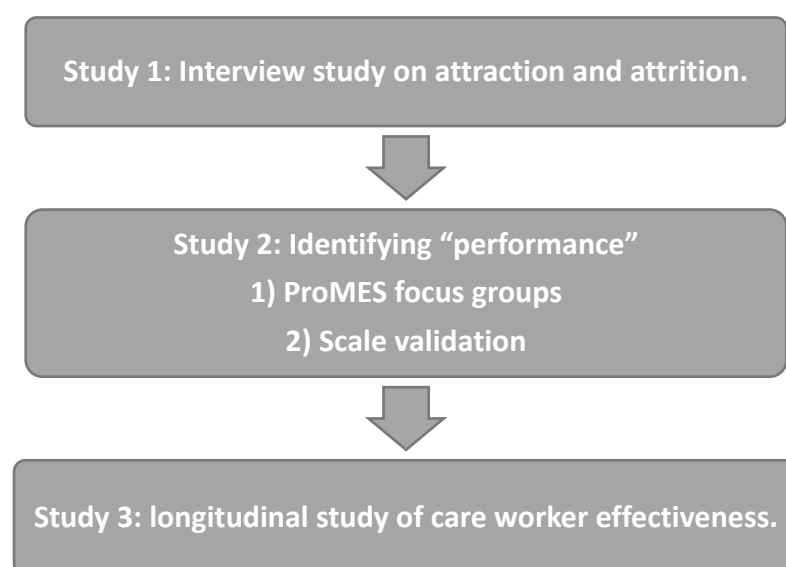
8 **Figure 5.3 Order the research studies will be undertaken**

5.5 Study 1 Interview study on attraction and attrition.

5.5.1 Aim of study one

To identify the drivers of retention and attrition in the adult social care sector.

5.5.2 Approach and research design

The first study involved one-to-one interviews with care workers, with the aim of ascertaining causes of attraction (satisfaction and tenure) and attrition (dissatisfaction and turnover). In a sector boasting above average turnover, understanding first hand experiences of past and present care workers is essential. The interview format was semi-structured and this enabled a more flexible approach and helped produce detailed conversational data (Langdridge 2004). Moreover, one-to-one interviews provide confidentiality and therefore when looking to identify reasons for turnover, which may include some sensitive information, this method enhanced the possibility of participants opening up and talking freely in discussion.

The implementation of interviews to uncover causes of attraction and attrition demonstrates the use of qualitative epistemological interpretivism to induce and generate theory. The use of these findings to then inform quantitative testing demonstrates the realist post-positivist epistemological position of the present research.

5.5.3 Sample

Participants were recruited via care providers expressing an interest to take part in the research once hearing about the project via email or word of mouth. Selection criteria included participants being either current care workers with a minimum of five years' experience in the position, or care workers who had left their role or the sector. Those that had left were recruited via a combination of the sponsoring company (an in-house recruitment service which provides care workers and carries out exit interviews when clients leave their jobs) and word of mouth from current workers who knew people who had

left their position. This enabled access to leavers of both specific employment and of the

sector overall. Table 5.2 below shows the demographic information of those interviewed. Of

the 13-people interviewed, seven were current care workers, one had left a post but

remained a care worker, two had left for nurse training but remained in the sector, and three

left the sector completely. Participants were from seven care providers and a variety of social

care provider types, enabling a representative sample from different areas of the adult social

care sector.

9 Table 5.2 Demographic information of interviewed care workers

Interview number	Status	Gender	Current tenure/ Was in role for leavers (years)	Total time in care (years)	Stayed or left the sector (leavers only)	Provider type
1	Current care worker	Female	6	6	N/A	Day service for adults with learning disabilities
2	Current care worker	Male	8	14	N/A	Day service for adults with learning disabilities
3	Current care worker	Female	6	20	N/A	Residential care home
4	Current care worker	Female	7	8	N/A	Residential care home
5	Current care worker	Female	5	30+	N/A	Residential care home
6	Current care worker	Female	21	26	N/A	Residential care home for sensory impairment, physical disabilities and

						learning disabilities
7	Current care worker	Female	5.5	10	N/A	Residential care home for sensory impairment, physical disabilities and learning disabilities
8	Leaver	Female	5	10	Left sector	Older people Care
9	Leaver	Male	2	5	Left sector	Older people Care
10	Leaver	Female	0.66 (8 months)	4	Left-nurse training	Nursing care home
11	Leaver	Male	2.5	4.5	Remain – Care Worker	Nursing care home
12	Leaver	Female	4	7	Remain-nurse	Nursing care home
13	Leaver	Female	0.33 (4 months)	0.33 (4 months)	Left sector	Learning and physical disability - residential

5.5.4 Measures, materials and procedure

The interview schedule (Appendix B) began with introductory questions to explore the

background to the worker and their history of working in the role and sector. It then

progressed to probe workers about what they liked and disliked about the job role. Based on

previous literature questioning focused on specific issues such as managerial relationship,

work team, and training (see chapter three). The schedule then entailed questions requiring

workers to describe if there was anything that would specifically make them consider (or

caused them to) leave or stay in their roles. It closed by asking if there was anything beyond

what had been discussed that they felt was important relating to the role and in retention and

attrition decisions. Prior to undertaking the interviews, two established qualitative researchers were consulted regarding the question schedule. They approved the schedule and stated it to be valid in gaining the desired information. Interviews were audio recorded and transcribed by the researcher before being analysed using the software package Nvivo (version 10.2.2). The process of interviews continued until saturation was met (Krueger & Casey, 2015; Glaser & Strauss, 1967).

5.5.5 Ethical considerations

Participants were provided with an information sheet (Appendix C) prior to taking part that detailed the aims of the study. They were informed that participation was voluntary and that they were free to withdraw at any time. It was explained that no identifiable information or quotes would be used. Instead to ensure participants remained anonymous during transcription they were referred to as *CW (Care Worker).* Where interviews took place at the care home premises a room was used where only the participant and researcher were present in order to maintain confidentiality. Where participants were no longer based at a care home interviews took place by phone or in a neutral venue, this again ensured confidentiality.

5.5.6 Analysis

Interviews were audio recorded and transcribed by the researcher. This allowed for a more in-depth immersion into the data. Data were then input into the computer software package Nvivo (version 10.2.2). Interview data were subject to data reduction and interpretation by means of extraction of themes via thematic analysis and cross-case comparison. A core feature was the constant comparison element incorporated (Langdridge 2004). Text extracts from across the participant range were isolated and recurrent data patterns grouped into conceptual categories. The specific type of thematic analysis implemented was theoretical thematic analysis (Braun & Clarke, 2006). This is because the analysis was driven by the

researcher's theoretical or analytic interest and is thus more explicitly analyst-driven (chosen as the study aim was to specifically identify care worker's likes, dislikes, and reasons to stay or leave) (Braun & Clarke, 2006). Analysis involved three levels of coding – open, axial, and selective coding (Strauss & Corbin, 1990). To ensure rigour and reliability, interview data was subject to repeated readings and analysis to compare and examine immerging interpretations.

5.6 Study 2: Identifying "performance", ProMES development and scale validation

5.6.1 Aim of study two

To inductively develop a performance assessment tool and to establish its psychometric properties, for use as an outcome measure.

5.6.2 Study structure

Study two of the research divided into two study strands. The first strand implemented a qualitative focus group technique to inductively develop the performance assessment tool. Groups were both constructed and worked in accordance with the ProMES method (Productivity Measurement and Enhancement System) (described below) to identify the key areas of care worker performance and then to establish indicator items to form the tool. The second study strand then involved the deductive quantitative testing of the developed tool and items to establish the psychometric properties of the assessment measure. This aided in the refinement of the tool to its optimum length. The result of this two-stage process was the development of a bespoke performance assessment tool for use within the main longitudinal study (study 3) as a key outcome area.

5.6.3 Phase 1 - ProMES background

The first phase of the development and validation of the performance measure entailed the application of ProMES methodology (Pritchard, 1990), and involved a three-phase wave of

focus groups. ProMES is a bottom-up strategy that inductively derives its content. The advantage of this approach compared to a top-down down strategy is that it is less likely to be resisted or seen as inaccurate by workers (Naylor, Pritchard and Ilgen, 1980). This is especially important in accordance with the above literature review that highlighted the importance of agreement between stakeholders regarding what constitutes the key performance dimensions (Patterson et al., 2008; Currie et al., 2004).

ProMES initiates a formal step-by-step process that can be utilised to develop a measurement system to assess how well a person is meeting their objectives. It can also be used to develop a feedback system that can lead to future improvements in productivity. A key feature and advantage of ProMES is it has the ability to give workers a sense of ownership in the resulting system, and empowerment in determining important aspects of their work (Pritchard, 1990). This is important because the alternative is to measure workers (in this case care workers) on measures over which they have had no control over. The consequences of this can be that the developed measure is not accepted by the workers, it is seen as invalid by the workers, or it can have the detrimental effect of demotivating the workers (Algera, 1990 (cited by Pritchard 2016); Frese & Zapf, 1994; Muckler, 1982; Pritchard, 1992; Wall, Corbett, Martin, Clegg, & Jackson, 1990).

Through implementing the ProMES methodology the resulting performance measure will have "buy-in" from participating stakeholders. The stakeholders involved in the groups and development included care workers, management, supervisors, family representatives and service-users (see table 5.3 for group compositions). This process should be detailed when promoting the measure and project to the wider sector. Finally, an advantage of ProMES is it enables the development of a context specific measure. This is especially warranted in an adult social care sector that currently lacks any care worker performance assessment measure or even agreement on what such a measure should address (as discussed in chapter three).

ProMES stages*
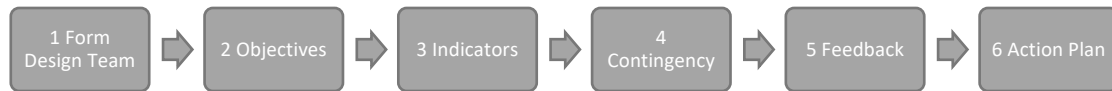
9 Figure 5.4 ProMES stages and descriptions

*(informed by Pritchard et al. 2008)

1) The *design team* is formed containing key stakeholders and typically consists of 5-8 members.

2) *Objectives* are created through identifying key tasks relating to the role. These are normally general in nature.

3) Quantifiable *indicators* are created next. These are objective measures specific to that role.

4) *Contingency* is a type of graphic utility function relating the amount of each indicator measure to its value for the organisation.

5) Data is collected on the indicators and a *feedback* report is created.

6) Feedback meeting is held and *action plans* are made.

The present research implemented the first three stages to ProMES over three group sessions (see figure 5.5 below). This involved firstly constructing design teams involving the key stakeholders. The next stage involved having the design teams discuss and come to a consensus on the core objectives and tasks that the care worker job role involves. The final group session consisted of the design teams developing and agreeing upon a set of indicators that can be used to establish whether or not the key objectives and tasks in relation to the care worker role were occurring or not in a care worker's performance. Once this process had been completed the set of items (indicators) were ready to be psychometrically assessed and refined (see validation stage below).
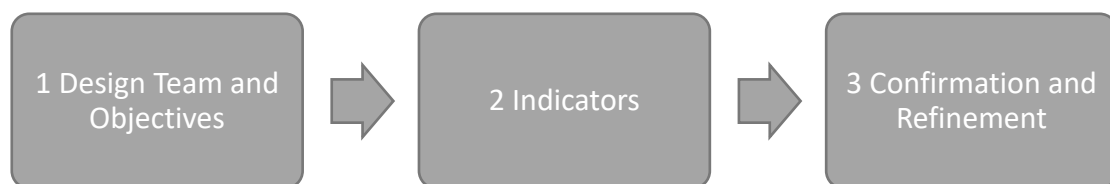
10 Figure 5.5 ProMES stages implemented in the present research

1) Design teams formed and key objectives of care worker performance discussed and agreed upon.

2) Indicators developed to reflect whether the objectives are being met or not.

3) Agreement on developed indicators across participating providers, and final opportunity to propose further indicators.

5.6.3.1 Study design

Phase one of the performance measure development was the qualitative generation of the pool of items for the performance assessment measure. This stage implemented a formative evaluation approach as it was to be used to inform the development of the measure, which would then be subsequently quantitatively tested. The quantitative testing and validation of the measure forms stage two and is described below under the validation heading (section 5.6.4). The number of ProMES groups involved in the first study was determined by continuing until theoretical saturation was met (Krueger & Casey, 2015; Glaser & Strauss, 1967).

5.6.3.2 Sample

As outlined in the literature review the research project is aimed at the adult social care sector in general. It aims to provide initial recruitment and selection recommendations in light of the current dearth of specific recommendations. The present research study involved three different types of social care provider to enhance the representativeness of the sector and produce a measure applicable across the sector (table 5.3 below). These were a day service for adults with learning disabilities aged between 19 and 67 years old, a residential care

home for older people, and a residential care home for older people with sensory impairment, physical disabilities and learning disabilities.

The groups were formed based on those involved in, or affected by, care worker performance. The stakeholders in each group that formed the design team were: The researcher, care provider manager, supervisor, care worker, family representative and service-user. However the first provider was unable to provide a willing family representative to take part. The group construction also addresses the recommendations set out by the CQC (2010). They state providers should: *"Use information about the quality of experiences of people who use services, or others acting on their behalf, the views of staff and the risks they are exposed to, including the outcomes of comments, complaints and investigations, to understand where improvements are needed."* (page 148). The aim in this case is to develop a performance measure, however it still involves the proposed stakeholders by the CQC.

10 Table 5.3 Providers involved, the stages they took part in and the group compositions

Provider type	ProMES stages involved in	Members present in groups (*) (**)
1) Day service for adults with learning disabilities	Stage 1 Stage 2 Stage 3	• Researcher • Service provider manager • Supervisor • Care worker • Service-user
2) Residential care home	Stage 1 Stage 2 Stage 3	• Researcher • Service provider manager • Care worker • Service-user • Family representative
3) Residential care home for sensory impairment, physical disabilities and learning disabilities**	Stage 1 Stage 2 Stage 3	• Researcher • Service provider manager • Family representative • Service-user • Care worker

The same groups and group members were used in each stage of the process.
** Provider three care worker was ill and absent for the first two stages.

5.6.3.3 Ethical considerations

The ProMES groups entailed a number of ethical considerations. Firstly in forming the design teams careful consideration was given to the composition of the groups. A service user was included only if the provider confirmed they had the capacity to be involved. An information sheet (Appendix D) was provided in advance outlining what the research concerned and participants were informed prior to, and at the session, that participation was voluntary and that they were free to withdraw at any time. It was explained by the researcher in the information sheet and prior to the group sessions that all data would be anonymised and stored in line with the university's policy on academic integrity. Where quotes were to be used within the research no identifiable information would be used, and names would be replaced with generic labels e.g. *care worker 1*. However, given the nature of focus groups, confidentiality could only be guaranteed to the extent that the other participants maintained it. Unlike one-to-one interviews there are more people involved and complete confidentiality cannot be guaranteed. To overcome this the group sessions began with an open introduction that reiterated that everything discussed was in confidence and would remain confidential between those in the design team.

5.6.3.4 Procedure

The ProMES groups took place with three providers from three different areas of adult social care (table 5.3). Each group completed the three stages of the ProMES process that this research utilised (figure 5.5). The same members of each group took part in each of the three stages. Due to the differing needs of different services (e.g. learning difficulties and care for older people) groups were undertaken with a range of provider types. This enabled the capture and inclusion of the key performance areas common to all provider types, and the development of a broad performance measure.

Stage one of the process involved construction of the "design teams" that would be responsible for the development of the performance assessment tool. It also involved

discussion to identify the key objectives and outcomes of effective care worker performance. In order to identify the key objectives of the care worker role, the focus group schedule was constructed to centre discussions around a set of probing questions. These began with each member of the focus group describing how they define high quality care worker performance and what it consisted of. From here group discussions took place regarding what are the most important aspects of the care worker job role? What can a care worker do to make a difference, and how do we know a care worker is effective? What are the key objectives or outcomes of an effective care worker? What aspects of performance make someone an especially effective care worker, and what makes him or her stand out? And finally, what do care workers do to ensure good outcomes for service-users? (see appendix E for schedule).

The discussions were focussed as to achieve a group consensus regarding each question. Following the group discussions, the researcher transcribed and analysed the data utilising thematic analysis (see analysis section 5.6.3.5 that follows). This led to the uncovering of a set of themes from each group that in turn led to the creation of the care worker *objectives* from each respective group. Each group was then sent a summary of the key objectives identified based on the analysis and groups were asked to read this summary and then to confirm that this was representative of what had been discussed at the start of the stage two group. They were also asked to confirm nothing had been left out and that all objectives identified were relevant and valid. This provided face validity to the objectives and led to within group consensus on the key objectives and outcomes of effective care worker performance.

Prior to stage two the researcher also created a combined list of the objectives identified across the three groups. This was done by cross referencing the identified themes from each respective group and combining them in to an overall list. During this process duplicate and novel objectives were identified. Then at the start of stage two following agreement on the objectives identified from their own group, groups were presented with the overall list

including objectives identified by the other two focus group design teams. Discussion then took place on any objectives not included within that groups' original list, and this in all cases led to agreement on the importance of any that had been omitted by them. This led to between group consensus, and a final overarching list of objectives that are fundamental to the care worker role.

Following this, the main focus of stage two was the development of indicators for the now unanimously agreed upon performance objectives. This consisted of structured discussions to stimulate participants' ideas of what the indicators would look like. This involved consideration and discussion of how we would know whether the objectives had been achieved or not, and what it would look like if it was present in performance or if it was not occurring. Groups then had to consider how these indicators could be developed into questionnaire items, which would then inform the performance measure tool. By the conclusion of each group, a pool of items for each objective was developed. At this point the objectives relate to different areas of performance, and the indicators provide a list of items to assess performance on.

Prior to stage three the researcher combined the three groups indicator lists into one main list by cross referencing the three lists, and when doing so removed duplicate and poorly formed items (e.g. unclear wording). Stage three groups then involved refinement of the combined indicator list to create a final list of indicators that would be used as the performance assessment tool. This consisted of examining the suitability and wording of the indicator items to ensure they represented their objectives and were clear. Final alterations were then made to items based on the three groups' feedback. Following stage three, groups were sent the final performance measure to read over and report back on their satisfaction with the items. This provided a final opportunity for members to report any problems or concerns with items, and enabled sense checking.

Finally when the quantitative testing phase (detailed below) was undertaken the objectives (performance areas) were checked with the new participating providers. This enabled a further validation of the performance areas identified and opportunity to ensure no key areas were missing. All providers agreed on the suggested areas. This resulted in a total of 58 care homes being involved (from a range of provider types) in confirming the suitability of the performance areas within the measure. This process addressed research question one: *What makes an effective care worker in the UK care sector?*

5.6.3.5 Analysis

Analysis of the data from stage one of the performance assessment tool development was undertaken in an inductive paradigm manner using grounded theory (Glaser & Strauss, 1967), with objectives (themes) being extracted through use of thematic analysis (Braun & Clarke, 2006). This involved identifying and highlighting text and generating codes, which then led to the development of overall themes. These themes formed the objectives (performance areas). Three groups were used in the tool development as by the conclusion of the third group at stage one theoretical saturation was met (Krueger & Casey, 2015; Glaser & Strauss, 1967).

In contrast, data analysis for stages two and three of ProMES was completed by participants during the group sessions. Stage two looked to develop five potential indicators (questionnaire items) from each group for each objective identified from stage one. This led to an item pool to select the best items from for the assessment tool survey. Once the indicator item pools were developed, any overlapping, unclear, or redundant items were removed. Stage three analysis involved the three groups carrying out final item refinement (e.g. item wording) and checking the clarity of the remaining items. Following stage three, groups were sent the final measure to read over, this provided a last opportunity to voice any concerns with the performance measure. This was the final step before the developed measure moved into the quantitative testing and validation phase.

5.6.4 Phase two - Validation study

5.6.4.1 Overview

The first phase of study two of the research led to the creation of a performance (effectiveness) assessment measurement tool. The second phase of study two involves the quantitative testing of the measure to assess its psychometric properties and refine the measure to its optimum length.

5.6.4.2 Sample

The quantitative validation of the performance assessment tool involved managers and supervisors randomly selecting and completing performance assessments on their care workers. A total of 357 performance assessments were completed. This included assessment of 48 males (13.4%) and 306 females (85.7%) (3 not stated) aged 18-80, mean age = 39.4 and 27 nationalities, (74.5% British; 10.9% EU; 13.1% Non-EU). This compares to an adult social care workforce that is 18% male and 82% female, and where 83% of workers are British, 7% EU and 9% Non-EU (skills for care, 2017). Overall this shows the sample in the present study to be representative.

Beyond this, experience in the care worker role of those assessed ranged from 9 months to 27 years, and care qualifications ranged from 80 having no qualifications, to 210 having some level. The sample was made up of 217 full time workers, 131 part-time workers, and six bank contract workers (3 not stated). In total 18 social care providers from across the United Kingdom, including Isle of Wight and Scotland took part. This resulted in data being collected from 55 care homes or centres and from a range of social care types (care homes/ nursing homes/ learning difficulty and psychical difficulty day centres). Table 5.4 below details the breakdown of the demographics and table 5.5 shows the type of care provided by participating providers.

11 Table 5.4 Demographics of care workers assessed

Demographic information	Number participants	% of sample
Gender		
Male	48	13.4
Female	306	85.7
Missing cases	*3 (354)*	*0.8*
Age		
Under 18	2	0.6
19-24	38	10.6
25-34	105	29.4
35-44	76	21.3
45-54	78	21.8
55-64	42	11.8
65+	5	1.4
Missing cases	*11 (346)*	*3.1*
Tenure		
Under 1 year	71	19.9
1.01-5 years	146	40.9
5.01-10 years	38	10.6
10.01-15 years	14	3.9
15.01-20 years	4	1.1
20.01+ years	3	0.8
Missing cases	*81 (276)*	*22.7*
Nationalities		
British	266	74.5
EU	38	10.9
Non-EU	46	13.1
Romanian	14	3.9
Non EU	1	0.3
Polish	10	2.8
Indian	4	1.1
Nepali	14	3.9
French	1	0.3
Ghanaian	4	1.1
Filipino	7	2
Turkish	1	0.3
Spanish	1	0.3
South African	1	0.3
Finish	2	0.6
Lithuanian	2	0.6
Serbian	2	0.6
Sierra Leonean	2	0.6
Zimbabwean	5	1.4
Ugandan	2	0.6
Bulgarian	2	0.6
Portuguese	2	0.6

Latvian	**1**	**0.3**
Moldovan	**1**	**0.3**
African	**1**	**0.3**
Nigerian	**1**	**0.3**
Irish	**1**	**0.3**
Dutch	**1**	**0.3**
Czech	**1**	**0.3**
Missing cases	*7 (350)*	*2*
Contract type		
Full time	**217**	**60.8**
Part time	**131**	**36.7**
Bank	**6**	**1.7**
Missing cases	*3 (354)*	*0.8*
Care qualifications		
None	**80**	**22.4**
Some degree	**210**	**58.8**
Missing cases **(remaining cases)**	*67 (290)*	*18.8*

12 Table 5.5 Type of care provided by the participating care provider

Care provider	Type of care provided
1	Residential Homes and Housing with Care
2	Learning Disabilities
3	Care homes and extra care accommodation
4	Residential, dementia and nursing care
5	Residential and nursing
6	Dementia, nursing, residential, respite
7	Residential for older people and physical and learning disabilities all ages
8	Mental Health residential (Aspergers, ADHD & other complex needs)
9	Nursing, residential day care, supported living
10	Residential and Day Care
11	Residential, nursing and dementia
12	Residential care, residential with dementia care, care for young people with physical disabilities and nursing care
13	Residential, nursing, Dementia, Alzheimer's
14	Residential and nursing
15	Nursing and residential and dementia
16	Learning disabilities
17	Care and nursing and dementia
18	Learning disabilities, Residential, Respite and day care

5.6.4.3 Measures and materials

The performance assessment measure developed in the first stage of study two was used.

Managers and supervisors were asked to assess a care worker's performance by completing

the measure and returning it. Items were assessed on five point Likert scales ranging from *strongly disagree- strongly agree* (See appendix F)*.* The measure was completed via either paper format, email or the survey site *Qualtrics.* Data was input into SPSS version 23 for analysis.

5.6.4.4 Ethical considerations

An information sheet (Appendix G) detailing what the research consisted of was produced and distributed to either the participating manager or supervisor along with the participating care worker. The information sheet stated that participation was voluntary and that they were free to withdraw at any time. Moreover, it was explained that no identifiable information would be used and all data would be anonymised on entry into the database. Furthermore, care workers were informed that only the assessing supervisor and the researcher would have access to their assessment. Finally it was stressed that the performance assessment would only be used for the purpose of refinement of the assessment tool and would have no impact on any job evaluations or in anything to do with their day-to-day job role going forward.

5.6.4.5 Procedure

Following ethical approval, managers and supervisors were provided with the performance measure either in paper format, via email, or via the survey site *Qualtrics.* They were instructed to read each statement carefully and consider the extent to which the care worker's performance met the statement. They were advised not to spend too long on each statement but to go with their overall feeling of the worker's performance. Managers or supervisors would then complete the measure and return it to the researcher, who then anonymised the response before entering it into SPSS for analysis. Scale reduction techniques and reliability tests were then undertaken to examine the psychometric properties and refine the measure to its optimum length. The refined measure would then be used as the performance outcome measure in the main longitudinal study.

5.6.4.6 Analysis

Analysis of the initial items and scale structures created through the stage one ProMES method involved undertaking factor analysis. Factor analysis is a technique that enables the uncovering of how items relate to one another and the latent variable structure they load on to. It helps to reveal the clusters of variables and is especially useful in questionnaire construction to measure a latent variable, and also in the reduction of data to a more manageable size (Field, 2009). It is therefore highly applicable here in the development of a performance measure that looks to assess aspects of performance that are not always tangible, and also reduce the initial large item pool created with the ProMES groups to a more manageable performance measure length.

Before conducting factor analysis, sample adequacy tests and initial data screening was undertaken. The rules associated with sample size adequacy in factor analysis propose that 300 cases are seen as a good sample. (Comrey & Lee, 1992; Field, 2009; Kass & Tinsley, 1979; Tabachnick & Fidell, 2007). In addition to this, MacCallum, Widaman, Zhang & Hong (1999) state that if the average communalities are over 0.6 then a sample as low as 100 is fine, and if it is 0.5 then a sample of 100-200 can be enough if there are only a few factors. In combination with this, the sample adequacy can be checked using the Kaiser-Meyer-Olkin measure of sample adequacy (KMO). The KMO can be calculated for multiple and individual variables. The KMO ranges from 0-1, with 0 indicating that the sum of partial correlations is large relative to the sum of correlations, showing diffusion in the pattern of correlations. The consequence being that factor analysis is inappropriate. However, a value close to one indicates relatively compact correlations and that factor analysis will provide valid factors. Kaiser (1974) proposes values of 0.5 to be barely acceptable, 0.5-0.7 are acceptable, 0.7-0.8 are good, 0.8-0.9 are great, and over 0.9 is superb. Similarly Pallant (2013) advises 0.6 or above.

Factor analysis also enables dimension reduction and the removal of poorly formed items that do not load conceptually where one would expect. There are two predominant methods to exploratory factor analysis (EFA), and these are principle components analysis and principle factor analysis. These two methods usually result in similar solutions (Field, 2009), and Guadagnoli and Velicer (1988) conclude there is little difference in the solutions they generate. They differ in respect to the communality estimates that are used. Principle components analysis decomposes the original data into sets of linear variables (Field, 2009; Dunteman, 1989), and is concerned only with establishing which linear components exist within the data and how a particular variable might contribute to that component. After consideration of these principles, analysis proceeded with principle components analysis.

In combination with principle components analysis an oblique rotation was implemented, and specifically a Direct Oblimin rotation. This means that the factors are allowed to correlate (Field, 2009). This is because all the components being measured are related to care worker performance, and it is therefore both logical and theoretically justifiable to expect that there will be a correlation and relation between factors. Consequently, it would not be appropriate to assume the factors to be orthogonal. The delta level for Direct Oblimin was left at the default zero, this level ensures that high correlations between variables is not allowed (Field, 2009). Finally, when running the factor analyses in order to make the output tables easier to read, a factor cut off of 0.4 was implemented to aid interpretation, which is common practice (see Field 2009; Stevens, 2002). The resulting scales then had their Cronbach alpha examined to ensure reliability (Cronbach, 1951).

5.6.5 Study 2 summary

The two phases within the second study of the research will together develop and validate a performance assessment measurement scale for use within the main research study. It provides a key outcome measure of effective care worker performance. This has been done by combining qualitative and quantitative techniques. The first phase involved qualitative

focus group techniques in line with ProMES methodology to induce and identify the key

performance areas in care worker performance. It also involved the development of specific

indicator items to identify whether effective performance is occurring or not from a given

worker. The second phase of this second study will have quantitatively analysed and

assessed the psychometric properties of the performance effectiveness measure and refined

it to its optimum length. The result of this phase of the research is a bespoke

psychometrically robust concise performance effectiveness measure, which can be used to

quantify social care worker performance. It addresses research question one: *What makes*

an effective care worker in the UK care sector?

5.7 Study 3 Longitudinal study of care worker effectiveness

Environment Fit
Organisational Justice
Organisational Commitment
Organisational Identification
Satisfaction with Service User Contact Time
(informed by study one)

Big five
Extraversion
Conscientiousness
Openness
Agreeableness
Neuroticism

Big Five Inventory Facets

Personality facets
- Empathy
- Compassion
- Warmth
- Nurturance
- Calmness
- Sociability
- Experience seeking

Values
- Benevolence
- Conformity

Career Ambition

Overall Performance
Job Satisfaction
Turnover Intention
Turnover
Absence

11 **Figure 5.6 Model of care worker effectiveness**

5.7.1 Research design

Study three of the research is the main research study of the PhD and entailed a quantitative longitudinal study design. Data was collected in two waves. Wave one collected data from care workers and their employers at three time points, while wave two collected comparable data but only at two time points (see tables 5.6 and 5.7 below). Each time point involved the care worker completing a new survey. The final time point of each wave involved the collection of absence and turnover data of care workers, as well as the care worker having their performance assessed by their manager or supervisor. This enabled the linking of the characteristics and factors collected in the time one and time two surveys, to outcome data such as performance, absence, job satisfaction, turnover intention and turnover of workers. Table 5.6 below displays what was required at each time point for wave one, and table 5.7 for wave two.

A prominent strength of this research design is the collection of data at different time points across the study. This helps address the common limitation of common method bias. Moreover, the developed performance measure was completed by the care worker's manager or supervisor, and this independent objective measure adds validity to the findings. This is another strength of the research, along with the independent provision of absence records rather than self-report measures that can be prone to inaccuracy and bias.

13 Table 5.6 Wave One - Three time point collection design

Source	Time 1	Time 2	Time 3
Care worker	**Survey assessing:** • Personality Traits • Personality Facets • Personal Values • Career Ambition	**Survey assessing:** • Organisational Justice • Environmental Fit • Organisational Commitment • Organisation identification	**Survey assessing:** • Turnover intention • Job Satisfaction • Satisfaction with Service user contact time
Manager or Supervisor	Not required	• Turnover information	• Performance assessment measure for

		each participating care worker.
		• Turnover information
		• Absence records for consenting care workers

N = 220 started in the wave (165 participants completed all three surveys)

14 Table 5.7 Wave two - Two time point collection design

Source	Time 1	Time 2
Care worker	**Survey assessing:** • Personality Traits • Personality Facets • Personal Values • Career Ambition	**Survey assessing:** • Organisational Justice • Environmental Fit • Organisational Commitment • Organisation Identification • Turnover Intention • Job Satisfaction
Manager or Supervisor	Not required	• Performance assessment measure for each participating care worker. • Turnover information • Absence records for consenting care workers

N= 106 started in the wave (89 participants completed both surveys)

5.7.2 Sample

A total of 326 participants were involved in the longitudinal study (see table 5.8 for

demographic breakdown). Of these 165 completed all three surveys in the wave one nine-

month schedule; and 89 completed both surveys in the wave two six-month schedule. There

were 51 males and 273 females (one didn't state) who took part aged 17-81, mean age =

40.16. This represents a split of 15.6% male and 84% female. This compares to an adult

social care workforce that is 18% male and 82% female (Skills for care, 2017).

Any worker who undertakes the care worker job role and duties was eligible to take part in

the research. This led to a participant pool of 252 (77.3%) care workers, 31 (9.5%) senior

care workers, 25 (7.7%) team leaders, 8 (2.5%) deputy managers, and 9 (2.8%) managers.

Twenty-four nationalities were represented (79.1% British, 14.9% EU, 4.8% Non-EU), and

there were 20 different first languages. This compares to the overall sector where 83% of

workers are British, 7% EU and 9% Non-EU (skills for care, 2017). The sample contained

222 workers on full time contracts, 78 on part time contracts, and 26 on bank contracts (two

didn't respond). The tenure of workers ranged from the day they started the job to 30 years.

With regards to education 222 had a care qualification of some description and 67 had not

got one at all. Finally 82 workers received additional training and 191 did not between time

one and time two collection points on both waves (72 didn't respond); and 45 received

additional training between time two and three data collection points, with 119 stating they

had not.

15 Table 5.8 Demographics of participating care workers

Demographic information	Number participants	% of sample
Gender		
Male	**51**	**15.6**
Female	**274**	**84**
Missing cases	***1***	***0.3***
Age		
Under 18	**5**	**1.5**
19-24	**52**	**16**
25-34	**80**	**24.5**
35-44	**64**	**19.6**
45-54	**63**	**19.3**
55-64	**39**	**12**
65+	**9**	**2.8**
Missing cases	***14***	***4.3***
English as first language	*255*	*78.22*
Position		
Care worker	*252*	*77.3*
Senior care worker	*31*	*9.5*
Team leader	*25*	*7.7*
Deputy manager	*8*	*2.5*
Manager	*9*	*2.8*
Missing cases	***1***	***0.3***
Contract		
Full time	*222*	*68.1*

Part time	*76*	*23.3*
Bank	*26*	*8*
Missing cases	*1*	*0.3*
Distance to work (miles)	*Mean = 5.33*	*SD = 5.98*

Care provider demographics

Table 5.9 below demonstrates the wide range of provider types included within the research. This demonstrates the representativeness of the sector and that the subsequent findings are generalisable. This is a strength of the present research. Table 5.10 then presents the number of homes or centres that participated from each provider and how many performance raters were at each.

16 Table 5.9 Care provider demographics

Care provider	Type of care provided
1	Dementia care and support for older people – Residential, Nursing and Respite care
2	Residential home for older people and housing with care
3	Residential, Nursing and Day Care Home
4	Nursing home and Residential care homes
5	Residential care homes
6	Adults with complex health needs such as Autism, Personality disorders, Asperger's, ADHD and Learning disabilities with recognised Autistic traits.
7	Residential for older people and physical and learning disability accommodation
8	Residential care, residential with dementia care, care for young people with physical disabilities and nursing care
9	Residential and nursing care
10	Residential, respite and day care for older people, dementia and learning disabilities
11	Residential, nursing and dementia care
12	Residential, nursing, dementia, respite, day care and learning disability
13	Residential, nursing, dementia, respite, day care, end of life and specialist care
14	Residential - Learning disabilities, Physical disabilities
15	Dementia, Alzheimer's, physical disability and challenging behaviour

17 Table 5.10 Breakdown of care provider sites and raters

Care provider	Site number	Number of raters
1	1	1
	2	1
2	1	1
	2	1
	3	1

	4	1
	5	1
	6	1
3	1	2
	2	2
	3	1
4	1	1
	2	1
	3	2
5	1	1
	2	2
	3	2
6	1	2
	2	1
	3	1
	4	1
7	1	2
8	1	1
9	1	1
10	1	1
	2	1
	3	1
	4	1
11	1	2
	2	2
	3	1
	4	1
	5	1
	6	1
	7	1
	8	2
	9	1
	10	1
	11	1
	12	1
12	1	1
	2	1
	3	1
	4	1
	5	1
	6	1
	7	1
	8	1
	9	1
	10	1
	11	1
	12	1
	13	2
	14	1
	15	1
13	1	1
	2	1
	3	1

	4	1
14	1	1
15	1	1

5.7.3 Ethical considerations

Participants were provided with an information sheet (Appendix H) and given the opportunity to ask questions prior to taking part. The information sheet described the aims of the research and that participation was voluntary and they were free to withdraw at any time. It also outlined that data would be kept in accordance with the university's policy on academic integrity. Care workers were informed that all data collected would be confidential and none of their responses would be shared with the provider on an individual basis. Instead the provider would receive general level findings from the research. It was also explained that their data would be anonymised and stored confidentially. Moreover that that their performance assessment as part of the research would only be used for the present research purposes and would not be used in their work evaluation or have any impact on their day-to-day job role. Participants signed a consent form stating they were happy to participate.

Before any of the care workers were asked to participate, the care provider themselves had to provide their consent to take part in the research. All participating care workers then had to provide additional specific consent for their absence records to be shared with the researcher. Importantly, nowhere was the specific type of absence reported, or requested, only the number of days beyond allocated holiday. This ensured no private medical information was shared or requested. Finally consent was obtained from the managers and supervisors who would be carrying out the performance assessments to state they were happy to do so.

5.7.4 Measures and materials

5.7.4.1 Overview

Before detailing the specific measures used within the main longitudinal study it is first necessary to offer explanation as to why particular personality facets are considered within the present research. The following section provides an overview and explanation behind the selecting of facet scales. Moreover, it shows how the results of the first study one-to-one interviews have helped inform the selection of particular scales. This coupled with the second study providing the performance effectiveness measure for the main study demonstrates how the different research studies tie together.

5.7.4.2 Personality scale choices and justification.

An important consideration with respect to personality traits is that different personality inventories and scales used in assessment measure different areas of the big-five personality dimensions. Woods and Anderson (2016) proposed a periodic table of personality whereby facets and their scales are grouped similar to the periodic table of elements in chemistry. They mapped different scale inventories on to the Abridged Big Five Dimensional Circumplex model (AB5C) (Hofstee, de Raad, & Goldberg, 1992). Woods and Anderson's research helps researchers and practitioners understand how different personality inventory scales converge and diverge, and aid in selection of the appropriate measures depending on the area under examination. Furthermore, their research helps when selecting scales through demonstrating how they can be used in interchangeable and complementary ways. Together the AB5C (Hofstee, de Raad, & Goldberg, 1992) and Woods and Anderson (2016) provide a basis to identify facet scales for use within the present research.

When assessing the scales contained within the AB5C it is clear there are several that conceptually relate to the care worker job role. After reviewing these and scrutinising their

relevance to the role, three were included: warmth (warmth towards others and is related to interpersonally positive traits such as trust, caring and altruism), nurturance (preference to working with people rather than data) and calmness (evenness of emotion expression, patience, versus hostility and anger). However, to ensure the survey remained a useable length only key items from each was selected. Selected items were those that conceptually related most to the care worker job role, as well as to the other chosen items from that facet. These facets are in addition to the key personality facets of compassion and empathy that the literature review identified as crucial in care workers (chapter three, section 3.8.1).

Beyond this, with respect to the one-to-one interviews from study one of the research four key themes were identified for inclusion. Firstly, *ambition.* One of the fundamental reasons given behind attrition decisions and turnover was that of wanting to further their careers. This was also identified in chapter three as being influential. Therefore a measure of ambition was chosen to assess the career ambition of workers. This makes it possible to identify how the ambition of a care worker relates to whether they leave their job role. The second theme related to the *personal nature* that the care worker role provides. This relates to the personal interaction that the role affords and this was identified as a key source of satisfaction in the role and in turn relates to attraction to the position. When relating this conceptually to personality, the facet of sociability is appropriate. Sociability relates to enjoying being part of a group and enjoying interacting with others. It was therefore included within the present research to assess the impacts of this trait in relation to the key outcome areas.

The penultimate area informed by the study one interviews pertained to experience seeking. The interviews identified a key source of attraction relating to the role was that no two days are the same and the role has a challenging and changing nature. When relating this to personality, experience seeking relates to individuals who prefer variety to routine. It therefore was conceptually appropriate to include when compared to the theme identified from study one. Beyond this the one-to-one interviews led to the development of a bespoke

scale relating to the care worker job role specifically. One of the most prominent themes was

that a key source of satisfaction in the role was the amount of contact time care workers had

with service users. Based on this a bespoke scale was developed by adapting the job

satisfaction measure used within the research. This is detailed below in the measures

section. In summary, this section has explicitly explained and justified the selection of

personality facet scales to be used within the present research (See table 5.11 below for

summary).

18 Table 5.11 Selected personality facets to be used

Facet Scale	Source	Reason
Literature driven facets included		
Compassion	De Young et al. (2007)	Literature review (Chapter three)
Empathy	AB5C	Literature review (Chapter three)
Warmth	AB5C	Conceptually related to care worker job role
Nurturance	AB5C	Conceptually related to care worker job role
Calmness	AB5C	Conceptually related to care worker job role
Study one – Care worker interview informed factors		
Ambition	Protean Career	• Theme identified care workers leave their role for *career progression*
Sociability	HEXACO	• Theme identified the *personal nature* of the job role was a key satisfier • Theme identified that the *Interaction* with people the role affords is a key satisfier. • Theme found that enjoying *Service User interaction* is important in job satisfaction
Experience seeking	Big five Openness to experience trait	• Theme identified that the day-to-day changing nature and *no two days being the same* was important to workers • Theme identified the *Challenge* and *changing daily* tasks make the role enjoyable
Satisfaction with service user contact time	Bespoke satisfaction with service user contact time measure	• Theme identified a key source of satisfaction was spending time with service users and seeing the benefit they are having

5.7.4.3 Time one data collection - Care worker survey (Appendix I)

Demographics. Opening questions in the first survey collected participant demographic information. This included aspects such as age, gender, nationality, and first language. As well as other factors including the contract they have (full time, part time, temporary, bank), the number of years they have worked in formal care (in a formal care role), the number of years they have worked in informal care (have cared informally for e.g. family or friends), and availability (mornings, afternoons, evenings, weekends). Workers were also asked to provide details of their qualifications (care, maths, English, and IT), living distance from work, and access to transport. Qualifications were coded in line with the government's qualifications level groupings (Gov.uk, 2017). This meant the qualifications of workers could be scaled low to high based on the highest level they possessed.

Personality. The big five personality traits openness, conscientiousness, extraversion, agreeableness and neuroticism were measured using the 44-item 'Big Five Inventory' (BFI) (John & Srivastava, 1999) on five-point scales ranging from *strongly disagree* to *strongly agree*. An example item for openness is: 'Is curious about many different things' (alpha= 0.77, after removing 'Has few artistic interests'), for conscientiousness: 'Does a thorough job' (alpha= 0.74), for extraversion: 'Is talkative' (alpha= 0.74), for agreeableness: 'Is generally trusting' (alpha= 0.74), and for neuroticism: 'Worries a lot' (alpha= 0.80).

BFI personality facets. Personality facets were selected to enable a more precise identification of the aspects of personality that impact on the key outcomes of care worker effectiveness (performance, job satisfaction, turnover intention, turnover and absence). Table 5.12 below presents the personality facets that are part of the BFI. These are formed by combining different sets of items from the BFI and were examined as part of the analysis process. It is important to note concerns with several of the Cronbach scores.

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19 Table 5.12 BFI facets*

Facet (Overarching big five trait)	Description	Cronbach alpha
Assertiveness (Extraversion)	*Forceful*	0.68
Activity (Extraversion)	*Energetic*	0.65
Altruism (Agreeableness)	*Warm*	0.59
Compliance (Agreeableness)	*Not stubborn*	0.42
Order (Conscientiousness)	*Organised*	0.46
Self-discipline (Conscientiousness)	*Not lazy*	0.58
Anxiety (Neuroticism)	*Tense*	0.71
Depression (Neuroticism)	*Not contented*	0.30
Aesthetics (Openness)	*Artistic*	0.40
Ideas (Openness)	*Curious*	0.7 with removal of 'prefers work that is routine'

Facets informed by Soto & John (2009).

Personality facets. Seven personality facets beyond the BFI facets were measured and selected based on the literature review and the results of the one-to-one interviews with care workers in phase one (see table 5.12 above). Participants were asked to read statements and rate how accurate each statement was in relation to them. All statements were measured on five-point scales ranging from '*very inaccurate'* to *'very accurate'.*

Compassion was measured using 10 items from DeYoung et al. (2007). An example item is: 'Inquire about others' well-being' (alpha = 0.81). ***Empathy*** was measured using nine items from the IPIP version of the AB5C (Hofstee, De Raad and Goldberg, 1992) (IPIP, 2016a). An example item is: 'Anticipate the needs of others' (alpha = 0.72). ***Warmth*** is a facet of agreeableness (Woods & Anderson, 2016) and was measured by five items from the IPIP version of the AB5C (Hofstee, De Raad and Goldberg, 1992) (IPIP, 2016a). An example item is: 'Make people feel at ease'. (alpha =0.79). ***Nurturance*** is a facet of agreeableness (Woods & Anderson, 2016) and was measured using two items from the IPIP version of the AB5C (Hofstee, De Raad and Goldberg, 1992) (IPIP, 2016a). An example item is: 'Think of others first' (alpha = 0.64). ***Calmness*** is a facet of neuroticism (Woods & Anderson, 2016) and was measured using two items from the IPIP version of the AB5C (Hofstee, De Raad and Goldberg, 1992) (IPIP, 2016a). An example item is: 'Take things as they come'. (alpha = 0.53). ***Sociability*** is a facet of extraversion (Woods & Anderson, 2016) and was measured

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using five items from the IPIP version of the HEXACO personality inventory (Lee & Ashton, 2004) (IPIP, 2016b). An example item is: 'Would not enjoy a job that involves a lot of social interaction'. (alpha =0.60). ***Experience seeking*** is a facet of openness (Woods & Anderson, 2016) and was measured using two items from the IPIP version of the HPI (Hogan & Hogan, 1995) (IPIP, 2016c). An example is: 'Prefer variety to routine'. (alpha = 0.42).

Values. Two values were assessed using Schwartz value circumplex survey (Schwartz, 1992) that were conceptually related to requirements of the care worker job role. These were benevolence (seven items) and conformity (four items). Participants were asked to rate each statement "As a guiding principle in my life", with responses being on a five-point scale to keep uniformity with the rest of the survey structure. Response markers ranged from "*Opposed to my values"* to *"Of supreme importance".* An example item for benevolence was: 'Loyal – (faithful to my friends, group)' (alpha = 0.81) and for conformity: 'Honouring parents and elders – (showing respect)' (alpha = 0.67).

Career ambition. Career ambition was measured using six items from the protean career measure (Baruch, 2014). Protean career is a concept that refers to the individual rather than the organisation taking responsibility for their career. An example is: 'For me, career success is how I am doing against my goals and values' (alpha = 0.70).

5.7.4.4 Time two data collection - Care worker survey (Appendix J)

Demographics. Opening questions in the time two survey collected information relating to changes in circumstances since the previous survey. Examples of questions were any courses or qualifications undertaken or completed since the first survey; as well as changes to position, living distance from work, and type of contract.

Organisational Identification. was measured to assess the degree one identifies with the care home they are working in. This was assessed through six items from Mael and Ashforth (1992) organisational identification scale. Participants responded on a five-point scales ranging from *strongly disagree- strongly agree.* An example of items is: 'When someone criticises my care home, it feels like a personal insult.' (alpha = 0.78).

Person Environment Fit. was assessed in order to identify the extent the individual fits in their work environment as a whole, as well as within subcomponents (group, team, job, supervisor). Items from Chuang, Shen & Judge, (2016) were used and statements were rated on a five-point response format to maintain uniformity. Responses ranged from *no match- complete match.* (overall alpha = 0.94).

Person Job Fit. was measured using four statements from Chuang et al. (2016). An example is*:* 'How would you describe the match between your professional skills, knowledge, and abilities and those required by the job?' (alpha =0.84). ***Person Organisation Fit*** was measured using seven statements from Chuang et al. (2016). Four statements related to fit with the organisation's values, and three related to fit with the organisation's goals*.* The statement '*How would you describe the match between your emphasis and your organisation's emphasis on the following values'* was used to assess values fit. Examples of the values used were 'honesty' and achievement'. The statement '*How would you describe the match between your goals and your organisation's goals on the following dimensions*' was used to assess goal fit. Examples of the goals used were 'reward' and 'the amount of effort expected.' (alpha = 0.89). ***Person Group Fit.*** was measured using seven statements from Chuang et al. (2016). Four statements related to fit with the group's values, and three related to fit with the group's goals*.* The statement '*How would you describe the match between your emphasis and your group's emphasis on the following values?*' was used to assess values fit. Examples of the values used were 'honesty' and achievement'. The statement '*How would you describe the match between your goals and your group's goals on*

the following dimensions?' was used to assess goal fit. Examples of the goals used were 'reward' and 'the amount of effort expected'. (alpha = 0.85). ***Person Supervisor Fit.*** was measured using four statements from Chuang et al. (2016) on a five-point scale. An example is 'How would you describe the match between the things you value in life and the things your supervisor values?' (alpha = 0.91).

Turnover Intention. was measured using O'Driscol and Beehr (1994) three-item scale. Responses were recorded on a five-point scale ranging from *strongly disagree-strongly agree.* Example items are 'I have thought about leaving this job' and 'I am actively searching for a new job outside this provider.' An overall turnover intention variable was created by taking the turnover intention measure from both waves that was collected at the same time as the care worker's performance was assessed. For wave one this meant taking their time three measure of turnover intention, and for wave two this meant taking their time two measure. This meant the overall variable could be comparable and used alongside job satisfaction, performance, turnover, and absence as a dependent variable (alpha = 0.84).

Organisational Justice. was measured to establish how fairly treated the worker felt. It was assessed using Ambrose and Schminke (2009) six-item scale. Responses again were on a five-point scale ranging from *strongly disagree – strongly agree.* Items include 'In general, I can count on this organisation to be fair' and 'Most of the people who work here would say they are often treated unfairly' (alpha = 0.85).

Organisational Commitment. was measured using Meyer and Allen (1997) 18-item measure on five-point scales ranging from *strongly disagree- strongly agree* to assess a worker's overall, affective, continuance and normative commitment. An examples of an affective commitment item is 'I would be very happy to spend the rest of my career with this organisation' (alpha = 0.75); of continuance commitment: 'It would be very hard for me to leave my organisation right now, even if I wanted to' (alpha = 0.82); and of normative

commitment: 'Even if it were to my advantage, I do not feel it would be right to leave my organisation now' (alpha = 0.73) The overall Cronbach alpha for the combined commitment measure was 0.82.

Job Satisfaction. was measured using Cammann, Fichman, Jenkins, and Klesh (1983) three item scale on a five-point scale ranging from *strongly disagree – strongly agree.* An example includes 'All in all, I am satisfied with my job' An overall job satisfaction variable was created in order to provide a comparable dependent variable to overall performance. This involved taking the job satisfaction measure from both waves that was collected at the same time as the care worker's performance was assessed. For wave one this meant taking their time three measure of job satisfaction, and for wave two this meant taking their time two measure. This meant the overall variable could be comparable and used with performance, turnover, turnover intention and absence. (alpha = 0.83)

5.7.4.5 Time three - Care worker survey (Completed by wave one only) (Appendix K)

Demographics. Opening questions within the final time point survey collected information relating to changes in circumstances since the previous survey. Examples of questions were any courses or qualifications undertaken or completed since the second survey; as well as changes to position, living distance from work, and type of contract.

Organisational Commitment. was measured as previously outlined at time two using Meyer and Allen (1997) 18-item scale commitment scale (overall scale alpha = 0.85) (affective (alpha =0.75), continuance (alpha = 0.78), and normative (alpha = 0.83)).

Job Satisfaction. was measured as previously outlined via Cammann, et al. (1983) three item scale and was formed into a combined scale as detailed above.

Turnover Intention. was measured using the same scale as time two (O'Driscol and Beehr, 1994) and was formed into a combined scale as detailed above.

Service-user Contact Time Satisfaction. An adaption of Cammann et al. (1983) was implemented to assess care worker satisfaction with the contact time they have with service-users. This was included due to care workers reporting it to be a core reason behind satisfaction in the one-to-one interviews in study one. Items were: 'All in all, I am satisfied with the amount of contact time I get with service users', 'In general, I would like more contact time with service users', and 'In general, I barely get to spend time with service users'. (alpha = 0.79).

5.7.4.6 Effectiveness area measures

Job Satisfaction

Job satisfaction was assessed using the combined measure of job satisfaction outlined above. This meant when analysis was undertaken the resulting model could be compared to job performance, turnover, turnover intention and absence. The consequence being a more valid comparison and interpretation could be undertaken.

Turnover

Turnover data was collected to establish whether the participating care worker was still working at their respective care home. Data was collected from organisations and managers based on a yes or no answer in relation to whether the given care worker was still working at the care home in their role. The data was collected with respect to if the worker was in place at the end of the research period.

Turnover Intention

Turnover intention was included in part to due to the blunt measure of turnover (binary

variable). The aim is to provide more meaningful outcome data that can help inform

prevention strategies to turnover. The measure used is that described above.

Absence

Absence data was provided from organisation records for consenting participants. Absence

was in the format of total days absent beyond allocated holiday and annual leave during the

research period. Only the total number of days absent was provided, nowhere was reason

for absence requested. This data was collected at time point two and three and these were

combined to form an overall absence measure.

Performance Effectiveness Measure

The manager or supervisor of the care worker completed the bespoke 44-item performance

effectiveness measure that was developed and refined in research study two of this project.

This was to enable quantification of the performance of care workers on the key areas

required by the job role, and in turn identify the personality traits, values and other aspects

measured that lead to this effective performance. See table 6.16 and appendix L for the full

survey questions and areas assessed. (overall scale alpha = 0.97) (Service user interaction

alpha = 0.96; Competence alpha = 0.90; Passionate about the job alpha = 0.86; Care worker

communication alpha = 0.76; Adaptability alpha = 0.56; Follows procedures and regulations

alpha = 0.90; Disengaged alpha = 0.82; Teamwork alpha = 0.90). It is noted here that the

reliability for the adaptability dimension is not to an acceptable level, and this is discussed

more in the chapter seven discussion.

5.7.5 Procedure

Care worker surveys and measures of effectiveness were collected via various methods from

the care worker and manager or supervisor as shown above in table 5.6 and 5.7. These

included being completed in paper format, by email and via the survey site *Qualtrics.* All data

was anonymised upon entry into the database and was matched to the candidate's previous

surveys using a coding system. Analysis of the data was undertaken using SPSS and the extension package Process (Hayes, 2012).

5.7.6 Data screening

Data screening consisted of various stages to ensure the reliability and validity of the data being used. As outlined in the sample section, 326 participants were initially involved in total. Of these 165 workers completed all three stages in wave one, and 89 completed both stages in wave two. Data screening then involved implementing an exclude cases list wise function. This meant cases were omitted from an analysis if it contained one or more missing values in the variables being analysed. Following this, analysis proceeded by the necessary scale items being reversed coded and Cronbach alpha analysis being carried out on all scales within the study. This led to the removal of any items that caused the scale alpha to drop below the 0.7 cut off where applicable (Field, 2009). The alpha of each scale used is reported above under each scale section description. Once the scales were formed they were then used for more detailed analysis such of regression and moderation. This will be explained in detail in the study three longitudinal results section below. Beyond this correlation analysis was undertaken to ensure scales were not too highly correlated, and thus causing collinearity and singularity. These steps ensured the data used and subsequent results was valid and reliable.

Chapter 6 – Results

6.1 Introduction to the chapter aims

The chapter that follows will present the results of the three research studies that have been undertaken as part of this research thesis in order to achieve the five research objectives set out. It will present the results of the research studies which were undertaken in line with the methodology outlined in the previous chapter (chapter five). This well help in identifying what leads to turnover in the sector, the development of a performance effectiveness measure, and identification of the characteristics that lead to effective care worker performance.

The chapter will present the findings of each research study in turn and will give consideration of the impacts the findings have in the context of the previous research and for this current research project. The first study will present results of the one-to-one interviews that look to identify drivers of attraction (satisfaction and retention) and attrition (dissatisfaction and turnover). The second study presented will detail the development and validation of the performance effectiveness measure. The third study, and main study of the research, will then identify the characteristics that lead to effective care worker performance, and the wider aspects that may impact on whether effective performance is realised.

Together this will enable answers to be derived for the research questions and in turn the main research objectives. Summary discussions will be included at the end of each study to explain their impact on subsequent research. Table 6.1 below details which study relates to which research objective; and figure 6.1 below shows how the two initial studies inform the main research study. The results of each study will now be presented and discussed.

20 Table 6.1 Table of the relation between research objectives, research questions, and studies addressing these

Objective	Related research question	Research study
1) To establish criteria for effective performance of workers in adult social care	**1)** What makes an effective care worker in the UK care sector?	**Study 2 identifying "performance", ProMES and scale validation**
2) To identify the antecedents to effective performance.	**2)** Why are people with certain characteristics (measured at selection) more effective as care workers than others?	**Study 3 longitudinal study of effectiveness**
3) To identify the conditions under which antecedents are enhanced or inhibited in achieving effective performance	**2)** Why are people with certain characteristics (measured at selection) more effective as care workers than others?	**Study 3 longitudinal study of effectiveness**
4) To develop a strategy for the recruitment and selection of effective care workers	**3)** How can the attributes, competencies and other key elements of an effective care worker be assessed and used in the process of recruiting and selecting applicants? **4)** What are the best selection methods to use when recruiting and selecting care workers?	**Study 3 longitudinal study of effectiveness**
5) To identify the drivers of retention and attrition in the adult social care sector.	**5)** Why do people stay and continue to work in the sector, and why do they leave?	**Study 1 interview study on attraction and attrition**
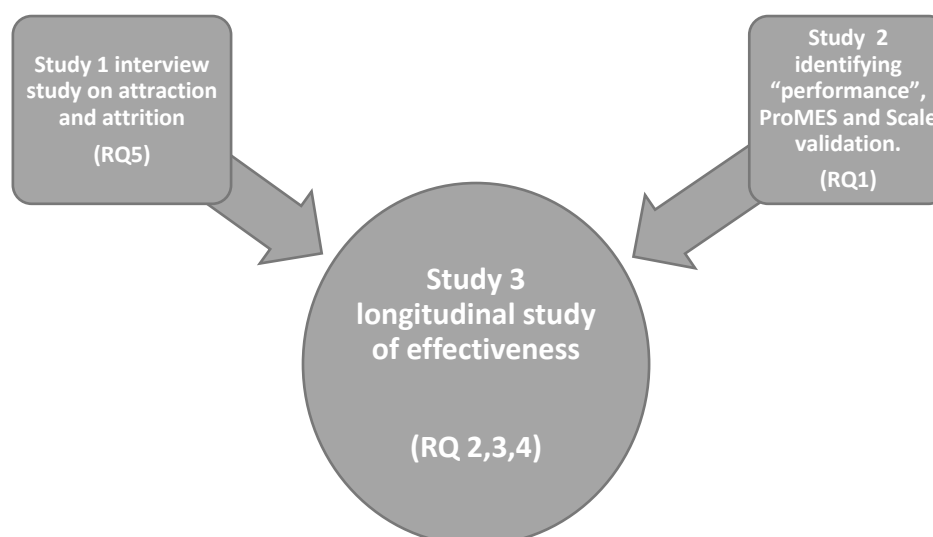
12 Figure 6.1 Summary diagram of overall research structure

6.2 Study 1 – Interview study on attraction and attrition.

The aim of the first study was to identify the key drivers behind satisfaction and attraction/retention and dissatisfaction and attrition/turnover. This study involved interviewing seven current care workers and six leavers from the adult social care sector using the interview schedule included in appendix B. These workers were from a range of provider types which helped ensure the sector was well represented. Table 6.2 below contains the demographic information of those who took part.

21 Table 6.2 Demographic information of interviewed care workers

Interview number	Status	Gender	Current tenure/ Was in role for leavers (years)	Total time in care (years)	Stayed or left the sector (leavers only)	Provider type
1	Current care worker	Female	6	6	N/A	Day service for adults with learning disabilities
2	Current care worker	Male	8	14	N/A	Day service for adults with

						learning disabilities
3	Current care worker	Female	6	20	N/A	Residential care home
4	Current care worker	Female	7	8	N/A	Residential care home
5	Current care worker	Female	5	30+	N/A	Residential care home
6	Current care worker	Female	21	26	N/A	Residential care home for sensory impairment, physical disabilities and learning disabilities
7	Current care worker	Female	5.5	10	N/A	Residential care home for sensory impairment, physical disabilities and learning disabilities
8	Leaver	Female	5	10	Left sector	Care for older people
9	Leaver	Male	2	5	Left sector	Care for older people
10	Leaver	Female	0.66 (8 months)	4	Left- nurse training	Nursing care home
11	Leaver	Male	2.5	4.5	Remain – Care Worker	Nursing care home
12	Leaver	Female	4	7	Remain- nurse	Nursing care home
13	Leaver	Female	0.33 (4 months)	0.33 (4 months)	Left sector	Learning and physical disability - residential

The key themes emerging from these data will be tabulated and explored first in relation to drivers of dissatisfaction and attrition, and secondly in relation to drivers of satisfaction and retention. The themes are illustrated with quotations from the interviews, and will be related back to the previous research discussed in chapter three. Before discussion of each respective area takes place, a summary table containing the themes identified will be presented to detail the key themes for each area (Table 6.3 & 6.4). (For a full list of themes identified and more extensive summary of the data obtained refer to appendix M and appendix N). The section concludes with a summary of the key findings and short discussion identifying implications of this study to the wider thesis.

Following multiple readings and interrogations, interview data was subject to data reduction and interpretation by means of extraction of themes via thematic analysis based on cross-case comparison. Text extracts from across the participant range were isolated and recurrent data patterns grouped into conceptual categories. Thematic labels were then formed following consideration of the conceptual meaning of each category. Table 6.3 and table 6.4 below presents the themes in two groups (reasons for leaving and dissatisfaction/ reasons for staying and satisfaction). Within these grouping themes are ordered by importance based on the amount of times they were discussed and cited.

6.2.1 Drivers of dissatisfaction and attrition

22 Table 6.3 Key variable themes, theme meanings and second order groupings (Reasons to leave and Dissatisfaction)

1st Order themes	Meaning of theme	2nd Order theme	Meaning of 2nd order theme
Career prospects	Lack of career progression and prospects		
Management not listening	Lack of recognition and not listening to problems	**Reasons care workers would leave or have left**	Aspects that explicitly make care workers want to leave the job role in addition to the negative aspects of the role
Poor team	Poor work team		
Burnout	Need a change from the career		
Provider	Leave due to the provider not the job role		
Staffing levels	Under staffing levels		

Lack of support	No support in the role		Encompasses all elements of the role that are discussed as negatives and that people do not enjoy about the care worker job role.
Communication	Poor communication at the provider and with the team	**Dissatisfaction**	
Lack of appreciation	Not appreciated for what they do		
Workload	Volume of work		
Specific tasks	Specific tasks the job requires		

The interview results will use the themes grouped under *reasons for leaving* as a structure to guide discussion. This is because these are the key aspects found to be leading to attrition. Moreover, it is not possible to present this discussion purely in two clear halves because the themes from the two groupings (2nd order themes) are often related. For example where a theme relating to workload is seen as a dissatisfaction of the role, the theme burnout led to workers leaving. Due to these two themes being conceptually related it is necessary to discuss them together. Therefore related themes are discussed together in this discussion, but where this occurs the theme's original grouping is clearly detailed.

Firstly in relation to reasons identified for leaving the role every one of the leavers (both job and sector) interviewed cited career prospects as a reason for them leaving. It was both the most cited and often the core reason to them leaving. For example:

> *"I knew I couldn't go any further with (provider name), so I just needed a change and something different."* (sector leaver interview 001).

This worker left the whole sector in order to get a job that would offer career progression. This need for progression was so overwhelming that workers even took pay cuts for longer-term progression opportunities:

> *"I can progress as well with this job. Pay wise I will be on less than I am getting at the moment."* (sector leaver interview 001).

This lack of progression has therefore contributed to losing an experienced worker from the sector. Career progression was also cited as a reason some of the leavers would have stayed:

> *"So I think sort of job prospects and opportunity would be one thing that would have probably made me stay."* (job leaver interview 005, became a nurse).

Interestingly not one of the current workers and stayers mentioned career prospects as a reason they would leave or as a problem. The identification of this key driver of attrition supports previous research (e.g. Rubery et al., 2011; Skills for Care, 2015d; McClimont and Grove, 2004). Indeed, NMDS-SC (Skills for Care, 2015) reported 10% leave for career development. Beyond this, as three of the six leavers remained in the sector (two as nurses, one as a care worker) it indicates the sector is itself not the prominent driver of turnover. This partly supports Rubery et al. (2011) findings that care workers commonly left for improved job prospects, but that care workers would move to other providers and remain as care workers. However, Rubery et al. stated that for the men who wanted to progress, a lack of opportunities to do this was a reason to leave their employer in the future. The present data did not identify any gender differences in ambition to progress with all six leavers citing this as a reason.

Finally the career prospects finding supports McClimont and Grove (2004) who identified care work as a path into a career in nursing and the importance of provider practices. This was the case for two out of six of the leavers, driven by the progression opportunity this route afforded them. McClimont and Grove (2004) also found that opportunity to progress to a senior care worker position or higher was a significant driver, and these data support the importance of a defined career path. The importance of career progression is a key finding in this research. If a care provider is able to provide a clear career progression path and opportunities then workers are more likely to stay. Providers who fail to provide such opportunities will lose staff to competitors who do.

However, none of those remaining working in the role cited lack of progression as a reason for wanting to leave or as a dislike of the role despite working in comparable roles to the

leaver sample. This implies that career progression is not fundamental to all workers. It may be that those who leave may have a greater drive to progress. This suggests that career progression and ambition should be considered within the main longitudinal study. If those with lower career drive remain in the job role longer, it could be a trait or factor to look to identify in potential candidates, where career pathways cannot be generated.

This opening discussion of one of the themes relating to reasons behind leaving is leading to the emergence of different ways of operationalising these findings. For example the career progression theme can be operationalised in the present research to assess how career drive relates to the effectiveness outcomes to be considered. However it could also be utilised by management practises separately through them looking to develop career pathways. This is the first example that the factors found within this research can be divided into those that can be addressed within this research, and those that may be more suited to managerial practices.

Beyond this. Another key driver of reasons to leave is the theme *management not listening*. The management not listening theme is demonstrated by one care worker describing how they did not want rewarding for doing their job, but instead just simply wanted to be listened to:

> *"I don't want a pat on the back when I finish work. That's the last thing I want. But just something, we've got a voice, perhaps listen, be more, be more receptive to us."* (stayer care worker interview 001, 6 years in care).

This was also a major issue with those who had left:

> *"Cus you're not listened to, I didn't feel you were listened to"* (job role leaver, leaver interview 004).

Instances where management do not listen to the care worker represented a driver of turnover and turnover intention, in line with environment fit theory. This was apparent in both

current care workers (two workers citing it) and former care workers (four citing it). This highlights the significance of management practice driving dissatisfaction and attrition. However crucially, although this may make them consider leaving, it doesn't always result in turnover. This implies other factors are making them stay and this frustration is not enough to cause attrition.

This theme relates to themes cited as drivers of dissatisfaction, but that would not be severe enough to cause turnover. These include *Lack of appreciation, Lack of support,* and *Communication*. Lack of appreciation was less frequently cited as causing dissatisfaction. This was cited by only one stayer and one leaver. For example:

> *"you're doing your best, and sometimes its not, its not good enough. And then you feel what more do you want?"* (stayer care worker interview 001, 6 years in care).

> *"I think sometimes I didn't like how undervalued we were"* (job leaver interview 005, became a nurse).

Clearly this is not a common source of negative feeling, but it is something that can be easily addressed by providers and management. This reiterates an aspect that is beyond scope of the present research model that is being developed, but provider management can utilise to reduce dissatisfaction within the workforce.

A more commonly cited theme was the *Lack of support* experienced in the role especially from management. This was a significant dissatisfaction with five out of six leavers citing it.

> *"You need a bit of help. Can you not, can you not see?"* (stayer care worker interview 001, 6 years in care),

> *"To be honest I didn't really feel like I got that much support."* (sector leaver, leaver interview 006),

> *"I didn't feel supported."* (sector leaver, leaver interview 001).

Interestingly only one current worker discussed or experienced this, again demonstrating a marked difference between the experiences of current workers and those that have left. Of

the five leavers who cited it, three remain working in the sector in some capacity, again

implying that it is provider practices rather than the sector or role as a whole that drives

attrition and dissatisfaction. This again reiterates a theme that is under the control of

managerial practices. This further supports McClimont and Grove's (2004) observation that

dissatisfaction arises more from the employer rather than the job. This aligns with the

environment fit theory (Chaung et al. 2016; Kristof-Brown et al., 2005) detailed in chapter

three. Lack of fit with the manager/supervisor, team or organisation has been shown (e.g.

Chuang, et al., 2016; Ostroff et al., 2005; Van Vianen, 2000; Wang et al., 2011) to lead to

unrest and lower satisfaction and increased turnover intention.

In some instances leavers reported being left just to get on with work with no support

mechanisms in place. This again resulted in them having negative thoughts about the role.

> *"A senior that was meant to do a supervision every so often. But they*
> *never did. So we were pretty much left to get on with it."* (job role leaver,
> leaver interview 004).

In combination with this lack of support is poor communication causing frustration. This

includes communication with management and teams:

> *"I would say the internal communication was very poor."* (care worker
> interview 001, stayer, 6 years in care).

Poor communication also manifested into work performance, which again created negative

feeling:

> "*There was no time for handovers. So it was rushed. Which I think*
> *impacted on the care a lot because the communication just wasn't*
> *there"* (job role leaver interview 003, became a nurse).

Communication is an aspect that has not been highlighted by the previous research, perhaps

due to the lack of attention in previous research (e.g. Rubery et al. 2011) to the views of job

and sector leavers as current workers did not cite this as a cause of dissatisfaction. This

could be largely rectified by care providers seeking to reduce attrition. This could be

achieved through ensuring clear communication channels exist, and that methods such as

record keeping is adhered to.

These four themes, around support, being listened to, feeling under-appreciated, and poor communication are all preventable, provider issues. Indeed half of the leavers identified the "provider" as a key cause of them leaving, not the job role itself. Once again this relates to a facet of environment fit and also Schneider's (1978) ASA model.

> *"I enjoy all of it to be honest. It was just the place."* (role leaver interview 004)

> *"I don't really think I had anything I really disliked about the job role."* (sector leaver interview 005).

Unlike the need for career progression, these themes cannot be addressed through recruitment. The encouraging signs are that they can easily be addressed through for example feedback sessions, meetings, supervision and guidance sessions and providing overt recognition and appreciation to staff. Although not informing the development of the main selection model, it does provide further recommendations to care providers on how to reduce dissatisfaction.

The next most cited push factor creating attrition, or increased intention to, identified by this sample was the impact of *a poor team*. A good team can make workers love the job, but a poor team can make them hate it. Half of leavers interviewed cited their poor work team as a factor leading to an intention to quit.

> "*It does make you want to leave your job."* (stayer care worker interview 007, 10 years in care).

Leavers similarly identified it as a factor either pushing them out of their roles or leading to poorer performance in them.

> *"I went from loving my job to hating it"* (job leaver interview 005, became a nurse).

> "*You are all working as a team. But yeah if you don't get on you aren't going to get far."* (job leaver interview, 004).

> *"I have been elsewhere, I have been in a team that don't get on. It's not good for the guys."* (stayer care worker interview 007, 10 years in care).

The implications of this are that team composition and team cohesion is important in addressing attrition. Given that this was prominent in sector and job leavers, as well as stayers, it shows it is a common experience. Further research is required to identify the specific aspects of poor teams that cause attrition, but this is beyond this research scope. Previous research has identified that the people the care worker works with, and working as part of a team, are favourite aspects of the role (Rubery et al. 2011; Skills for Care (TNS) 2007).

The penultimate key driver of attrition is burnout, and this links to the *lack of support* theme discussed previously. This is because it can be construed as contributing to burnout. This was a common theme cited which also ties into the themes of workload and staffing levels (the final key attrition driver this research identifies). "Burnout" represents the exhaustion and stress experienced by care workers and was cited by one current worker and three former workers. Two of these had left the sector completely due to wanting a complete change. Examples of burnout being given as a reason to leave include:

> *"I just needed a change really. I mean I have done care now for 10 years. And I think it has taken its toll to be honest"* (sector leaver interview 001).

> *"I think we all have just been really pushed to the limits really."* (sector leaver interview 001).

This quote demonstrates that the intensity of the role over a number of years has become too much and they need to change their career. This is seemingly related to the high workload, which has the effect of making workers feel exhausted and was identified as a key dissatisfaction in the role.

> *"I think that when, when there is quite a big work load. I think we all get a bit tired, and you can get a bit stressy"* (stayer, care worker interview 003, 20 years in care).

In some cases the workload was unmanageable, leading to feelings of guilt and inadequacy:

> *"I felt awful for the ones I couldn't go to, when they wanted me to. But you had to squeeze them in somewhere and you just couldn't possibly do it."* (stayer care worker interview 004, 8 years in care).

Such experiences arise in understaffed providers, a theme cited by three respondents. For example:

> *"You've got to… you've got to have enough staff… erm… You need a bit of help sometimes"* (care worker interview 001),

> *"Staffing was a big issue for me, that really upset me. Which was more contributing to me wanting to leave."* (job role leaver interview 003, became a nurse),

> *"There were some shifts where there was so few staff on you just physically couldn't provide the care you needed to."* (job role leaver interview 003),

> *"You're under staffed. And that is what I didn't like."* (job role leaver interview 005, became a nurse).

This therefore leads to another cluster of themes: burnout, workload and understaffing. It can be suggested that those who have left due to burnout may just be further down the burnout road than others. Burnout is a combination of an intense job role and poor provider practices and support mechanisms being in place to help staff. This ties in with the earlier theme of a lack of support. Both these clusters highlight provider-side causes of attrition rather than role, and therefore while important to recognise and address, will not be further explored in this research. However it does indicate that those higher in the trait emotional stability may be more resilient to this, as they are prone to being more emotionally stable and less prone to negative emotions. Furthermore burnout does serve to highlight the significance of staff shortages which is at the core of this research. Both stayers and leavers reported often working beyond their scheduled weekly hours.

The implications of these findings are that providers need to take action in order to reduce the burnout being suffered. This can be done through ensuring sufficient staffing levels and realistic workloads. These findings offer some insight into strategies which may reduce

attrition while also offering routes to improve staffing levels through more effective recruitment practice.

All the key themes relating to attrition have been discussed. However there is two final observations that can be made on the data collected relating to drivers of dissatisfaction. Firstly specific tasks relating to the job role were reported differently by leavers and stayers. Those who remained identified personal care as tasks that they don't enjoy but just need doing, whereas sector leavers cited it as a contribution to leaving.

> *"I am used to all the personal care and all the aspects that can chuck at you."* (stayer, care worker interview 006, 26 years in care)
>
> *"All the personal care, everything like that, that's just, that's just part of my job. You accept that when you come into this sort of work"* (stayer, care worker interview 001, 6 years in care).
>
> **"***personal care as well, because I couldn't stand the smell."* (sector leaver interview 006).

This shows another difference between the groups, and that more work needs to be done in providing realistic job previews in order to reduce turnover through workers not expecting what the role entails (Rubery et al. 2011). This could proactively be used within selection to optimise the candidate pool. Secondly, the aspect of pay was not cited as a reason behind dissatisfaction or attrition by current workers, although they discussed how more pay would be nice. On the contrary leavers did cite it as a reason behind leaving and not considering care work as a career; but purported it not to be a core reason.

In summary it would appear that there are two distinct areas inducing dissatisfaction with quite separate routes for their solution. Some, specifically need for progression, management not listening, staffing levels and burnout can be addressed through a combination of recruitment and management practices. Others, such as lack of support, lack of appreciation, workload, recognition and communication, are best addressed at the level of the organisation. However consideration of theories such as environment fit and ASA (as

discussed in chapter three) are essential in ascertaining whether these organisation specific factors are influencing turnover decisions as well as absence and performance. Discussion of the specific outcomes identified here will be discussed below in the summary of this study (section 6.2.3).

The next section will present and discuss the key drivers of satisfaction and retention that were identified from the interviews.

6.2.2 Drivers of satisfaction and retention

As with drivers of attrition and dissatisfaction the themes in the table below are ordered by the frequency by which they were cited. The discussion that follows will start with the drivers of retention before considering the drivers of satisfaction. However, as before where drivers of satisfaction conceptually relate to the driver of retention theme these will be discussed as well.

23 Table 6.4 Key variable themes, theme meanings and second order groupings (satisfaction and reasons to stay)

1st Order themes	Meaning of theme	2nd Order theme	Meaning of 2nd order theme
Service-users	Stay in the role for the service-users	**Drivers of retention**	Aspects that explicitly make care workers want to stay in the job role in addition to the positives of the role
All they want to do	It is the only job role they want to do		
Service-user	Working with and interacting with the service-users	**Drivers of satisfaction**	Encompasses all elements of the role that are discussed as positives and that people enjoy about the care worker job role.
Meaningful role and make a difference	Role enables someone to make a real difference to someone's life. It is a job with meaning. The focus of this code is the benefit it has to others		
Rewarding	The role makes the care worker feel good and enjoys the rewarding nature it provides. The focus of this code is the feeling the care worker gets.		
Enjoy Care	Enjoy working in care and the caring nature of the role		

Personal aspect and interaction	Enjoy the personal interaction and person focus nature of the role.

When looking to identify the causes of high turnover it is also important to consider what elements of the job or the employment relationship will result in satisfaction and enjoyment of the job role. The findings again identified differences between stayers and leavers.

Firstly when considering the present research themes, one key driver of retention pertained to the service users. This theme was also identified as a key driver of satisfaction. The underlying positive aspects of the service users included working with them, improving their quality of life and interacting with them. It was one of the most cited reasons behind retention and satisfaction and a core source of enjoyment and reason for being a care worker. Twelve out of thirteen interviews cited this. The one person who did not cite it was a sector leaver. The similarity in responses of the three groups is striking.

> *"I think most people will tell you we are all in it for one thing and that's just the people."* (stayer care worker interview 002, 14 years in care)
>
> *"Getting to know the residents. Having a chat with them and sometimes just sitting there and having a chat with them just makes their day"* (job leaver interview 003, became a nurse).

The theme was also a central reason for individuals wanting to stay as a care worker.

> *"I love the people we care for"* (care worker interview 001)
>
> *"I actually feel like I have actually done something worthwhile. I come from a factory, where everyday was figures and numbers and you have got to meet targets. This… there was nothing in it for me there. Because that's just like hit the target, and it's just not the same as getting someone to feel like they actually belong somewhere."* (care worker interview 002).

It is arguably part of the attraction but not attrition component of the ASA model (Schneider et al., 1995). Interestingly this can result in workers remaining due to believing the care would be worse without them:

> *"I wouldn't want to leave these guys, cus, knowing what I am doing is helping them. So I just feel if I was to leave, I would be leaving them without support."* (care worker interview 007).

The service-user finding is one that supports previous research (McClimont and Grove, 2004; TNS, 2007; Rubery et al. 2011). It is both a source of satisfaction and a reason for getting into the role. This research also shows it to be a motivator in remaining in the role, although some leave despite liking this part of the role indicating other factors possess a stronger driver for turnover than the service-user factor does retention. One example being career prospects.

Related to the service user theme is the driver of satisfaction relating to the *personal aspect and interaction* which relate to the personal interaction the role provides. Six out of the seven stayers interviewed cited this, along with two of the leavers (one job and one sector leaver).

> *"I love the personal aspect."* (stayer care worker interview 001, 6 years in care).

This difference in reporting between stayers and leavers suggests this could be an important distinguishing feature in care worker motivation. The theme supports McClimont and Grove's (2004) finding that the relationship with service-users was a key aspect of satisfaction. This is also supported by Skills for Care ((TNS), 2007). This differentiation therefore suggests a finding that can potentially inform the recruitment and retention of workers. For example an individual with a preference or trait profile geared towards interacting with people (e.g. extraversion) is more likely to thrive in the role arguably than someone who prefers to work on their own in isolation.

Beyond this, a second driver of retention the research found was simply that care work is all the worker had wanted to do and all they want to do going forward. Four of the seven stayers and one leaver cited this. The leaver was a job leaver and had taken up another care worker role in a new provider, highlighting how this is a driver of remaining as a care worker, but

moderated by the behaviour and actions of the provider, reinforcing the facets of environment fit to be influential in attrition. Examples include:

> *"I don't want to do anything else."* (stayer care worker interview, 001, 6 years in care)

> *"I've always been wanting to do care work."* (stayer care worker interview 007, 10 years in care),

> *"I can't imagine doing anything else"* (stayer care worker interview 006, 26 years in care).

Perhaps unsurprisingly none of the sector leavers cited this as a reason for enjoying the role.

The implication of this is that by identifying people with this drive and motivation in the recruitment phase, coupled with the suitable employment practices, retention will be enhanced, although it may not guarantee performance level.

Related to this theme a key driver of satisfaction identified was workers gaining enjoyment from the role and loving the job ("enjoy care" theme). This was cited by eight of those interviewed (four stayers, two sector leavers, two job leavers). Examples include:

> *"I love the job…"* (stayer, care worker interview 002, 14 years in care),

> *"I think that is why I have done it for so long! Because I enjoyed it"* (sector leaver interview 001).

However an important consideration here is that although more people cited enjoyment as a key positive of the role, it may not be suffice to keep them in a role which is not fulfilling enough for them, or in an organisation that is poorly managed or supported. Of the four leavers citing enjoyment as a positive aspect about the role, two had left the sector completely due in part to a lack of career prospects, and another left to pursue nurse training and again advance their career. Thus career prospects appear to outweigh enjoyment when retention and attrition decisions are made: enjoyment is necessary but not sufficient.

This love of the job supports previous research that detailed it as key motivation for people entering the role, and again relates to person-job fit, suggesting that those who fit well will be less likely to leave. These findings mirror McClimont and Grove (2004) and Skills for Care ((TNS), 2007), but represents only a partial solution, and further strategies beyond relying on environment or a sense of vocation are required to tackle the attrition currently occurring.

The enjoyment theme can be extended into themes relating to *meaningful role and makes a difference,* and *rewarding,* the final themes to be discussed*. Meaningfulness* and being able to make a difference to someone's life was a common theme; and links to the Task significance facet of the JCM (Hackman and Oldham, 2975). For example:

> *"I think the thing is, and it's the old cliché, but you do make a difference"*
> (stayer care worker interview 002, 14 years in care).

Rewarding in this context is largely aligned with a sense of intrinsic reward and therefore allied to meaningfulness from the JCM. For example:

> *"it's rewarding, it really is rewarding"* (stayer care worker interview 001, 6 years in care),

> *"It is rewarding and you do get some fulfilment from it"* (stayer care worker interview 006, 26 years in care).

The *meaningful role and makes a difference* theme was cited by every single stayer that was interviewed, and by four leavers. Of the leavers citing it, two remained in the sector and two had left. This may distinguish care work from other roles with relatively low barriers to entry that could be seen as alternatives. Given the overwhelming response by every stayer and two leavers remaining in the sector, this is clearly a key driver of satisfaction and impacts on retention.

It is important to note that two out of three sector leavers cited meaningfulness as a positive of the role, but both of these had left predominantly for career progression. This suggests to

some career prospects means more than the role being meaningful. So as proposed earlier considering career drive at an individual level as well as career paths at an organisational level may serve to enhance retention in the specific role.

It appears that care workers value intrinsic rewards they get from performing the role (cited by six stayers and three leavers). Again this demonstrates how the rewarding nature is fundamental to those who remain in care and is a core driver, although is less important in leavers. This further supports the suggestion that recruitment should look to target workers who enjoy working with others and seek intrinsic reward. Altruistic motivations along with perhaps empathy, compassion and wanting to make a difference at a personal level may be critical traits which care work activates. The result, in line with trait activation theory (Tett & Burnett, 2003), is more satisfied workers who are more likely to remain. From a provider perspective once a candidate is in the role, they should optimise affording them opportunity to perform the parts of the role that will enable them to feel they are making a difference (such as interacting with service-users).

These findings support those obtained from the previous studies which focussed on the drivers of satisfaction and retention (e.g. Skills for Care (TNS), 2007; Rubery et al., 2011). Eborall (2003) stated social care work could be described as "intrinsically satisfying" as workers feel they can in principal "make a difference". This indicates those who want to feel they are making a difference and want a job with meaning are likely to enjoy the role. However, as leavers also cite this as a positive it suggests that other factors are causing turnover, and that these are more powerful in attrition decisions in leavers.

There is a danger in relying on this intrinsic reward as a retention strategy in that such workers may become what England (2005) terms "prisoners of love" whereby workers accept low wages because of altruistic motivations and the intrinsic rewards of the job. This would seem the case for some care workers who remain in the job role, as current care workers

interviewed did not cite pay as a reason to leave despite acknowledging it was low paying. Moreover, some workers had left better-paid jobs to become care workers. However, those who leave the care work often cite pay as a reason for doing so, and also as a reason for not considering the care worker role as a career option. This therefore supports Rubery et al. (2011) as they proposed retention would rely on workers thriving on altruistic and intrinsic motivations. But it also builds on findings of Rubery et al. (2011) as the inclusion of leavers responds to Rubery et al.'s call and has enabled more thorough and in-depth examination of the issue.

6.2.3 Contribution of this research to the research literature

From the previous research we knew that the long unsociable hours and understaffing were factors contributing to dissatisfaction, along with poor pay (Cunningham 2005; Rubery et al., 2011; Skills for Care (TNS) 2007). Other factors driving attrition and dissatisfaction pertaining to the provider included a lack of training, support, poor management and poor career prospects (McClimont and Grove 2004; Rubery et al., 2011; Skills for Care (TNS), 2007). Furthermore workers often left due to the provider not the job role (Rubery et al. 2011).

24 Table 6.5 Summary of the key novel findings of drivers of satisfaction/ retention and dissatisfaction/ turnover and who is responsible and what can be done

	Who is responsible?	What can be done?
Drivers of satisfaction and retention		
Role workers had always wanted to do	1. Care worker	1. Selection practices
Meaningful role where workers make a difference	1. Care worker 2. Management	1. Selection practices 2. Maximise worker contact time with service users
Personal aspect and interaction	1. Care worker 2. Management	1. Selection practices 2. Maximise worker contact time with service users
Service-users themselves	1. Management	1. Maximise contact time with service users
Drivers of dissatisfaction and turnover		
Career prospects	1. Care worker	1. Selection practices - characteristics

	2. Management	2. Develop career paths
	3. Management	3. Provide training and development
Lack of support	1. Management	1. Implement support strategies or groups
Burnout	1. Management	1. Ensure adequate staffing and manageable roles
	2. Care worker	2. Selection - characteristics
Poor communication	1. Management	1. Develop clear communication channels (e.g. handovers, record keeping)
	2. Care worker	2. Selection - characteristics

What this research has identified are additional driving factors of satisfaction and retention as well as dissatisfaction and drivers of turnover (see table 6.5 above for summary). Most importantly it has highlighted differences between stayers in the sector, leavers of the job and leavers of the sector and therefore features on which selection decisions may be made. Career prospects were cited by all leavers as a reason to leave compared to no stayers detailing it. The implications are it highlights that either at recruitment it would be preferable to identify candidates who have lower career ambition, or that the provider creates career avenues and training in the role for those who want to progress. The differences between groups also produced a novel finding relating to lack of support. The lack of support identified suggests that management need to look to implement support strategies or groups to help care workers to feel listened to and supported. This is a factor that does not relate to recruitment, but instead to the specific provider and management practices of a home. Such actions can help improve person-environment fit.

Burnout was a factor found to be risking attrition. High workload in understaffed establishments was prominent themes amongst leavers. Apart from organisational issues of ensuring adequate staffing and manageable roles, this observation also leads to the

suggestion that emotional stability may be a trait to explore in recruitment. Future research could specifically examine the link between care workers emotional stability and reported burnout. From a provider perspective ensuring sufficient support and staffing levels would also help combat this driver of attrition.

Other novel findings from this study include the role of poor communication as a driver of attrition through the responses of leavers. Similarly, the inclusion of service leavers in the sample allowed the identification of the importance of lack of support in driving care staff away from the workplace. Sociability traits such as extraversion may result in reduced attrition if they facilitate better communication. However the breadth of this is beyond this research project's focus. More specifically, care managers should seek to ensure there are clear and effective communication channels, such as handover sessions, clear record keeping methods and that messages can be passed throughout the home clearly and efficiently.

With regards to drivers of satisfaction and retention while many of the findings mirror existing knowledge, new findings were identified. Firstly a prominent finding was the importance of care work being the role workers had always wanted to do, rather than a choice amongst similar options (such as retail or hospitality) with relatively low barriers to entry. This was common in stayers and rare in leavers and therefore something that could discriminate at selection. Beyond this, enjoyment of the role, while necessary to attract people into care work was insufficient to maintain their presence. Career prospects outweighed enjoyment when making longer term career decisions. Additionally, stayers and leavers commonly cited positives of the role were it being meaningful and them making a difference. This being identified in leavers is an interesting finding and as such it appears not to be a discriminating feature. The personal aspect and interaction is highly important and identifies an area that stayers appear to consider far more satisfying and enjoyable than leavers. This suggests this is a core factor driving retention, and that interaction time with service-users should be

maximised. Finally the service-user themselves was a key positive cited by all but one of those interviewed. This suggests that providers and homes should seek to maximise service-user contact time as this is clearly a core source of satisfaction.

In summary the core drivers of attrition prominent in leavers and not stayers and therefore key novel findings are: career prospects, poor communication, lack of support, and burnout. And the core factors appearing to drive retention are: the personal interaction of the role, the service-user and the role being meaningful and making a difference.

6.2.4 Implications for later research

As a result of this study a number of constructs have been identified which may serve as predictors of staff retention and or performance and will be included in the later longitudinal study. The choice of specific measures of these constructs was described in chapter five methodology.

25 Table 6.6 Summary of interview key themes to inform the main longitudinal study measures

Theme support for inclusion	Operationalising theme	Measure to be used
• *Career progression*	Career ambition	Protean Career
• *Personal nature* of the job role was a key satisfier. • *Interaction* with people the role affords is a key satisfier. • Enjoy *Service User interaction* and this is important in job satisfaction.	Sociability	HEXACO Sociability (Facet of Extraversion)
• Day-to-day changing nature and *no two days being the same* was important to workers. • *Challenge* and *changing daily* tasks make the role enjoyable.	Experience seeking	Experience seeking (Big five Openness to experience trait facet)
• Key source of satisfaction was spending time with service users and seeing the benefit they are having.	Satisfaction with service user contact time	Bespoke satisfaction with service user contact time measure

	Lack of support from supervisor, organisation, team	Environment fit
• Lack of support in the role		
• Meaningful role/ All they want to do	Fit to the job role	Environment fit

With regards to the gaps this research study has addressed, firstly through the participant base consisting of long tenured workers as well as sector and job leavers this has substantially extended the previous literature that focused primarily on those currently performing the job role (e.g. Rubery et al. 2011). Furthermore, through the sample containing care workers from various areas of adult social care it provides a more diverse sample compared to previous research that focuses predominantly on care for older people (Rubery et al. 2011). This demonstrates that the present study findings are more dependable. This sample and comparison between the three groups is a key strength to this research.

The first study within this research has addressed the major gap pertaining to identifying why leavers of the care worker job role do so, whether this be to take another job in the sector or leave completely. Through establishing what the commonly cited key reasons are, it becomes possible to start considering how these factors can be tackled in order to reduce the detrimentally high turnover the sector currently faces (as outlined in chapter two). A second gap it has filled relates to Rubery et al.'s challenge to identify whether those who leave do so for career progression. Career ambition has been identified as a core factor driving turnover and is something that warrants further consideration within this research and future research relating to adult social care. These are the main gaps this study addresses.

Overall through one-to-one interviews this research has uncovered the key drivers of satisfaction and retention and drivers of dissatisfaction and attrition. In doing so it has helped in answering research question five and in turn objective five. These themes are used to inform the main longitudinal study as many of the factors identified can be operationalised as variables to be quantitatively examined. This triangulation is a strength of this research

project and shows how by addressing one core gap in the literature relating to drivers of turnover, it can subsequently inform a major extension to the literature, the development of a performance and selection model for adult social care workers.

Table 6.6 above demonstrates how the themes will be operationalised and the measures that will be used to represent them within the main research study. Through doing this it will highlight those factors that are antecedents to satisfaction and retention and low satisfaction and attrition. This can then advise the factors to select and differentiate between candidates on through informing the items and questions to use in application forms and interviews; as well as wider organisation and provider issues (e.g. environment fit) that can be manipulated by care providers to enhance satisfaction and retention and in turn reduce dissatisfaction and turnover. Their impacts can also be considered in relation to the other core effectiveness areas identified in chapter three.

Finally through some of these aspects being operationalised in the form of personality traits and facets (e.g. sociability and experience seeking), it starts to inform on the types of selection methods that would be advantageous to implement within selection of care workers should they be quantitatively confirmed to be important in the main research study. For example traits and facets could be assessed via questions in interviews and application forms, but also through application of psychometric testing. This is a largely untapped area in social care and could be a method that can revolutionise the way recruitment and selection is carried out in the sector. The consideration and identification of these methods starts to consider research question three and four and in turn research objective four. This study has therefore informed the main longitudinal study, as the method and development process outlined that it would.

The next study results to be discussed will outline the development and validation of the performance effectiveness assessment tool to be used as the performance outcome measure within the main longitudinal study.

6.3 Study 2 – Development and validation of a performance assessment scale

The aim of this second research study was to create a performance measure for managers and supervisors to use to quantify care worker performance and in turn effectiveness. There is currently no agreed upon performance assessment measure available for managers to assess care worker performance. The development of such a measure both provides the sector with a way of assessing performance and serves to develop a tool for use within the main research study of this PhD. The developed measure provides an objective performance effectiveness dependent variable for use within the main model (figure 5.2 above). By incorporating service-users in the measure's developmental process it includes the outcomes they see as desirable in care worker performance. This makes it a representative and valid measure and stands it out from any previous research.

ProMES (Pritchard, 1990) focus groups are a bottom up strategy that involve a formal step-by-step process and can be utilised to develop a measurement system to assess how well a person is meeting their objectives (For more detail on ProMES refer to chapter five section 5.6.3). ProMES groups were undertaken and thematic analysis implemented to uncover key performance areas and develop survey items. For a full description of the procedure and analysis technique implemented please refer back to the methodology chapter (chapter five). The study results will be discussed below in two parts, the first will focus on the qualitative development and interpretation of the key performance areas relating to the care worker role. The second part will then entail the quantitative validation of the developed items to ensure a psychometrically robust performance measure for use within the main research study.

When generating the performance measure themes in part one the first obstacle to overcome was the intangibility of care work (Hyde et al. 2013). This is partly due to the concurrent nature of care work, where production and experience occur simultaneously (Hyde & Davies, 2004). However, discussions within the ProMES groups were constructive and items were generated to enable tangible representation of themes that would enable supervisors and managers to assess care workers.

26 Table 6.7 Study two related objectives and research question

Research objective	Research Questions
RO1: To identify what makes an effective care worker in the UK care sector and to create a bespoke performance assessment measure	RQ1: What makes an effective care worker in the UK care sector?
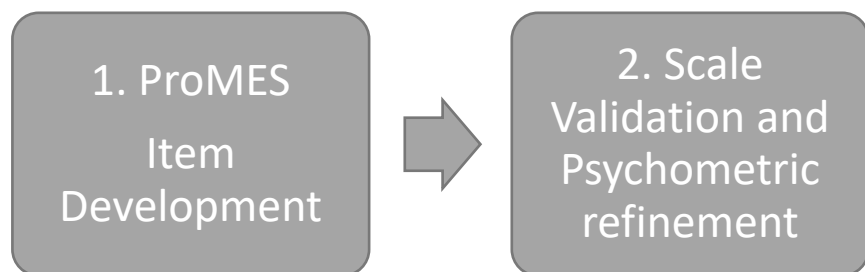
13 Figure 6.2 Two phases of study two
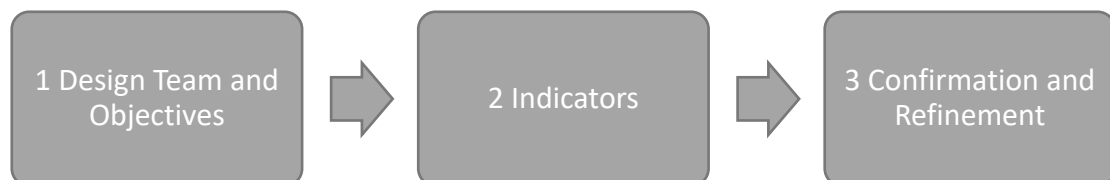
14 Figure 6.3 Reminder of ProMES steps to be implemented

1) Design teams formed and key objectives of care worker performance discussed and agreed upon.
2) Indicators developed to reflect whether the objectives are being met or not.
3) Agreement on developed indicators across participating providers, and final opportunity to propose further indicators.

6.3.1 Phase one – Qualitative development

The groups in the present research completed the first three stages of the ProMES process over three group sessions (see figure 6.3 above). This involved firstly constructing design teams involving the key stakeholders. The next stage involved having the design teams discuss and come to a consensus on the core objectives and tasks that the care worker job role involves. The final group session consisted of the design teams developing and agreeing upon a set of indicators that can be used to establish whether or not the key objectives and tasks in relation to the care worker role were occurring or not in a care worker's performance.

Analysis of the qualitative data from stage one was undertaken in an inductive paradigm manner using grounded theory (Glaser & Strauss, 1967), with objectives (themes) being extracted through use of thematic analysis (Braun & Clarke, 2006). This involved identifying and highlighting text and generating codes, which then led to the development of overall themes. These themes formed the objectives (performance areas). Data analysis for stages two and three of ProMES was then completed by participants during the group sessions. Stage two looked to develop five potential indicators (questionnaire items) from each group for each objective identified from stage one. Following this overlapping, unclear, or redundant items were removed prior to stage three. Stage three analysis then involved the three groups carrying out final item refinement (e.g. item wording) and checking the clarity of the remaining items (For more detail on the process refer to chapter 5 methodology).

The section that follows will present the themes that were identified from the first round of ProMES focus groups following analysis. Table 6.8 presents the themes identified, interpretation of what these themes represent, and provides examples of supporting stakeholder comments from the groups that led to the development and inclusion of the themes. The table also demonstrates how these themes conceptually group into five broader second order themes constituting effective care worker performance. The themes highlight the need to consider not only the performance of the basic functional job requirements, but to

also include the more detailed assessment of the manner care workers perform the role and how this relates to service-user outcomes and experiences. This shows the importance of not just what the care worker knows but how they perform. Following the table presented below is a description of what of the table contains framed around the five second order themes.

Table 6.8 Table of first order themes, interpretation, example stakeholder comments, and second order theme groupings

First order theme	Interpretation	Example stakeholder comments	Second order theme
Communication with staff	Communication with staff is important for reasons such as keeping others informed with the status of service-users and ensuring the team knows what is happening.	*"sort of have communication with staff and management"* (care worker, group 1). *"just teamwork and communication, at all times."* (Care worker, group 1). *"Communication… because as the manager, I am not always here."* (Service provider manager, group 3). "*I definitely think good communication skills"* (service provider manager, group 2).	
Communication with service-users	Communication with service-users was also identified as a key part of performance. This was discussed in the context of ensuring service-users knew what was happening and also involves non-verbal communication. Service-users stated it to be essential during discussions.	*"communication with staff and management and service-users. To find out how you, how you can best serve everyone"* (Care worker, group 1) "*Again it's from communication. Communication is so paramount, I can't even tell you."* (Care worker, group 1) *"They are able to talk on so many levels. Which… is pretty key I would say"* (Family representative, group 3). *"One other important thing is that their, the actual care worker has good communication skills. So it is good eye contact, good non-verbal and verbal skills as well"* (care worker, group 2). *"Communication was a bit of a problem. You know somebody says something in a certain way and you've got to hear about it, or things like that"* (Service-user, group 2).	**Communication**

Encourage	Constitutes the context of a care worker encouraging service-users day-to-day. It was stated a good care worker would be encouraging in their nature and encourage service-users to achieve things and maintain and normal life.	*"Well helping the guys to achieve anything, no matter how small or large it is. You can stand back and watch the staff really make a difference with the members, and it shows when they achieve something that they might not have managed to do before. That stands out to me"* (Supervisor, group 1). *"And to encourage that, but also at the same time to allow people to take the risks, because life has got a certain amount of risk."* (Service provider manager, group 2)	
Empathy	Identified by all groups and one of the most frequently cited aspects. All groups reiterated that it was paramount for a care worker to demonstrate it in their work. It was important to all stakeholders.	*"I am a care worker, I have worked in care for six years, I believe my role should involve empathy"* (Care worker, group 1). *"F: I think that, that is one of the key elements to a care worker. It's that… well I suppose what I said at the beginning; that empathy, that compassion"* (Family representative, group 3) *"I am the service manager. I have worked here for 12 years. I think I agree with (care worker name), I think the main qualities for support workers should be empathy"* (Service provider manager, group 1).	**Trait Affect**
Compassion	Considered an essential element in care worker performance and frequently discussed by all stakeholders and groups. The feeling	*"I think compassion, compassion, yeah. First, second and third"* (Family representative, group 3). *"F: I think that, that is one of the key elements to a care worker. It's that… well I suppose what I said at the beginning. That empathy, that compassion… that overrides absolutely everything"* (Family representative, group 3). *One word would be compassionate"* (Service-user, group 2)	

	was it is a fundamental aspect to the role and was discussed passionately	
Passionate	Common theme (particularly from managers) encompassing the need for care workers to be passionate about their job role. Manifests from the numerous times it was said that it is no use a worker simply coming doing the job and leaving and seeing it as just a job.	*"So, about seeing the people that are living here are more than just a job you are going to"* (Service provider manager, group 3). *"This isn't a job you could just be in to earn your money. You can't"* (Service provider manager, group 1). *"Someone who is… really passionate about caring for people."* (Service provider manager, group 1). *"Are you answering their questions? Are you enthusiastic?"* (Service provider manager, group 3)

			Care Worker Skills
Competent	Refers to whether or not the care worker is deemed proficient at accomplishing the tasks related to the job role. This is a basic theme that entails a base level of competence an effective care worker must possess as a minimum.	*"Being very clear what they're about, knowing what they're role is, and what they need to do, and what they can do."* (Family representative, group 2). *"I think that is important as well. That, That you can soon find out, pick that up I think if somebody hasn't got those key, key skills."* (Family representative, group 2). *"The basic needs of the person, how effective the care worker is at providing them"* (Service provider manager, group 3).	
Timely	Care worker performance is punctual. Crux is that service-users are attended to on time in an efficient manner. Theme developed from it not just being about the quality of performance, but also that the performance occurs at the right time.	*"So, if (SU name) decided she would like to be awake at 7 o'clock, if someone… assist you at 8 o'clock effectively, for me that is not a good care worker"* (Service provider manager, group 3). *"It's the right thing but at the wrong time"* (Service provider manager, group 3).	**Care Worker Skills**
Follows procedures	Follows procedures and regulations associated with the job role and care provider. Procedures could	*"Following the principles of the organisation in their day-to-day practice."* (Service provider manager, group 1). *"So there is the practice, which is assisting people to wake up, have a meal, have their medication, which is standard."* (Service provider manager, group 3).	

	refer to that of the home or more specific procedures such as moving and handling protocol.	*"Whether they're following procedures and policies, you know like moving and handling, and medication administration. Whether they are looking out for health and safety for themselves and tenants, whether they are following infection control policies"* (Care worker, group 2).
Record keeping	Ability to make notes and record events within the job role. This theme was said to be a fundamental basic requirement in order to keep other staff informed about incidents and changes in service-user status.	*"And also recording important information about people you are looking after. For example if a doctor has been, so others are able to share in"* (Service provider manager, group 3). *"And I think when you factor that now with things that they have, you know the staff have to do like effective recording".* (Service provider manager, group 3).
Independent working	Ability to perform job role on his or her own when required. Theme was considered important as the role involves both team and lone working.	*"You have to be able to work on your own…. But then be able to be part of a team as well. Because there is an equal, an equal spread"* (Service provider manager, group 1). *"Trust of other care workers"* (Service provider manager, group 1). *"Work independently but would also ask for help when they needed it."* (service provider manager, group 3).
Team working	As with above theme. Role requires team working as well as lone working. Also important for team	*You have to be able to work on your own…. But then be able to be part of a team as well. "Because there is an equal, an equal spread."* (Service provider manager, group 1). *"Teamwork and communication, at all times."* (Care worker, group 1).

			Interaction with service-user
	spirit and togetherness.	*"I think you've got to bring about community spirit, the team"* (Service provider manager, group 2). *"SM: we are like one big family in a way" "CW: We all help each other don't we"* (Service provider manager and Care worker, group 2).	
Independence	Promote and maintain the independence of the service-user. Theme encompasses looking at ways of maintaining Service-user independence and looks for ways to enable them to accomplish tasks.	*"Yes yes, helping promote your independence"* (Care worker, group 1) *"Helping them, supporting them to still be as independent as they possibly can be"* (Service provider manager, group 2). *"We've talked about sort of independence"* (Service-user, group 2). SM: *"It's about enabling someone really. Slowly you are able to get to do them. For example, wheel yourself around, feed your fish."* (Service provider manager, group 3).	
Safe	Care worker ensures the safety of service-users. Managers predominantly emphasised the importance of this theme.	*"We want to keep people safe"* (Service provider manager, group 1). *"That parents are reassured that we are keeping their children safe"* (Service provider manager, group 1). *"If it is something that somebody is still wanting to continue to do, we try and find a way that is the safest way for them… to do that."* (Service provider manager, group 2). *"You know as a relative that I know that can feel that you know if mum wasn't right or if there was anything wrong that it would be seen, and that it would be sorted, and that I would be informed"* (Family representative, group 2).	**Interaction with service-user**

Individual	Theme focus is on treating each service-user as an individual.	*"You don't treat everybody en-mass, everyone is an individual and you have to…. you have to realise that everyone is an individual"* (Care worker, group 1). *"Change the world around them so it is appropriate for them"* (Supervisor, group 1). *"Everybody is different who we go in to. And we have to adapt yourself to that person".* (Care worker, group 2). *"It's about seeing the person" (*Service provider manager, group 3). "*Not just that she is one of three people, six people… she's (SU name)"* (Family representative, group 3).	
Respect and Dignity and non-intrusive	Demonstrate respect towards service-users and uphold their dignity. Particularly important to service-users in the groups.	*"The respect, and the thing, and the one little thing I appreciate is no one comes into your flat without ringing the doorbell first."* (Service-user, group 2). *"You know it's the dignity and respect we need to show people that. It underlines everything that we do."* (Service provider manager, group 2)	
Service-user feeling outcome	Service-user's feelings following care worker interaction with them.	*"I fill in how the session went, did I enjoy it? Yes, did I like it? Yes."* (Service-user, group 1). *"As long as they are happy"* (Care worker, group 2). *"Someone that is well cared for, erm happy… erm… yeah, I think that kind of says it all really. Just well cared for and happy."* (Family representative, group 3). *"Give them a sense of fulfilment."* (Service provider manager, group 1).	
Flexible	Worker flexibility repeatedly came out throughout the groups and	*"You need to be flexible"* (Care worker, group 1).	**Trait behaviour**

		"You probably won't know on the day that you turn up for work *what it will involve; so you need to really be quick off the mark*" (Care worker, group 1). *"We'll do it this way, we'll do it that way. So everybody needs to be very adaptable in the environment to change."; "But the care worker needs to be adaptable with these changes"* (Service provider manager, group 2).
	subsequent analysis. It was important workers could be flexible at work.	
Helpful	Theme regarding workers seeking out ways in which they can help service-users	*"To find out how you, how you can best serve everyone."* (Care worker, group 1). *"You know you can come to any of us don't you. Try and sort it out don't we? Can't always, but we try and sort it out."* (Care worker, group 1). *"SU: Helpful yeah, yeah"* (Service-user, group 3).
Put others first	Look to put the service-user needs and interests at the heart of what they do – within reason.	*"I think the ability to put other people before yourself is really important. Because I think as I support worker you are not the main focus of your day."* (Care worker, group 1). *"Put the guys before themselves"* (Supervisor, group 1).

F= Family member, CW= Care worker, SM= Service manager, S= Supervisor, SU = Service user

28 Table 6.9 Summary table of first order and second order themes

First order theme	Second order theme
Communication with staff	Communication
Communication with service-users	
Encourage	Trait Affect
Empathy	
Compassion	
Passionate	
Competent	Care Worker Skills
Timely	
Follows procedures	
Record keeping	
Independent working	
Team working	
Independence	Interaction with service-user
Safe	
Individual	
Respect and Dignity and non-intrusive	
Service-user feeling outcome	
Flexible	Trait behaviour
Helpful	

The description that follows provides an overall narrative of table 6.8 above. This discussion is structured around the five second order themes (communication, trait affect, care worker skills, interaction with service user and trait behaviour).

The first second order theme is *communication* and this consists of communication with staff and communication with service users. This theme entails all communication aspects the care worker role involves.

The next second order theme is *trait affect* and this consists of the first order themes encourage, empathy, compassion and passionate. This theme refers to traits that are feelings and emotionally orientated.

The third second order theme is *care worker skills* and this includes competence, timely, follows procedures, record keeping and team working. This theme constitutes the skills and tasks that the care worker role requires.

The fourth second order theme is *interaction with service users* and this includes the themes independence, safe, individual, respect, dignity and non-intrusive, and service user feeling outcome. This refers to service user orientated themes and outcomes as a result of care worker interaction and performance.

The fifth and final second order theme is *trait behaviour* and this consists of flexible, helpful and put others first. This final theme refers to the way in which the care worker works. It is the behaviours they express and their working style.

This represents the first step of the ProMES process outlined. The design teams have been formed and the key objectives of care worker performance have been discussed and agreed upon. Following the development of these themes the second phase of the ProMES process involved a further meeting with the focus groups to confirm the validity of these themes and to translate them into questionnaire items. This involved eliciting participants' views of how an observer may detect the presence or absence of the themes identified in phase one in a care worker's performance. The result was a list of agreed upon items from stakeholders that could be assessed via Likert scales in the performance measurement survey. Initially 103 items were generated across the three groups. Poorly formed items and duplicates were removed from the initial item pool by the researcher and this led to the list of developed items in table 6.10. The developed items include negative worded statements to prevent later auto answering. Phase three involved obtaining consensus around these themes and items from all participating groups. Items also gained further approval later from those new care provider and homes involved in the second phase quantitative validation (See method section 5.6.4.2).

29 Table 6.10 Summary table of performance themes operationalised as questionnaire items

Theme	Items (71)
Communication with staff	Care worker communicates effectively with other staff members Care worker does not notify other staff about changes in service-user circumstances Care worker has effective written communication Care worker has effective verbal communication skills Incidents occur as a result of care worker not listening
Communication with service-user	Care worker does not communicate effectively with service-users Care worker communicates clearly with service-users Care worker has effective non-verbal communication skills Care worker communicates politely with service-users Service-users know they can speak to care worker and that they will be listened to
Encourage	Care worker shows encouragement towards service-users Care worker enables service-users to be independent within their limits Care worker encourages service-users to accomplish tasks within reasonable risk
Empathy	Care worker is able to understand service-user perspective Care worker struggles to relate to service-users Care worker takes time to relate to service-user Care worker demonstrates empathy towards service-users
Compassion	Care worker demonstrates compassion towards service-users Care worker shows a willingness to listen to service-users Care worker is ready to support service-users in a major personal incident
Passionate	Care worker is passionate about their job role Care worker is enthusiastic about their job role Care worker treats the job role as a job, nothing more
Competent	Care worker is competent at following the care plan Care worker is competent at completing the tasks required by the job I have confidence that care worker is competent in their job role
Timely	Care worker completes tasks on time Care worker is punctual Service-users are often disrupted due to care worker not working in a timely manner
Follows procedures	Care worker follows the procedures of moving and handling Care worker follows the procedures relating to medication Care worker follows infection control procedures Care worker follows the provider/ homes daily procedures Care worker struggles to use training in daily work
Record keeping	Care worker keeps accurate records Care worker keeps person centred records Care worker keeps factual records Care worker records errors when they occur
Independent working	Care worker effectively delivers on set goals when working alone I have confidence in care worker's ability to work alone Care worker asks for help when needed
Team working	Care worker works effectively in a team

	Care worker does not contribute to the team
	Care worker helps ensure team goals are met
	Care worker appreciates the contribution of other team members
Independence	Care worker promotes independence of service-user by offering them a choice of activities
	Care worker encourages service-users to make decisions
	Care worker enables independence of service-users
Safe	Care worker ensures service-users are safe at all times
	Care worker carries out risk assessments
	The safety of service-users is compromised when care worker is working
Individual	Care worker sees each service user as an individual
	Care worker realises a one-size fits all approach doesn't work when dealing with service-users
	Care worker can identify changes in service-user mood through knowing them as an individual
Respect and Dignity and non-intrusive	Care worker treats service-users with dignity
	Care worker is not respectful of service-users
	Care worker respects service-user property
	Care worker respects service-user opinions
Service-user feeling outcome	Service-users are left satisfied after care worker interaction
	Service-users enjoy the company of care worker
	Service-users are often left unhappy with care worker
Flexible	Care worker embraces change
	Care worker adapts to the needs of family members
	Care worker adapts to the needs of service-users
	Care worker struggles to adapt to changing situations
Helpful	Service-users are often left repeatedly asking care worker for help
	Care worker helps service-users without prompting from management
	Care worker helps service-users with physical needs
	Care worker helps service-users with emotional needs
Put others first	Care worker puts the service-user needs first
	Care worker rarely puts themselves out for service-users

6.3.1.1 Results interpretation

When considering how the results of the ProMES groups relate to the literature, it is

important to consider that direct comparison is limited due to the current lack of measure and

agreement on performance measurement in adult social care. However, it is possible to

relate the findings of this study to the areas of performance that were highlighted as

important in the wider literature. The discussion here therefore focuses on comparing and

contrasting the effective care worker performance dimensions identified in the present

research (developed in combination with adult social care providers), with the original

literature review that encompassed wider literature (chapter three section 3.2). This will

reveal how this sector driven developed tool, which encompasses the sectors stated

requirements, compares to the wider literature. Table 6.11 below presents the five theme

groupings (and first order themes) in the present research along with the related O*net work

activity areas introduced in chapter three. It also lists the wider literature that supports the

themes (and first order themes) identified in this research. This table demonstrates there is

considerable agreement between the performance dimensions emerging from ProMES and

those identified in both the professional and academic literature.

30 Table 6.11 Summary of how the present research themes relate to O*net activities and wider literature

Present research Themes	O*Net activities	Wider literature
Communication • Communication with staff • Communication with service users	• Communicating with supervisors, peers, or subordinates	• Skills for Care (2015a) • Wright (2011) • Pitt et al (2014) • Malley & Fernandez (2010) • Rubery et al (2011) • NHS (2012) • Johnson et al. (2011)
Trait affect • Encourage • Empathy • Compassion • Passionate	• Assisting and caring for others	• Patterson et al. (2012) • Rubery et al. (2011) • Strandberg et al. (2012) • Pitt et al. (2014) • Malley & Fernandez (2010) • Dewar et al. (2013) • Burnell & Agan, (2013) • West & Dawson (2012) • NHS (2012) • Francis (2013) • Skills for Care on behalf of the Department of Health, (2014) • Dewar & Nolan (2013) • Johnson et al. (2011) • Cavendish (2013) • Manthorpe et al. (2012) • NSA (2014)
Care worker skills • Competence • Timely • Follows procedures • Record keeping • Team working	• Identifying objects, actions and events • Establishing and maintaining interpersonal relationships • Getting information	• Skills for Care (2015a) • CQC (2010) • Johnson et al. (2011) • Pitt et al. (2014).

	• Evaluating information to determine compliance with standards	
	• Monitor processes, materials, or surroundings	
	• Performing general physical activities	
	• Coordinating the Work and Activities of Others	
Interaction with service user • Independence • Safe • Individual • Respect, dignity and non-intrusive • Service user feeling outcome	• Evaluating information to determine compliance with standards • Monitor processes, materials, or surroundings • Inspecting equipment, structures or material	• Skills for Care (2015a) • CQC (2010) • Skills for Care (2015b) • Moran et al. (2011) • Johnson et al. (2011) • Kings Fund (2014) • Spilsbury et al. (2011) • Malley and Fernandez (2010) • Henwood (2001) • Sinclair et al. (2000) • Glendinning et al. (2008) • Rubery et al. (2011)
Trait behaviour • Flexible • Helpful • Put others first	• Assisting and caring for others	• Skills for Care (2015a) CQC (2010) • Johnson et al. (2011) • Malley & Fernandez (2010) • Francis & Netten (2004) • Rubery et al. (2011)

31 Table 6.12 Summary table of the novel themes from the present research and existing literature themes not found

Type of theme	Source
Novel themes	
Communication with service users	**N/A**
Timely (performance)	**N/A**
Encourage	**N/A**
Put others first	**N/A**
Existing themes not found	
Making decisions and problem solving	O*net (2015); Sills for Care (2015a); Johnson et al. (2011)
Performing general physical activities	O*net (2015); CQC (2010)
Accept responsibility	Skills for Care (2015a)
Challenge poor practice	Skills for Care (2015a)
Change outcomes	Glendinning et al. (2008)
Maintenance outcomes	Glendinning et al. (2008)

When considering this mapping it is apparent that many of the key activities from O*net were discussed and described within the ProMES groups. This was without prompting or probing of these areas. Consequently it lends support to the areas outlined by O*net (2015), but also establishes the content validity of the findings in the present research. For example O*net cites *communicating with supervisors, peers, or subordinates* (providing information to supervisors, co-workers, and subordinates by telephone, in written form, e-mail, or in person) as one key activity. Communication (written and verbal) is also a core area proposed by Skills for Care (2015a) and much other research (e.g. Malley & Fernandez, 2010; Pitt et al., 2014; Rubery et al., 2011; Wright, 2011), and is also one of the NHS (2012) six C's. Communication is also essential in the context of communicating with the service-user. Communication is exhibited in the present results through *communication with staff* and *communication with service-users.* These areas address the communication aspect detailed by both the O*net and wider literatures. Both communication areas had multiple items developed assessing them including verbal and non-verbal communication. The element of listening (to staff and service-users) was also included within the communication performance areas. This further supports Johnson et al. (2011) who also incorporated it as a skill measure. This shows the developed measure to contain face validity. The fact a broader range of themes and role requirements was identified in the present research could be said to demonstrate a wider more comprehensive profile than that from O*net. This in part may reflect the difference between the present care worker role and the nursing assistant role O*net provides.

Other aspects identified and important to consider are those that form part of the new care certificate. For example respect, dignity, reliability and trustworthiness (CQC, 2010; Malley & Fernandez, 2010; Skills for Care, 2015b). Respect and dignity are two aspects that are again supported by the present research and items assessing these elements are under the theme *respect, dignity and non-intrusive.* This not only supports the present literature and new regulations but also adds validity to the developed measure in this research. Coupled with

this, the proposed trustworthiness dimension is an example of an element that could arguably be assessed implicitly based on the present research findings. For example, if a manager assesses a care worker and judges them to be *competent* (area from the present research) and able to work independently (*independence*) and ensure the safety of service-users (*safe*); then one can argue that they are trustworthy.

Service-users were involved within the ProMES focus groups and therefore had a direct impact on the key areas of performance included in relation to what constitutes effective care worker performance. The present ProMES research findings supported and incorporated previously identified key areas relating to service users. For example, an effective care worker should through their performance promote both the safety and experience of the service-user (Kings Fund, 2014; Malley & Fernandez, 2010; Spilsbury et al., 2011). These are addressed in the present research through the safety element being incorporated in the care worker assessment through the area *safe.* Furthermore, the experience of the user is incorporated through elements such as being treated as an individual (*individual*), having their independence promoted (*independence*), and looking at their experience of interactions with the care worker (*service-user feeling outcome*). It is also included through the encouraging way in which the care worker works (*encourage*). This demonstrates the considerable overlap extends to key service-user outcomes, not just care worker performance.

The present ProMES results do also extend the previous literature. One way this is achieved it through the breaking down of broad areas into more precise measures of performance. For example where previous research identifies communication as important (e.g. Malley & Fernandez, 2010; NHS, 2012; O*net, 2015; Pitt et al., 2014; Rubery et al., 2011; Wright, 2011), the present research breaks this down in to how the care worker communicates with staff and also with service-users. This is an important differentiation as the communication required for these two groups will vary. Moreover, items developed take into account

assessing both verbal and non-verbal communication skills. This is especially important to service users who may rely on the non-verbal skills. This therefore extends the current literature by developing a role specific measure that incorporates assessment of distinct but equally important skills.

Furthermore, the present research also identifies key areas of performance not present in the literature. For example the ProMES results take into account not just the tangible output of performance, but it also gives consideration to how performance is realised. This is shown through the theme *timely*. This is overlooked by current research but was identified in the groups. The premise is it is no use having effective performance that occurs an hour late; it is about both the level of performance and the timeliness of it occurring. This extends the current literature by highlighting the importance of considering this theme in relation to care worker performance. On the notion of the way workers perform, this also extends to the themes *put others first* (when possible) and *encourage.* These again exemplify the importance of the way the care worker works, not just the output they produce, that is important. These are key extensions to the present research and demonstrates the importance of this developed measure.

It is also important to note the exceptions that are present in the literature but were not identified in the ProMES groups. Firstly when considering the 10-rated fundamental work activity areas identified by O*net; *making decisions and solving problems* was not found to be present in this research. This is an aspect that is also cited by Sills for Care (2015a) and Johnson et al. (2011). This is therefore an arguably surprising omission. However during the discussions some groups described how care workers were not required to plan, and how care workers were provided with a "to-do" list of allocated jobs. This meant the need to problem solve and make decisions was limited. It therefore was not deemed as important to include based on the group discussions. It was decided to proceed without its inclusion.

Coupled with this *performing general physical activities* (performing physical activities that require considerable use of your arms and legs and moving your whole body, such as climbing, lifting, balancing, walking, stooping, and handling of materials) (O*net, 2015) is also detailed as important by the CQC (2010). However, this was not explicitly discussed in the groups. Instead elements of it are incorporated in more specific instances, such as following moving and handling procedures. It can be argued the explanation from O*net (2015) is too broad and covers all physical elements. It therefore would not aid in identifying and differentiating an effective care worker from a competent one. This aspect could also be an aspect assessed in selection by other means and therefore outside this research scope of identifying characteristics to lead to effective performance. Therefore, the present research arguably develops and builds on this to progress the literature and enhance the performance effectiveness measure. Overall the present research supports a considerable amount of the areas identified by O*net. Sometimes this is through a combination of the present research themes, and this shows the validity of the present research.

Beyond the O*net areas, Skills for Care propose the care worker must accept responsibility. However this is another example that was not apparent in the present research. It therefore is not incorporated or supported with regards to identifying effective care workers. Though as described with trustworthiness the measures that have been developed in the present research imply that the care worker is taking responsibility. For example *record keeping* involves the worker taking responsibility for what they write, and carrying out risk assessments involves taking responsibility for declaring an activity safe. The area is therefore incorporated but is nested in other areas, as opposed to having its own area. Skills for Care (2015a) also state care workers should challenge poor practices. This did not come out through discussions. It could be argued that it did not come out because it is not a part of performance that is regularly exhibited and tangible. For example if a care worker does not come across any poor practice then it would be impossible to assess them on if they challenge it. Therefore although this is important and should be considered in care workers, it

did not come out in discussions and therefore has not been subsequently included. Future research could look to include and develop a measure relating to this to be applied in a longer version of the performance measure or perhaps for one more focussed at identifying future care worker managers with more high level skills (problem solving as well as taking responsibility) rather than entry level. In the present study to keep the measure a realistic length and uniform between providers this was not included.

From a service-user related perspective, Glendinning et al. (2008) outlined the most important aspects in social care for older people as change outcomes (physical, mental, and emotional functioning improvements), maintenance outcomes (prevention, delay health deterioration, and wellbeing and quality of life) and process outcomes (e.g. feeling valued, respected, influence service provision, cultural preferences and informal support). When considering this the only area addressed in the present research is process outcomes. It can be argued however that the change outcomes listed (although important) are not aspects that can be attributed to a specific care workers' performance. Moreover, should the natural deterioration of any of these areas occur, it would reflect poorly on a care worker irrespective of their performance level. A penultimate argument for the omission is it is not an area that a worker can improve on following assessment. Finally, one could argue these elements do have a focus on older people care and the present assessment measure is aimed at being universal across adult social care, and the inclusion of these elements could prevent this core objective. As the present research is focussed on the performance of a specific care worker, the above 'change' and 'maintenance' outcomes detailed by Glendinning et al. (2008) are not included. However the measure being developed is incorporating service user voice and outcomes, and is therefore representing them within the measure to assess care worker performance. This is important as the care worker performance has a direct impact on the service user.

Overall the present research has supported the current limited literature relating to care worker effectiveness, and in doing so has demonstrated the validity of the areas and items incorporated within the developed measure. The validity of the measure is also enhanced through incorporating service user views and outcomes within it to ensure they are involved in identifying the key performance areas that will be assessed. The result is a valid and representative performance measure that can be utilised to quantify care worker performance and subsequently differentiate an effective care worker. It has fulfilled the first stage of developing an objective measure of performance for use within the main research study of this project, as well as the sector going forward. Table 6.10 above provides a summary of the different areas included and the items used to assess these. Table 6.13 below provides a summary description of each of the 20 themes. The second stage before it can be operationalised will involve the quantitative examination of the measure to test its psychometric properties and enable refinement to its optimum size and structure. This will result in the achieving of objective one and research question one.

32 Table 6.13 Summary of performance effectiveness measure themes and theme descriptions

Theme	Interpretation
Communication with staff	Workers ability at communicating with colleagues. Such as keeping them informed with the status of service-users and ensuring the team knows what is happening.
Communication with service-users	Workers ability to communicate with service-users both verbally and non-verbally.
Encourage	Worker performs the role in an encouraging manner and encourages service-users day-to-day.
Empathy	Worker demonstrates empathy in their work.
Compassion	Worker demonstrates compassion in their work.
Passionate	Workers are passionate about their job. They see it as more than just a job.
Competent	Extent the worker is proficient at accomplishing the tasks related to the job role. This entails a base level of competence a worker must possess.
Timely	Care worker performance is punctual and service-users are attended to on time in an efficient manner. When performance occurs not just level of performance.
Follows procedures	Follows procedures and regulations associated with the job role and care provider. Procedures could refer to that

	of the home or more specific procedures such as moving and handling protocol.
Record keeping	Ability to make notes and record events within the job role.
Independent working	Ability to perform on his or her own when required.
Team working	Ability to perform in a team when required Also important for team spirit and togetherness.
Independence	Promote and maintain the independence of the service-user and look for ways to enable them to accomplish tasks.
Safe	Care worker ensures the safety of service-users.
Individual	Worker treats each service-user as an individual.
Respect and Dignity and non-intrusive	Worker demonstrate respect towards service-users and uphold their dignity.
Service-user feeling outcome	service-user's feelings following care worker interaction.
Flexible	Ability of the worker to be flexible when required.
Helpful	Worker seeks out ways in which they can help service-users
Put others first	Worker looks to put the service-user needs and interests at the heart of what they do – within reason.

6.3.2 Phase two – Quantitative validation

From the results of the previous section a 71 item performance measure was developed.

This included all the items listed in table 6.10 The questionnaire was constructed by

alternating items from different themes. This was done in order to prevent all items from one

theme grouping together to limit response bias amongst respondents. Negatively worded

developed items were also included and spread throughout the survey to prevent auto

answering from occurring. Subjects were recruit through participating care providers offering

managers the chance to take part. 55 managers completed the performance assessments,

with response numbers ranging from 1-25.

Managers rated 357 care workers from 55 care homes or centres operated by 18 social care

providers. These were located across the United Kingdom. Assessments were provided of

48 males (13.4%) and 306 females (85.7%) (3 not stated) aged 18-80, and drawn from 27

nationalities, (74.5% British; 10.9% EU; 13.1% Non-EU). Experience in the role of those

assessed ranged from 9 months to 27 years, and care qualifications ranged from 80 having

no qualifications, to 210 having some level (67 not stated). 217 of the care workers reported upon worked full time, 131 were part-time workers, and six were bank contract workers (3 not stated).

Managers or supervisors were sent the assessment measure by either post, email or the online site Qualtrics. They were instructed to rate and assess their subordinates using the measure and to then return it. Of those that were returned all were deemed to be complete enough to be included within the final dataset. However an exclude cases listwise function was implemented in the analysis to account for any small amounts of missing data. Quantitative validation was then undertaken to ensure the measure is psychometrically robust and to confirm the loading of items on to relevant scales. Data reduction techniques were implemented on the 71 initial items to remove any redundant or poor items before factor analysis was undertaken for final refinement.

6.3.2.1 Sample adequacy tests and data screening

Data reduction proceeded initially with consultation of the correlation table that showed the correlations between all 71 items in the measure. This was done to identify variables that have low correlations with other variables and also to prevent multicollinearity (correlate too highly) and singularity (perfectly correlate). Items with no correlation above 0.3 with any other variable, or with correlations over 0.8 were removed (Field, 2009; Pallant, 2013). Items with low response variance were also culled. These initial screening tests together led to removal of 12 items leaving 59 items in the measure. Bartlett's test of sphericity enabled the examination of whether the correlation matrix resembled an identity matrix (all the variables correlate poorly). The results of this screening were satisfactory, indicating factor analysis is appropriate.

Following this Exploratory Factor Analysis (EFA) using direct Oblimin rotation was undertaken on the retained 59 items. This led to a 10 factor solution and the removal of low

loading items (13 below 0.4, Field, 2009). This led to 46 items being retained. A re-run of the EFA with these 46 items led to a nine factor solution. Cronbach alpha tests were then ran on the nine factors and this led to the removal of one factor containing two items that had reliability far below the 0.7 (0.36) advised level. This led to the retaining of 44 items, and grouping of items that conceptually and theoretically relate.

Prior to undertaking factor analysis, it was important to ensure the sample size was adequate. With regards to the rules associated with sample size adequacy and factor analysis, it is proposed that 300 cases are seen as a good sample. The present sample of 357 meets this, and even after running the analysis and implementing the exclude cases list wise function the retaining of 297 surveys (loss of 16.8%) means the dataset meets the requirements (Comrey & Lee, 1992; Field, 2009; Kass & Tinsley, 1979; Tabachnick & Fidell, 2007). In addition to this, MacCallum, Widaman, Zhang & Hong (1999) state that if the average communalities are over 0.6 then a sample as low as 100 is fine. In the present case the average communalities for the initial 71 items entered is 0.68 (48.128/71), and for the final solution 0.67 (29.411/ 44).

In combination with this, the sample adequacy can be checked using the Kaiser-Meyer-Olkin measure of sample adequacy (KMO). The KMO can be calculated for multiple and individual variables. The KMO ranges from 0-1, with 0 indicating that the sum of partial correlations is large relative to the sum of correlations, showing diffusion in the pattern of correlations. The consequence being that factor analysis is inappropriate. However, a value close to one indicates relatively compact correlations and that factor analysis will provide valid factors. Kaiser (1974) proposes values of 0.5 to be barely acceptable, 0.5-0.7 are acceptable, 0.7-0.8 are good, 0.8-0.9 are great, and over 0.9 is superb. Pallant (2013) advises 0.6 or above. The initial EFA with 59 items produced a KMO of 0.954; and following refinement to the 44 item solution the KMO was 0.950.

Table 6.14 below presents the final eight factor solution and factor loadings. These retained items form the performance effectiveness measure to be utilised within the main longitudinal study.

33 Table 6.14 Final factor structure and loadings

Item	Factors							
	1	2	3	4	5	6	7	8
Care worker is able to understand service-user perspective	.655							
Care worker enables independence of service-users	.649							
Care worker respects service-user opinions	.645							
Care worker shows a willingness to listen to service-users	.645							
Care worker shows encouragement towards service-users	.635							
Service-users know they can speak to care worker and that they will be listened to	.630							
Care worker demonstrates compassion towards service-users	.621							
Care worker encourages service-users to accomplish tasks within reasonable risk	.595							
Care worker demonstrates empathy towards service-users	.594							
Service-users enjoy the company of care worker	.581							
Care worker realises a one-size fits all approach doesn't work when dealing with service-users	.558							
Care worker communicates politely with service-users	.558							
Care worker takes time to relate to service-user	.551							
Care worker communicates clearly with service-users	480							
Care worker completes tasks on time		-.772						
I have confidence in care worker's ability to work alone		-.719						
Care worker is competent at completing the tasks required by the job		-.713						
Care worker follows the procedures of moving and handling		-.676						
Care worker keeps accurate records		-.635						
Care worker is punctual		-.595						
Care worker works effectively in a team		-.587						
Care worker follows the procedures relating to medication		-.566						
Care worker is enthusiastic about their job role			.820					
Care worker is passionate about their job role			.809					
Care worker treats the job role as a job, nothing more			.793					
Service-users are left satisfied after care worker interaction				.681				
Care worker does not communicate effectively with service-users				.680				
Care worker does not notify other staff about changes in service-user circumstances				.589				
Care worker struggles to relate to service-users				.489				
Care worker struggles to adapt to changing situations					.852			
Care worker rarely puts themselves out for service-users					.798			

	1	2	3	4	5	6	7	8
Care worker carries out risk assessments						.621		
Care worker records errors when they occur						.576		
Care worker follows the provider/ homes daily procedures						.550		
Care worker keeps factual records						.475		
Care worker follows infection control procedures						.462		
Care worker has effective written communication						.414		
Service-users are often left repeatedly asking care worker for help							.611	
Service-users are often left unhappy with care worker							.609	
Care worker struggles to use training in daily work							.592	
Care worker is not respectful of service-users							.555	
Care worker communicates effectively with other staff members								.581
Care worker helps ensure team goals are met								.484
Care worker appreciates the contribution of other team members								.475
Eigenvalues	**18.230**	**2.943**	**2.018**	**1.706**	**1.223**	**1.184**	**1.080**	**1.026**
% of variance	**41.431**	**6.688**	**4.586**	**3.878**	**2.779**	**2.691**	**2.455**	**2.331**
α	**0.943**	**0.900**	**0.888**	**0.667**	**0.732**	**0.867**	**0.600**	**0.820**

Note: only factor loadings over 0.4 are reported due to filter placed in analysis
N=357

Table 6.14 shows the EFA using principle components analysis and direct Oblimin rotation that was undertaken involving the remaining 44 items. The overall Kaiser-Meyer-Olkin measure was 0.950 (Field, 2009; Hutcheson & Sofroniou, 1999), and all KMO values for individual items were > 0.781, which is well above the limit of 0.5 (Field, 2009). Bartlett's test of sphericity X^2 (946) = 9174.896, P < 0.001, indicated that correlations between variables were sufficiently large for PCA and that the R-matrix is not an identity matrix. The PCA analysis also revealed the eigenvalues for each component in the data. All eight components had eigenvalues greater than 1 and in combination explained a total of 66.84% of variance.

Table 6.14 also shows the factor loadings after rotation as well as the Cronbach scores for the eight factors that emerged from the refined set of items. While some of these groupings reflect the original scales, other do not. The Cronbach scores for the new eight factor structure were acceptable for six factors, however factor four and seven demonstrate poor reliability (below the 0.7 required level) and this is acknowledged as a limitation and will be discussed more in chapter seven. Table 6.15 below presents the new scale names, the number of items it contains, the items, and the original scale construct it was taken from based on the original ProMES groupings. For a full list of items removed see appendix O. For a copy of the final questionnaire please see appendix L.

Based on the EFA analysis undertaken it is clear all areas identified by the ProMES process are relevant when considering care worker performance. However, it can be argued that the grouping of the items into scales during the ProMES group process was too fine grained. Table 6.15 below shows the newly formed scales from the EFA.

34 Table 6.15 Summary table of final scales and original ProMES groupings

Scale name (factor)	Number of items	Items	Original ProMES theme
Service user interaction	**14**	Care worker is able to understand service-user perspective	**Empathy**
		Care worker enables independence of service-users	**Independence**
		Care worker respects service-user opinions	**Respect, dignity and non-intrusive**
		Care worker shows a willingness to listen to service-users	**Compassion**
		Care worker shows encouragement towards service-users	**Encourage**
		Service-users know they can speak to care worker and that they will be listened to	**Communication with service user**
		Care worker demonstrates compassion towards service-users	**Compassion**
		Care worker encourages service-users to accomplish tasks within reasonable risk	**Encourage**
		Care worker demonstrates empathy towards service-users	**Empathy**
		Service-users enjoy the company of care worker	**Service user feelings outcome**
		Care worker realises a one-size fits all approach doesn't work when dealing with service-users	**Individual**
		Care worker communicates politely with service-users	**Communication with service user**
		Care worker takes time to relate to service-user	**Empathy**
		Care worker communicates clearly with service-users	**Communication with service user**

		Care worker completes tasks on time	Timely
Competence	8	I have confidence in care worker's ability to work alone	Independent Working
		Care worker is competent at completing the tasks required by the job	Competent
		Care worker follows the procedures of moving and handling	Follows Procedures
		Care worker keeps accurate records	Record Keeping
		Care worker is punctual	Timely
		Care worker works effectively in a team	Team Working
		Care worker follows the procedures relating to medication	Follows Procedures
Passionate about the job	3	Care worker is enthusiastic about their job role	Passionate
		Care worker is passionate about their job role	Passionate
		Care worker treats the job role as a job, nothing more	Passionate
Care worker communication	4	Service-users are left satisfied after care worker interaction	Service user feelings outcome
		Care worker does not communicate effectively with service-users	Communication with service user
		Care worker does not notify other staff about changes in service-user circumstances	Communication with staff
		Care worker struggles to relate to service-users	Empathy
Adaptable	2	Care worker struggles to adapt to changing situations	Flexible
		Care worker rarely puts themselves out for service-users	Puts other first
Follows procedures and regulations	6	Care worker carries out risk assessments	Safe
		Care worker records errors when they occur	Record Keeping
		Care worker follows the provider/ homes daily procedures	Follows Procedure
		Care worker keeps factual records	Record Keeping
		Care worker follows infection control procedures	Follows Procedures
		Care worker has effective written communication	Communication with staff
Disengaged	4	Service-users are often left repeatedly asking care worker for help	Helpful

		Service-users are often left unhappy with care worker	**Service user feeling outcomes**
		Care worker struggles to use training in daily work	**Follows Procedures**
		Care worker is not respectful of service-users	**Respect, dignity and non intrusive**
Teamwork	**3**	Care worker communicates effectively with other staff members	**Communication with staff**
		Care worker helps ensure team goals are met	**Team Working**
		Care worker appreciates the contribution of other team members	**Team Working**
	44		

The quantitative testing of the measure has led to the regrouping of the items into new conceptual categories. Although these have changed, the items themselves are the same as that from the original measure. This is important as the scales, and in turn the overall performance measure, maintains its roots of being development by the sector for the sector. This maintains the validity of the items and overall scales that were developed. It is also important to note that a number of reversed items have been retained, and these will help ensure auto-answering does not occur.

The EFA has helped improve the framing of the items into a conceptually better structure. The items now group in to eight performance areas rather than 20 (table 6.15 above). The new eight areas are Service user interaction, Competence, Passionate about the job, Care worker communication, Adaptable, Follows procedures and regulations, Disengaged, and Teamwork.

The original structure scale items were conceptually created and grouped based on the specific theme they were constructed for. This was done with the aim of ensuring each theme identified had items relating to it to enable the assessing of that area of performance (e.g. five items related to communication with staff). This resulted in each fine grained theme having items relating to it. Following EFA the new structure groups items on a more encompassing basis, as opposed to a purely conceptual relation.

This regrouping makes the measure more useable, and the new performance areas make more conceptual sense from an operational perspective. This is because many of the requirements of the care worker job role involve implementing multiple (of the original) performance areas at once. For example if a manager wishes to assess how effectively a care worker interacts with service users; it is more appropriate to implement the new performance scale groupings whereby there is one scale assessing *service user interaction* that incorporates different performance needs (e.g. compassion, empathy, respect, dignity

and independence), rather than having to work out and select the separate relevant scales to assess the area (as was the original format). This new format therefore places more importance on how the care worker interacts and performs as a whole, rather than if they are compassionate and empathetic separately. This is both a more practical way of using the measure; but also still enables the overall assessing of performance by combing all eight areas.

A further example of this is the new scale grouping for *competence*. The extension of this performance area from the original three item measure has made it far more encompassing and provides a much stronger basis to draw assessment on a care workers performance. The new items added include items from the original themes of timely, independent working, follows procedures and record keeping. Through drawing on in total six areas from the original list the new performance area provides a more representative basis of a care worker's competence. This is because it pulls together their ability on different areas of the role to provide an overview of their performance. This is arguably a more valid representation than the initial scale. The next performance area in table 6.15 is *passionate about the job* which relates to the way in which the care worker performs the role and whether they work in a way that shows they care about their work beyond it just being a job they do. This theme is conceptually unchanged from the initial developed area other than one item being removed during the refinement process.

Beyond this, the new *care worker communication* performance area relates to the communication ability of the worker. Although no longer separating out staff and service user communication (as identified in the ProMES groups) it still contains items assessing both these areas and enables assessment of a care worker's communication skills. Moreover, this new structure enables communication orientated towards a service-user to be assessed in relation to how the worker interacts with the service user (now part of *service-user interaction*). Therefore although most items are now under *service user interaction* the crucial

point is they are still incorporated and being used, but in a more appropriate place. This will enable a more comprehensive gauging of the care worker's interaction with service users as a key performance area.

The next performance area of *Adaptable* relates to the ability of the care worker to adapt. This is developed from the 'flexible' theme initially identified, as well as the initial theme 'put others first'. Moving on, another interesting observation is the *follows procedures and regulations* theme. This was present in the initial themes as 'follows procedures' and has been extended following the EFA. It is based on the ability to follow both home and legislative procedures and the new area now incorporates items that initially related to the performance areas 'record keeping', 'safe' and 'communication with staff'. However when examining these new items it is clear that the need to follow procedures underpins these (e.g. carrying out risk assessments and keeping factual records). Therefore they conceptually relate to following procedures and by being regrouped here provide a more comprehensive performance area and examination of the construct. This is another example of the regrouping providing a more practical performance scale that can be more effectively operationalised.

The penultimate performance area is *Disengaged.* This is a newly development performance area grouping following the EFA. This is an area not originally incorporated, but one that contains items that enable an identification of whether a worker is struggling, or service users are having bad experiences based on the care worker's performance. This is an important new area that has emerged based on four previous areas. These have combined to form this previously unidentified area. The implication is a new area that if needs be can be assessed independently away from the main performance measure. Finally *Teamwork* is another example of a performance area that has been maintained. The area retains two of the original items pertaining to teamwork, but also now includes an item originally from 'communication with staff' that assess how effective their communication with colleagues is.

This conceptually relates to teamwork as effective communication is required for good teamwork to occur. This provides explanation behind why this item has been regrouped here and the meaning behind it. Furthermore it again demonstrates the re-grouping of items has produced a more in depth scale measure for more broader categories, indicating again the perhaps too fine grained nature of the initial scale structure.

In summary these eight broader scales provide more thorough groupings whilst maintaining the key components from the 20 areas identified by the sector during the ProMES groups. This ensures that the overall performance measure's content validity is maintained, and that the same parts of the role are being assessed; whilst at the same time regrouping the items into more appropriate performance scales. Furthermore, this new structure provides a more manageable number of performance areas for a care provider and manager to consider. It also has the benefit of being able to consider larger areas of care worker performance, rather than the original 20 niche areas. It has found a balance between the initial too broad areas of previous literature (e.g. O*net) and the too fine grained nature of the ProMES areas. The new performance areas maintain the detail of the ProMES areas but operationalises them in fewer more broader manageable ways.

However it can be argued that the sample size within this study is small and as a result there is not sufficient grounds to entirely revise the scale structure on this basis of this one sample. Indeed if another sample was utilised here there is a chance it would produce a different structure to the one presented. For example there is an argument that the communication items may well load together as originally developed, especially with a much larger sample. This is a limitation which is acknowledged and will be discussed more in chapter seven.

6.3.2.2 Confirmatory Factor Analysis

A confirmatory factor analysis (CFA) on the proposed performance measure factor structure and alternative solutions was undertaken on an independent sample (215 care workers from

the study three population) to explore the psychometric properties of the new eight factor

structure. Its properties were compared against a one factor structure (on the basis that care

worker performance has no independent areas that combine together, but instead can be all

encompassed within one scale), a two factor structure (on the basis that the care worker role

can be split into aspects that relate to general performance and service user directed

performance), and the original structure proposed by the ProMES analysis whereby items

were developed for each theme. This is shown in table 6.16 below and demonstrates the

proposed model to be the best fitting of those examined (Browne & Cudeck, 1993; Byrne,

1994; Schumacker & Lomax, 2004). However it must be recognised that the fit indices for

CFI, TLI, NFI and IFI do not meet the 0.9 threshold required to demonstrate sufficient

stability. Therefore the measure does not meet stability requirements. This is an important

limitation of the measure and indicates further examination is required in the longer term.

With respect to the use of the measure within this research due to the proposed eight factor

structure providing the best fit to the data of those examined, it is that interpretation that will

be used in study three. The development of the scale is confirmation of meeting objective

one and research question one and provides a bespoke performance effectiveness measure

for the adult social care worker role, something the sector currently lacks as was outlined in

chapter two. Although further testing on a larger sample is required.

35 Table 6.16 Confirmatory Factor Analysis on alternative model solutions

Model	Fit Index					
	CMIN	CFI	TLI	NFI	IFI	RMSEA
New 8 factor solution	2.33**	0.85	0.83	0.77	0.86	0.06
1 factor Solution	3.48***	0.72	0.69	0.65	0.72	0.08
[a]2 Factor solution	3.28***	0.74	0.72	0.67	0.74	0.08
Original ProMES solution	3.30***	0.74	0.71	0.67	0.75	0.08

***P<0.001

N=215

[a] = *general performance and service-user directed*

6.3.3 Study two summary

With regards to the positioning of this study in the context of the project, it has successfully

developed a performance effectiveness measure for the care worker job role that can be

used within adult social care (although stability issues are recognised). The new care worker

performance effectiveness measure was utilised within this study by managers and

supervisors to assess care worker performance, it has therefore also been shown to be

usable. The measure will be used as the main outcome measure for the longitudinal study

reported below. This development helps extend this research and overcome the limitation of

previous research that lacked an objective outcome measure (e.g. Rubery et al., 2011;

Consilium & Skills for Care, 2016). This outcome measure will allow the identification of

those variables that are relevant for consideration within the selection process of care

workers with regards to producing effective performance.

In summary this second study has addressed research objective one and research question

one – as it has identified what makes an effective care worker through consultation with the

key stakeholders involved with, and effected by, the care worker job role. Now this has been

achieved in addition to addressing objective five and research question five from study one, it

is now possible to undertake the main research study - study three. This is because all the

elements requiring developing and identifying to form and complete the model for

examination has been accomplished. Table 6.17 below provides a summary of the research

objectives and questions addressed so far and by which study, as well as those outstanding.

36 Table 6.17 Summary of the research objectives and questions addressed so far

Research study	Research objective addressed	Research Questions
1. One-to-one interviews of attraction and attrition*	**5)** To identify the key drivers of retention and attrition in adult social care workers.*	5) Why do people stay and continue to work in the sector, and why do they leave? *

2. Performance assessment measure development and validation**	1) To identify what makes an effective care worker in the UK care sector and to create a bespoke performance assessment measure **	1) What makes an effective care worker in the UK care sector? **
3. Longitudinal study of effectiveness	2) To identify the antecedents of effective performance 3) To identify the wider factors that impact on whether performance is realised 4) To identify the most effective methods to use in the recruitment and selection of adult social care workers 5) To identify the key drivers of retention and attrition in adult social care workers.	2) Why are people with certain characteristics (measured at selection) more effective as care workers than others? 3) How can the attributes, competencies and other key elements of an effective care worker be assessed and used in the process of recruiting and selecting applicants? 4) What are the best selection methods to use when recruiting and selecting care workers? 5) Why do people stay and continue to work in the sector, and why do they leave?

*Addressed by study one ** Addressed by study two

6.4 Study 3 – Longitudinal examination of effectiveness antecedents and moderators

6.4.1 Chapter summary

This section of the thesis presents and discusses the results of the final study in the research. As described earlier, this study seeks to identify the predictors of effective performance (figure 6.4 below). In doing so it assess the conceptual model presented in chapter three and seeks to identify what characteristics best predict effective care worker performance. It draws together the differences proposed in the literature review as potential antecedents and moderators of performance and broadens them with the findings from the

qualitative study in the prediction of performance. It also uses the bespoke performance effectiveness measure described above as the critical outcome variable. Additional outcomes in terms of job satisfaction, turnover intention, turnover and absence are also included. This is to ensure both the primary outcomes of interest to both the provider and care worker are incorporated.

This final study implemented a longitudinal research design. Data were collected in two waves across nine months. Wave one collected data from care workers and their employers at three time points, while wave two collected comparable data but only at two time points (see tables 6.19 and 6.20 below). Time one for both waves gathered data on the proposed predictor variables in the model. Time two collected data on the potential moderating factors and outcomes. Time three was completed only by wave one and involved collecting data for the outcome variables in the research. Performance was assessed at time two for wave two and time three for wave one (see methodology chapter 5 for more detail). Predictor data were collected only from workers, while performance, absence and turnover data were collected from the manager or supervisor or the employing organisation to avoid common method variance.

```
┌────────────────────────────────────────┐
│ Environment Fit                          │
│ Organisational Justice                   │
│ Organisational Commitment                │
│ Organisational Identification            │
│ Satisfaction with Service User Contact Time │
└────────────────────────────────────────┘
```

Big five
Extraversion
Conscientiousness
Openness
Agreeableness
Neuroticism

Big Five Inventory Facets

Personality facets
- Empathy
- Compassion
- Warmth
- Nurturance
- Calmness
- Sociability
- Experience seeking

Values
- Benevolence
- Conformity

Career Ambition

Overall Performance
Job Satisfaction
Turnover Intention
Turnover
Absence

15 **Figure 6.4 Model of care worker effectiveness**

37 **Table 6.18 Research questions addressed in this main longitudinal research study.**

Research Question
1) What makes an effective care worker in the UK care sector?
2) Why are people with certain characteristics (measured at selection) more effective as care workers than others?*
3) How can the attributes, competencies and other key elements of an effective care worker be assessed and used in the process of recruiting and selecting applicants?*
4) What are the best selection methods to use when recruiting and selecting care workers?*
5) Why do people stay and continue to work in the sector and why do they leave?*

Addressed by this study

38 Table 6.19 Wave One - Three time point collection design

Source	Time 1	Time 2	Time 3
Care worker	**Survey assessing:** • Personality Traits • Personality Facets • Personal Vales • Career Ambition	**Survey assessing:** • Organisational Justice • Environmental Fit • Commitment • Identification to organisation	**Survey assessing:** • Turnover Intention • Job Satisfaction • Satisfaction with Service user contact time
Manager or Supervisor	Not required	• Turnover information	• Performance assessment measure for each participating care worker. • Turnover information • Absence records for consenting care workers

N = 220 started in the wave (165 participants completed all three surveys)

39 Table 6.20 Wave two - Two time point collection design

Source	Time 1	Time 2
Care worker	**Survey assessing:** • Personality Traits • Personality Facets • Personal Vales • Career Ambition	**Survey assessing:** • Organisational Justice • Environmental Fit • Commitment • Identification to organisation • Turnover intention • Job Satisfaction
Manager or Supervisor	Not required	• Performance assessment measure for each participating care worker. • Turnover information • Absence records for consenting care workers

N= 106 started in the wave (89 participants completed both surveys)

This study enabled the testing of the model of care worker effectiveness and in turn the examination of research questions two, three and four. It also helped in examining research question five from a quantitative perspective. The present chapter proceeds by firstly outlining the data analysis steps taken with explanation given for the methods used. It then

presents the theoretical model to be examined before analysis is undertaken on each dependent variable in turn (performance, job satisfaction, turnover intention, turnover, and absence). As each outcome is examined the results are linked back to the research questions this study addresses. The chapter concludes with a summary of the results and the implications these have on the research questions addressed, as well as for the recruitment and selection of care workers going forward. It also considers the place of these results in relation to wider theory and literature.

Separate analyses were performed to explore the antecedents of each dependent outcome variable (performance, satisfaction, turnover intention, turnover, and absence). Analyses were conducted using SPSS 23 and the extension package of Process (Hayes, 2012). Regression and moderation were chosen as they enable the identification of the variables that are significant in producing particular outcome behaviours. Moreover, it identifies the amount of explanatory variance each variable or variable combination is responsible for with respect to producing a particular outcome. Moderation analysis then enables the examination of wider factors that may enhance or inhibit the established predictor-outcome relationship from occurring. This combination of techniques provides a more complete representation of the role each variable is having with respect to the outcome areas under examination.

6.4.2 Data analysis steps

Following the data screening detailed in the chapter five (section 5.7.6), correlations were calculated between the control, predictor, moderator variables and the outcome variables. This enabled the identification of influential control variables that warrant inclusion in subsequent analysis. The analysis then explores each dependent variable in turn: performance, job satisfaction, turnover intention, turnover, and absence using the same analytical structure in each case. This begins with regression, producing bespoke models for each dependent variable, followed by moderation analyses to identify the wider factors influencing the predictor-outcome relationship. The purpose is to identify the predictor

antecedents for recruiters to consider when selecting candidates, and to highlight wider areas where the care home and care provider may have influence over that relationship between predictors and outcomes.

Descriptive statistics and zero order correlation

The first step in the analysis was to correlate the control and predictor variables (demographics, personality, values, career ambition) and potential moderators (attitudinal and wider organisational factors) collected (environment fit, organisational identification, commitment, organisational justice, and satisfaction with service-user contact time) together and then with the outcome measures. This enables an initial identification of the variables that have a significant association with the outcome variables of interest. Below table 6.21 contains correlations between the demographic variables and the predictor and moderator variables, table 6.22 contains correlations between the predictor antecedents and table 6.23 contains correlations between the predictor variables and moderators as well as between moderator variables.

Following this table 6.24 contains correlations between demographic control variables and the effectiveness outcome variables. Table 6.25 contains correlations between predictor variables and the effectiveness outcome variables, and table 6.26 contains correlations between the potential moderating variables and the effectiveness outcome variables. It should be noted that as detailed in the method chapter absence, turnover intention and job satisfaction data was collected at both time two and three dependent on the wave of data collection. The two time points were combined to form overall absence, turnover intention and job satisfaction variables. Turnover data (whether the worker was still in position) was also collected and combined to create an overall variable of whether the worker was still in position at the end of the research.

40 Table 6.21 Correlations between demographic variables and model predictor and moderator variables

	Age	Tenure	Position	Years in Formal	Years in Informal	Distance to work	Gender	English Qualifications	IT Qualifications	Care Qualifications	Maths Qualifications
Extraversion	0.02	0.15*	0.02	0.12*	-0.01	-0.05	0.08	0.04	-0.07	0.02	0.09
Agreeableness	0.07	0.04	-0.06	-0.00	-0.00	-0.10	0.18**	0.02	-0.02	-0.02	-0.02
Conscientiousness	0.03	0.04	-0.07	0.07	0.04	-0.11	0.10	0.01	-0.05	0.03	-0.03
Neuroticism	-0.11*	-0.03	0.00	-0.08	-0.02	0.06	0.08	-0.02	0.05	0.02	0.02
Openness	-0.09	-0.03	-0.03	-0.12*	0.04	0.06	-0.11*	0.14*	0.09	0.00	0.09
Assertiveness	0.04	0.20**	0.10	0.21**	0.01	-0.04	0.10	0.06	-0.05	0.09	0.13*
Activity	0.01	0.00	-0.10	-0.06	0.01	-0.02	-0.02	0.00	-0.05	-0.12*	-0.04
Altruism	0.07	0.10	-0.00	0.09	0.04	-0.11	0.16**	0.02	-0.04	0.01	-0.02
Compliance	0.10	-0.03	-0.11*	-0.04	-0.00	-0.06	0.17**	0.05	0.00	-0.04	0.00
Order	-0.08	-0.07	-0.04	-0.02	-0.04	-0.09	0.09	-0.05	-0.03	-0.02	-0.07
Self Discipline	0.03	0.11	-0.06	0.09	0.07	-0.05	0.12*	0.02	-0.09	0.02	0.01
Anxiety	-0.08	-0.02	-0.02	-0.08	-0.02	0.03	0.11*	0.01	0.09	0.00	0.01
Depression	-0.13*	-0.03	0.05	-0.10	0.03	0.06	0.01	-0.03	0.01	0.04	0.02
Aesthetics	-0.10	-0.05	-0.11	-0.13*	-0.01	0.04	-0.08	0.14*	0.11	-0.06	0.04
	(309)	(293)	(322)	(304)	(321)	(306)	(322)	(249)	(226)	(287)	(248)
Ideas	-0.09	-0.02	-0.03	-0.11	0.08	0.05	-0.10	0.09	0.08	0.02	0.04
Empathy	-0.11	-0.02	0.07	0.01	-0.01	0.07	0.18**	0.05	-0.02	-0.03	0.06
Compassion	-0.05	0.01	0.07	0.07	-0.04	0.01	0.27**	0.10	0.04	-0.02	0.13*
Benevolence	-0.11*	-0.07	0.00	-0.01	0.04	-0.00	0.18**	0.03	-0.01	-0.00	-0.03
Conformity	-0.07	-0.07	-0.04	-0.04	-0.03	-0.03	0.14*	-0.06	-0.05	-0.03	-0.06
Warmth	0.04	0.07	0.18	0.13*	-0.04	-0.03	0.26**	-0.00	-0.02	-0.06	-0.03
Nurturance	0.03	0.02	0.00	0.15**	-0.03	-0.05	0.29**	0.02	-0.08	-0.01	-0.03
Calmness	0.10	-0.03	-0.03	0.10	-0.16**	-0.01	0.02	-0.07	0.03	-0.07	-0.05
Sociability	0.40	-0.10	0.04	-0.02	-0.10	-0.06	0.18**	-0.01	0.04	0.04	0.04
Experience seeking	-0.11	-0.14*	0.10	-0.05	-0.05	0.09	-0.10	0.03	0.12	0.07	0.06
Ambition	-0.09	0.03	0.09	0.00	0.05	-0.01	0.06	-0.12	0.04	-0.00	-0.06
Commitment	-0.08	-0.08	-0.05	-0.17**	0.02	-0.08	-0.05	-0.21**	-0.14	-0.15*	-0.23**
	(239)	(241)	(252)	(234)	(251)	(238)	(252)	(195)	(182)	(222)	(195)
Identification	0.05	-0.02	0.13*	0.02	-0.04	0.02	0.09	-0.04	0.04	0.04	-0.05
	(240)	(242)	(253)	(235)	(252)	(239)	(253)	(195)	(182)	(223)	(195)
Satisfaction SU contact	0.09	-0.07	-0.01	0.09	0.03	0.00	0.00	0.06	-0.06	-0.07	0.00
	(156)	(157)	(165)	(152)	(164)	(156)	(165)	(123)	(108)	(142)	(119)
Environment fit	0.02	-0.02	0.06	0.01	-0.01	-0.06	0.03	-0.06	-0.02	-0.09	-0.03
	(240)	(242)	(253)	(235)	(252)	(239)	(253)	(195)	(182)	(223)	(195)
Organisational Justice	0.01	-0.07	-0.01	-0.07	-0.02	-0.02	0.05	-0.07	-0.09	-0.13	-0.03
	(239)	(241)	(252)	(234)	(251)	(238)	(252)	(195)	(182)	(222)	(195)

N = Age (310), Tenure (294), Position (323), Years in Formal care (305), Years in informal care (322), Distance to work (307), Gender (323), English qualifications (250), IT qualifications (227), Care qualifications (288), Maths qualifications (249), unless in brackets.

Correlations between demographic and predictor and moderating variables

Table 6.21 above shows the correlations between the demographic variables and the predictor and moderating variables from the model. It indicates that none of these variables are correlating too highly and therefore do not need removing on this basis. There are also few significant correlations. One that is significant and interesting to note is that tenure and the total years someone has worked in a formal care setting correlates positively with how assertive their personality is. Similarly these two variables correlate significantly with extraversion. This indicates more extraverted individuals may spend longer in the role and sector. Beyond this, three qualification variables (English, care and maths) all negatively correlate to a significant level with commitment. This suggests the higher the qualifications held by a worker the less committed they are to the care provider.

41 Table 6.22 Correlations between predictor model variables

	E	AG	C	N	O	AS	AC	AL	CO	OR	SD	AX	D	AE	I	EMP	COM	BEN	CON	W	NU	CL	SOC	ES	AM
1	1	0.36**	0.42**	-0.41**	0.31**	0.93**	0.61**	0.46**	0.14*	0.25**	0.42**	-0.44**	-0.23**	0.15**	0.31**	0.14**	0.17**	0.25**	0.21**	0.35**	0.29**	0.14**	0.31**	0.22**	0.27**
2		1	0.60**	-0.34**	0.16**	0.25**	0.39**	0.87**	0.79**	0.32**	0.58**	-0.27**	-0.34**	0.05	0.21**	0.31**	0.37**	0.40**	0.39**	0.45**	0.33**	0.24**	0.30**	0.08	0.16**
3			1	-0.47**	0.16**	0.31**	0.44**	0.57**	0.40**	0.74**	0.85**	-0.45**	-0.38**	0.05	0.22**	0.30**	0.28**	0.36**	0.39**	0.43**	0.34**	0.21**	0.27**	0.08	0.20**
4				1	-0.19**	-0.33**	-0.41**	-0.26**	-0.30**	-0.32**	-0.40**	0.91**	0.76**	-0.04	-0.20**	-0.12*	-0.11*	-0.13*	-0.21**	-0.24**	-0.08	-0.21**	-0.19**	-0.19**	-0.21**
5					1	0.14*	0.49**	0.14*	0.07	0.01	0.20**	-0.22**	-0.06	0.71**	0.89**	0.21**	0.13*	0.24**	0.17**	0.18**	0.04	0.05	0.08	0.35**	0.19**
6						1	0.31**	0.36**	0.05	0.21**	0.29**	-0.36**	-0.17**	0.06	0.15**	0.09	0.16**	0.17**	0.13*	0.28**	0.26**	0.10	0.27**	0.12*	0.21**
7							1	0.38**	0.24**	0.23**	0.44**	-0.42**	-0.27**	0.22**	0.49**	0.16**	0.09	0.25**	0.25**	0.29**	0.19**	0.15**	0.18**	0.28**	0.25**
8								1	0.47**	0.28**	0.56**	-0.22**	-0.22**	0.05	0.19**	0.26**	0.34**	0.38**	0.36**	0.42**	0.33**	0.17**	0.26**	0.05	0.17**
9									1	0.20**	0.41**	-0.21**	-0.35**	-0.12	0.11	0.18**	0.19**	0.29**	0.27**	0.28**	0.20**	0.27**	0.25**	0.05	0.04
10										1	0.42**	-0.25**	-0.31**	-0.01	0.05	0.20**	0.18**	0.20**	0.24**	0.29**	0.25**	0.11*	0.21**	0.08	0.11
11											1	-0.41**	-0.27**	0.09	0.26**	0.27**	0.25**	0.35**	0.35**	0.38**	0.31**	0.17**	0.19**	0.01	0.19**
12												1	0.51**	-0.09	-0.23**	-0.18**	-0.20**	-0.14**	-0.23**	-0.25**	-0.07	-0.20**	-0.14*	-0.18**	-0.22**
13													1	0.03	-0.07	-0.11*	-0.10	-0.06	-0.10	-0.22**	-0.08	-0.18**	-0.21**	-0.15**	-0.14*
14														1	0.46**	0.17**	0.12*	0.19**	0.10	0.20**	0.08	0.08	0.06	0.26**	0.11*
15															1	0.19**	0.13*	0.24**	0.18**	0.16**	0.04	0.04	0.05	0.30**	0.18**
16																1	0.82**	0.37**	0.31**	0.62**	0.38**	0.15**	0.33**	0.25**	0.16**
17																	1	0.39**	0.28**	0.68**	0.45**	0.16**	0.40**	0.19**	0.09
18																		1	0.75**	0.56**	0.31**	0.31**	0.30**	0.24**	0.20**
19																			1	0.41**	0.31**	0.23**	0.26**	0.18**	0.23**
20																				1	0.60**	0.41**	0.50**	0.19**	0.21**
21																					1	0.32**	0.38**	0.06	0.19**
22																						1	0.21**	0.15**	0.20**
23																							1	0.24**	0.12*
24																								1	0.20**
25																									1

N= 323

1 – E - Extraversion
2 – AG - Agreeableness
3 -C - Conscientiousness
4 – N - Neuroticism
5 – O - Openness
6 – AS - Assertiveness
7 – AC - Activity
8 – AL - Altruism
9 – CO - Compliance
10 – OR - Order
11 – SD – Self Discipline
12 – AX - Anxiety
13 – D- Depression
14 -AE - Aesthetics
15 – I - Ideas

16 – EMP - Empathy
17 – COM - Compassion
18 – BEN - Benevolence
19 – CON - Conformity
20 – W - Warmth
21 – NU - Nurturance
22 – CL - Calmness
23 – SOC - Sociability
24 – ES – Experience Seeking
25 – AM – Ambition

Correlations between predictor model variables

The correlations in the table above (6.22) show the relationships between the predictor variables. There are a number of significant correlations. This is to be expected to an extent due to personality trait areas relating. However in some instances this is to an unacceptable level, for example between extraversion and assertiveness (0.93). This can be explained due to assertiveness being a facet of extraversion that is made from some of the same items (in line with the BFI). This is an example of multicollinearity and therefore is problematic. As a result the regressions to test the model will be split in to two models for the predictor variables. The first will contain the big five broad traits only. The second will contain the facet level items only. This on the one hand removes concerns of multicollinearity. And also enables examination of personality at a broad level in relation to the effectiveness areas, as well as at a "blown up" facet level to identify specific influential facets. This provides a more detailed assessment.

The above solution address all but one issue of multicollinearity. Multicollinearity is said to be an issue in correlations above 0.8 (Field, 2009) and if this is the case investigation is required. Empathy and compassion produce a 0.82 correlation. In order to investigate these effects a VIF (Variance inflation factor) measure was ran within the subsequent regressions. Myers (1990) states a value over 10 is the point to cut off and is of major concern. The values fell well below this at 4.35 for compassion and 3.61 for empathy with respect to performance, 4.34 and 3.67 respectively for job satisfaction and 4.47 and 3.63 for turnover intention. Therefore it was acceptable to retain both in the subsequent analyses.

Table 6.23 Correlations between predictor variables and moderators and between moderators

	Commitment	Identification	Satisfaction SU contact	Environment fit	Organisational Justice
Extraversion	0.10	0.05	0.19*	0.18**	0.10
Agreeableness	0.12	0.15*	0.06	0.25**	0.22**
Conscientiousness	0.13*	0.08	0.06	0.21**	0.11
Neuroticism	-0.19**	-0.05	-0.16*	-0.34**	-0.23**
Openness	0.12	0.13*	0.00	0.13*	0.06
Assertiveness	0.03	0.02	0.18*	0.11	0.06
Activity	0.21**	0.14*	0.13	0.26**	0.13*
Altruism	0.08	0.13*	0.09	0.18**	0.13*
Compliance	0.06	0.09	-0.00	0.21**	0.27**
Order	0.05	0.11	0.01	0.12	0.05
Self Discipline	0.13*	0.09	0.04	0.22**	0.11
Anxiety	-0.19**	-0.06	-0.18*	-0.37**	-0.20**
Depression	-0.15*	-0.03	-0.09	-0.23**	-0.22**
Aesthetics	0.08	0.04	-0.05	0.01	-0.06
	(251)	(252)		(252)	(252)
Ideas	0.15*	0.15*	0.00	0.15*	0.10
Empathy	0.04	0.17**	-0.05	0.11	0.05
Compassion	0.04	0.20**	-0.03	0.11	0.07
Benevolence	0.10	0.15*	0.08	0.23**	0.19**
Conformity	0.14*	0.13*	0.08	0.21**	0.22**
Warmth	0.12	0.19**	0.05	0.30**	0.20**
Nurturance	0.11	0.18**	0.11	0.21**	0.17**
Calmness	0.08	0.08	0.16*	0.13*	0.22**
Sociability	0.07	0.16*	-0.02	0.19**	0.13*
Experience seeking	-0.04	0.07	-0.07	0.06	-0.03
Ambition	0.08	0.09	0.08	0.15*	0.07
Commitment	1	0.37**	0.14	0.46**	0.48**
Identification		1	0.00	0.36**	0.22**
Satisfaction SU contact			1	0.12	0.27**
				(165)	(165)
Environment fit				1	0.56**
Organisational Justice					1

N= Commitment (252), Identification (253), Satisfaction SU contact (165), Environment fit (253), Organisational justice (252) – Unless stated in brackets

Correlations between predictors and moderators and between moderators

The correlations table above (6.23) indicates that there are numerous significant correlations between the predictor variables and the moderating variables. Furthermore none of these correlations are too high and therefore are not problematic. With respect to commitment conscientiousness and low neuroticism from the big five correlate significantly, indicating more detailed conscious and emotionally stable workers will be more committed. Beyond this, what is particularly prevalent is the number of significant correlations with environment fit. This indicates personality and values associate with the perceived environment fit of a worker.

With respect to the between moderator correlations, identification has a significant positive association with commitment. This would indicate that if someone identifies strongly to the care provider and home they are more likely to also be committed. Moreover, commitment also significantly correlates to environment fit and justice, suggesting when a care worker perceives they fit well in the environment and the provider is fair and just, they are more committed. This also links to environment fit significantly correlating to justice and identification. This provides initial evidence for the dual effect these factors may have together.

43 Table 6.24 Correlations between demographic variables and effectiveness outcome measures.

	Mean	SD	P	F1	F2	F3	F4	F5	F6	F7	F8	JS	TI	T	A
Age	40.16 (312)	29.97	0.01 (203)	-0.02	-0.00	0.07	0.10	-0.04	-0.06	0.08	-0.00	0.41 (240)	-0.18 (239)	-0.03 (224)	0.01 (250)
Tenure	3.65 (296)	4.91	0.04 (206)	0.00	0.09	0.02	0.05	-0.02	0.10	0.01	0.02	0.07 (242)	0.03 (241)	-0.07 (214)	-0.03 (242)
Position	1.43 (325)	0.94	0.22** (215)	-0.19**	0.24**	0.13	0.15*	0.21**	0.23**	0.09	0.18**	0.07 (253)	-0.07 (252)	-0.07 (235)	-0.11 (263)
Years in formal care	8.26 (305)	8.29	0.19** (200)	0.15*	0.21**	0.13	0.18*	0.07	0.16*	0.17*	0.16*	0.10 (235)	-0.04 (234)	-0.09 (218)	-0.05 (246)
Years in informal care	2.33 (324)	5.84	-0.11 (214)	-0.13	-0.10	-0.04	-0.02	-0.09	-0.08	-0.16*	-0.04	-0.01 (252)	-0.01 (251)	0.05 (234)	0.05 (262)
Distance to work (miles)	5.33 (308)	5.98	0.16* (203)	0.17*	0.19**	0.12	0.02	0.03	0.14*	0.06	0.17*	0.00 (239)	0.02 (238)	0.13* (220)	-0.03 (248)
Gender	1.84 (325)	0.36	-0.04 (215)	-0.04	-0.07	-0.02	0.04	0.08	-0.16*	0.06	-0.05	0.15* (253)	-0.16* (252)	-0.05 (235)	0.02 (263)
English qualifications	2.60 (251)	1.09	0.15 (159)	0.15	0.13	0.03	0.13	0.03	0.25**	0.06	0.08	-0.11 (195)	0.16* (195)	-0.04 (178)	0.04 (200)
IT qualifications	1.66 (228)	0.90	0.15 (148)	0.17*	0.12	0.07	0.16	0.09	0.14	0.07	0.12	-0.03 (182)	0.09 (182)	-0.03 (156)	0.15* (184)
Care qualifications	2.94 (289)	1.44	0.29** (187)	0.28**	0.28**	0.10	0.16*	0.11	0.38**	0.17*	0.24**	-0.02 (223)	0.09 (222)	0.03 (206)	0.01 (230)
Maths qualifications	2.37 (187)	0.95	0.23** (161)	0.25**	0.15	0.11	0.19*	0.11	0.33**	0.10	0.09	-0.06 (195)	0.12 (195)	0.16* (174)	0.03 (198)

** $P = < 0.01$ * $P = < 0.05$

N = (brackets)

Note: Facet area correlation N is the same as broad performance (P) measure.

Glossary of terms:
Years in formal care: Number of years worker has worked in a formal care role
Years in informal care: Number of years worker has cared informally for e.g. family or friends.
Qualifications: English, IT, Care, Maths qualifications, Each set scored based on government qualification level (e.g. 1= none to 8 level 7).

P – Performance, JS – Job Satisfaction, TI – Turnover Intention, T – Turnover, A – Absence.
F1 – Performance factor 1 – Service User interaction, F2 - Performance factor 2 Competence, F3 - Performance factor 3 Passionate, F4 - Performance factor 4 Communication, F5 - Performance factor 5 Adaptability, F6 - Performance factor 6 Follows procedures and regulations, F7 - Performance factor 7 Disengaged, F8 - Performance factor 8 Teamwork

Demographic variable correlations and refinement

Based on the initial demographic variable-outcome correlations in table 6.24, a number of variables were removed from subsequent analyses as they showed no relationship with the DVs. Specifically these were Age, Tenure, and Years in informal care. It is surprising that tenure was found to have no significant correlation with any outcome variables, given that previous research has highlighted it to be influential in absenteeism (Baumgartel & Sobol, 1959; Dello Russo et al., 2013; Hill & Trist, 1955). Moreover, Butler et al. (2013) proposed older aged care workers had longer tenure, so it is somewhat surprising that it does not link to turnover or any dependent variable in any way in the present research.

The correlations in table 6.24 do support previous research. Firstly distance to work positively correlates to performance and turnover, supporting the previous research that proposed locality as key in care workers (Rubery et al. 2011; Skills for Care, 2013a). The positive correlation of distance to work with turnover supports the previous research that stated locality was important. The present finding suggests those travelling further both perform better and have higher turnover. It could be these workers both literally and figuratively go the extra mile and may be more ambitious in looking to progress their career. Distance also positively correlated to turnover intention. This poses some possible difficulties whereby those living further away may be at heightened risk of having intentions to leave. However it could perhaps be considered unfair to not consider a candidate based purely on their location. It does however highlight an aspect providers should be aware of and should look to develop prevention strategies around to aid those living further away. This may be through for example shift scheduling to help them.

Also in line with previous research (Rubery et al. 2011; Skills for Care, 2013a), experience of working in the formal care sector was found to correlate with performance. The correlations table here show formal care experience to correlate significantly with six of the performance facets. This indicates it is important for some, but not all, areas of performance. Finally

qualifications are considered important in care work (CQC, 2010). All four types of qualifications assessed here were significant for at least one dependent variable. However it is the relationship with performance that is most important. Care qualifications significantly correlated to improved performance outcomes, and six of the performance area facets. This supports the assertion of previous literature that stated skills relating to care as the most influential aspect when selecting care workers (Rubery et al. 2011; Skills for Care, 2013a). Maths qualifications were associated both with improved overall performance (and three facet areas) and lower turnover.

Other important associations indicate higher qualifications lead to the undesirable outcomes of absence and turnover. English qualifications significantly positively correlated to turnover intention, and IT qualifications positively related to absence. These positive correlations indicate that in fact in these cases lower qualifications relate to more desirable outcomes (lower turnover, lower turnover intentions and lower absence). These findings offer mixed support for Skills for Care (2015a) that proposed maths, English and IT qualification encompass functional skills, which are important in the role. Research indicated higher qualifications would mean workers chose to be in the role so would be less likely to leave or have intentions to (Maltarich et al., 2010). It could be those with lower qualifications have less alternative employment options and therefore care work is their best option. The main problem occurs whereby qualifications predict performance, but also turnover and turnover intention.

An interesting finding to note from the correlations table is the variation in the significant correlations between demographic variables and the facet areas of performance. The table indicates Factors one (service user interaction), two (competence), four (communication), six (follows procedures and regulations) and eight (teamwork) have a considerable amount of common demographic variables that correlate with them (e.g. position, years in formal care, distance to work, care qualification and maths qualifications). Whereas factor five

(adaptability) only has one significant correlation (position), and factor three (passionate) has no significant correlates. This indicates each facet area of performance may have its own set of characteristics that predicts it.

These findings clearly indicate that demographic factors relate differently to the range of outcome variables. There is no one-size-fit-all approach to selecting care workers. If the desire is high performance then from the demographic variables position, years in formal care, distance to work and care and maths qualifications are the important aspects. It indicates that there is potentially still a need to incorporate qualifications in the selection process and the consideration of the candidate's formal care experience and living distance from work (although contradictory to previous research evidence) is also influential. This is the first step in addressing research question two (identifying characteristics) and four (how to assess these). However before recommendations can be made their respective influence needs establishing during more in-depth analysis, and this is the aim of the regressions that follow.

Going forward the retained demographic variables were only applied as control variables to the dependent variables for which they are shown to have a significant correlation with (e.g. for overall performance: Position, Years in formal care, Distance to work, Care qualifications, Maths qualifications).

44 Table 6.25 Correlations between predictor model variables and effectiveness outcome measures.

	Mean	SD	P	F 1	F2	F3	F4	F5	F6	F7	F8	JS	TI	T	A
Extraversion	3.64	0.55	0.14*	0.12	0.11	0.20**	0.15*	0.13	0.07	0.08	0.15*	0.19**	-0.18**	-0.01	-0.01
Agreeableness	4.11	0.46	0.03	-0.03	0.00	0.12	0.05	0.11	-0.03	0.04	0.11	0.27**	-0.07	-0.07	0.09
Conscientiousness	4.05	0.47	0.15*	0.10	0.18*	0.20**	0.14*	0.14*	0.04	0.18**	0.10	0.12	-0.04	-0.01	-0.02
Neuroticism	2.45	0.63	-0.10	-0.10	-0.10	-0.19**	-0.04	-0.02	-0.02	-0.10	-0.12	-0.23**	0.26**	-0.05	0.08
Openness	3.45	0.53	0.02	-0.00	0.04	0.07	-0.06	0.07	0.01	-0.01	0.06	0.08	0.03	0.06	-0.03
Assertiveness	3.50	0.66	0.17*	0.15*	0.14*	0.19**	0.18**	0.13	0.11	0.10	0.16*	0.13*	-0.16*	-0.02	-0.00
Activity	3.80	0.69	0.06	0.04	0.04	0.18**	0.04	0.01	-0.01	0.06	0.09	0.25**	-0.16**	-0.03	-0.08
Altruism	4.20	0.54	0.03	-0.03	-0.01	0.11	0.07	0.08	-0.01	0.04	0.12	0.21**	0.02	-0.05	0.08
Compliance	3.97	0.57	0.09	0.06	0.06	0.15*	0.09	0.17*	-0.04	0.11	0.12	0.24**	-0.15*	-0.03	0.07
Order	3.93	0.75	0.18**	0.16*	0.19**	0.15*	0.16*	0.12	0.09	0.20**	0.09	0.04	-0.03	-0.04	-0.04
Self Discipline	4.19	0.48	0.11	0.03	0.12	0.18**	0.11	0.14*	0.01	0.15*	0.11	0.17**	-0.07	0.02	0.00
Anxiety	2.47	0.70	-0.13	-0.12	-0.14*	-0.20**	-0.06	-0.04	-0.07	-0.08	-0.14*	-0.20**	0.21**	-0.06	0.07
Depression	2.24	0.77	-0.07	-0.08	-0.04	-0.15*	-0.11	-0.02	0.04	-0.12	-0.11	-0.25**	0.25**	-0.05	0.08
Aesthetics	3.26	0.81	-0.04	-0.05	-0.02	0.02	-0.06	0.02	-0.04	-0.05	0.02	0.04	0.08	0.10	0.01
Ideas	3.65	0.61	0.01	-0.01	0.03	0.05	-0.08	0.06	0.00	-0.05	0.08	0.11	0.01	-0.01	-0.01
Empathy	4.22	0.51	-0.03	-0.06	-0.03	0.02	-0.03	0.03	-0.04	0.00	-0.01	0.20**	-0.03	0.07	0.02
Compassion	4.39	0.50	-0.01	-0.03	-0.02	0.02	0.01	0.01	-0.03	0.01	0.02	0.23**	-0.06	0.01	0.03
Benevolence	4.35	0.41	0.09	0.10	0.11	0.14*	0.04	0.06	0.03	-0.04	0.12	0.20**	-0.07	-0.02	0.11
Conformity	4.28	0.44	0.11	0.12	0.13	0.16*	0.09	0.07	0.02	0.01	0.13*	0.17**	-0.07	-0.02	0.06
Warmth	4.32	0.53	0.04	0.01	0.01	0.11	0.06	0.09	-0.33	0.08	0.05	0.35**	-0.14*	0.03	0.03
Nurturance	4.12	0.69	0.07	0.06	0.00	0.13	0.10	0.09	0.02	0.04	0.13	0.24**	-0.09	0.01	0.06
Calmness	4.16	0.59	0.06	0.06	0.02	0.12	0.03	0.02	0.02	0.07	0.12	0.08	-0.03	0.06	-0.01
Sociability	3.92	0.67	0.09	0.12	0.04	0.12	0.08	0.06	0.05	0.05	0.10	0.23**	-0.15*	-0.00	-0.02
Experience seeking	3.45	0.85	0.16*	0.16*	0.16*	0.12	0.10	0.06	0.15*	0.09	0.13	0.12	0.12	0.07	0.04
Ambition	3.72	0.54	0.01	0.01	-0.00	0.03	0.07	0.03	-0.04	-0.03	0.05	0.10	-0.00	-0.00	-0.05

** P= < 0.01 * P= < 0.05

N= P (and facets) 215, JS 253, TI 252, T 234, A 262.

P- Performance, JS- Job Satisfaction, TI – Turnover Intention, T – Turnover, A- Absence

F1 – Performance factor 1 Service User interaction, F2 - Performance factor 2 Competence, F3 - Performance factor 3 Passionate, F4 - Performance factor 4 Communication, F5 - Performance factor 5 Adaptability, F6 - Performance factor 6 Follows procedures and regulations, F7 - Performance factor 7 Disengaged, F8 - Performance factor 8 Teamwork

Predictor variable correlations and refinement

The correlations in table 6.25 suggests that several of the proposed predictor variables are significantly related to multiple dependent variables. For example in relation to overall performance it suggests recruiters may look for candidates high in conscientiousness, extraversion, assertiveness (extraversion facet), order (conscientiousness facet), and experience seeking. This is in line with previous research that demonstrates conscientiousness and extraversion to relate to performance (Ashton et al., 2002; Barrick & Mount, 1991; Mount, Barrick, & Strauss, 1994; Hurtz, & Donovan 2000; Ozer & Benet-Martinez, 2005; Tett & Burnett, 2003). Of those identified extraversion and assertiveness are also significantly related to job satisfaction and turnover intentions.

On the notion of the five variables significantly correlating to overall performance, it is important to note that these are also significantly associated to most of the facets of performance. Indeed of the eight facets there is little difference in the significant correlates beyond those identified for overall performance. The only variables to note beyond them are compliance, self discipline, anxiety, and conformity. These however often significantly correlate only to one or two of the areas of performance. Where the notable difference does exist however appears to be with factor three (passionate), which has 12 variables correlating to it. This is interesting given the demographic table above didn't identify any to correlate with it. It indicates this factor may have separate predicting characteristics compared to the other facet areas and overall performance.

An interesting finding is that of the significant correlates of job satisfaction, a considerable number of these also significantly correlate with turnover intention. Importantly however there is not one set of variables that is associated with all dependent variables. Suggesting bespoke modelling is required for the different outcome measures.

Moderator variable correlations and refinement

45 Table 6.26 Correlations between moderator model variables and effectiveness outcome measures.

	Mean	SD	P	F 1	F2	F3	F4	F5	F6	F7	F8	JS	TI	T	A
Commitment	3.23	0.46	-0.15*	-0.15*	-0.15*	0.05	-0.17*	-0.03	-0.25**	-0.14*	-0.02	0.37**	-0.41**	-0.05	-0.06
Identification	3.93	0.59	-0.00	0.01	-0.02	0.05	-0.03	0.05	-0.05	-0.05	0.11	0.26**	-0.14*	-0.03	-0.06
Environment fit	3.79	0.56	0.13^a	0.11	0.15*	0.22**	0.04	0.18**	0.03	-0.00	0.19**	0.40**	-0.30**	-0.07	-0.07
Organisational Justice	3.81	0.59	0.12	0.10	0.12	0.20**	0.07	0.15*	-0.01	0.09	0.17*	0.52**	-0.43**	0.04	-0.05
Satisfaction SU contact	3.14	0.82	0.14	0.08	0.11	0.16	0.12	0.06	0.14	0.09	0.20*	0.25**	-0.18*	N/A	-0.04

** P= < 0.01 * P= < 0.05

N = P (and facets) 213 (SU contact 155), JS 253 (SU contact 165), TI 253 (SU contact 164), T 201 (SU contact 161), A 239 (SU contact 160)

^{a} = Borderline significance at P = 0.06

N/A- Care worker has left the position and therefore isn't in the post and has not completed the survey at this time point

Glossary of terms:
Identification: Extent to which the care worker identifies and associates with the care home.
Environment fit: Extent the care worker feels they fit in the work environment. Summed from job fit, supervisor fit, group fit and organisation fit.
Organisational justice: Extent the care worker feels treatment and practices is fair within the care home.
Satisfaction with service user contact time: Extent the care worker is satisfied with the amount of time they get to spend with the service-users day-to-day.

P- Performance, JS- Job Satisfaction, TI – Turnover Intention, T – Turnover, A- Absence

F1 – Performance factor 1 – Service User interaction, F2 - Performance factor 2 Competence, F3 - Performance factor 3 Passionate, F4 - Performance factor 4 Communication, F5 - Performance factor 5 Adaptability, F6 - Performance factor 6 Follows procedures and regulations, F7 - Performance factor 7 Disengaged, F8 - Performance factor 8 Teamwork

The table above (6.26) shows all proposed moderators significantly relate to job satisfaction and turnover intentions. However they have little direct association with performance, with only commitment being significantly correlated and environment fit being borderline. When considering the facets of performance these contain more significant associations, indicating potential unique predictors. For example factor three especially as with the predictor variables in table 6.25 above contains a higher number of significant correlates. This suggests there to potential be a separate list of predictors to the other facet areas and overall performance. There are no significant correlates to absence and only one to actual turnover of the worker. These differential effects again align with the findings reported previously and will be further explored in subsequent analyses.

Summary of preliminary correlation findings to the outcome variables

The analyses have shown other than IT qualifications there is no association between any of the variables included within this research and absence. The consequence is it is unlikely any of the variables within this research will be found to be significant in predicting absence behaviour. Similarly, only distance to work, maths qualifications and turnover intention was shown to associate with turnover of a worker, indicating few variables if any may predict actual turnover. The analyses that follow will focus on uncovering the antecedents to and moderators on performance, job satisfaction, turnover intentions, turnover, and absence. So far the data analysis has indicated that different control variables are associated with different outcomes. The subsequent analyses will therefore use different sets of control variables accordingly.

The preliminary analyses have identified there is a considerable number of variables that significantly associate with both job satisfaction and turnover intentions. The result could be the development of three models; one relating to performance, a second relating to job satisfaction and turnover intentions, and a third relating to turnover. The implication could be three distinct models that can be utilised in recruitment and selection depending on if the aim

is to enhance performance, enhance job satisfaction and lower turnover intentions, or lower actual turnover. The analysis so far indicates recruiters may have to choose which outcome is more important to them.

Regression and moderation

The next step involved stepwise hierarchical multiple regressions. These were initially constructed by inputting the control variable(s) found to correlate significantly with the specific outcome variable at step one, followed by either the big five personality traits, or the facet level traits, values and career ambition at step two. This allowed the isolation of what each group of constructs contributes towards the explanatory variance in each outcome measure; starting with examining the broad measures of personality before separately the more precise measures.

Following this a separate regression was conducted with the wider organisational and attitudinal potential moderators in a predictive capacity. These regressions input the same demographic control variables found to have significant correlations at step one, followed by individually orientated attitudinal moderating variables at step two (commitment, identification, satisfaction with service user contact time), and finally organisationally orientated variables at step three (environment fit and organisational justice). This regression enabled an initial examination of the predictive utility of the moderating variables on the outcome variable of interest. This helped to identify which ones were significant.

Once this was done moderation analysis took place using the software package Process (Hayes, 2012). This involved examining the impacts of the moderating variables on the relationship between the antecedent variables found to be significant in the previous respective regressions and the outcome variable of interest. This demonstrated whether any of the moderators impacted on the antecedent-outcome relationship, and under what conditions the relationship is strengthened and weakened. The process described here was

undertaken for each of the outcome variables in turn. Below each area is discussed in the order of performance, job satisfaction, turnover intention, turnover, and absence.

6.4.3 Model of care worker effectiveness applied to Performance

This section explores the predictors of overall performance and factors that may impact on them. This is the key outcome variable from the perspective of the care home provider. Analysis was undertaken on overall performance and the performance facets. The models relating to the performance facets were found to be non-significant and therefore only the model of overall performance is reported here.
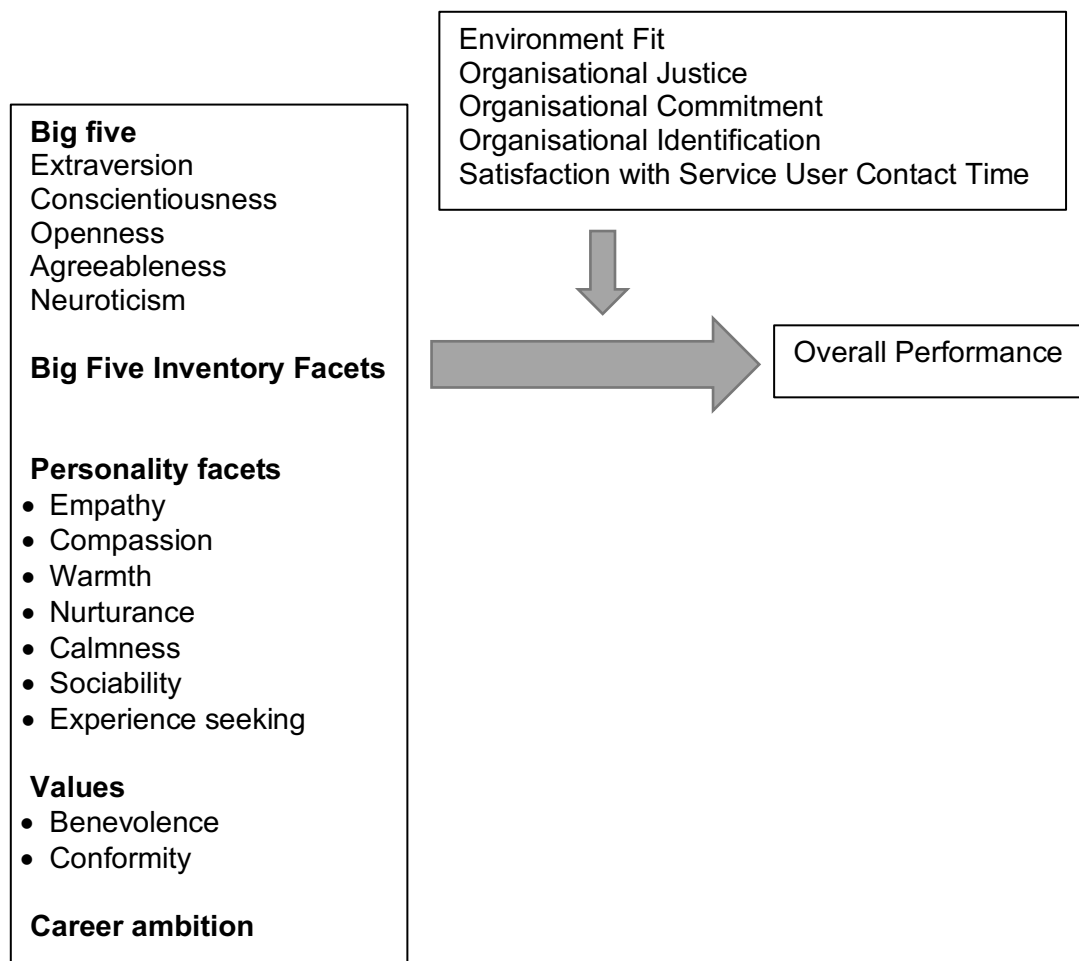
16 **Figure 6.5 Model of care worker effectiveness applied to performance**

6.4.3.1 Identification of key performance antecedents

Regression 1A and B: Analysis of the effects of predictor variables on performance

The first regressions contained the demographic variables as control variables that were shown to have significant correlations with overall performance (table 6.24), as well as all the predictor variables to be examined within the research (personality traits, facets, values and career ambition). This enabled identification of the influential variables. Both models were two-staged, entering at step one the control variables, and at step two either the broad five personality traits (1A), or the fine grained personality facets, values and career ambition (1B).

46 Table 6.27 Regression 1A Hierarchical multiple regression of demographic and big five predictor variables on overall performance.

Step	Variable (s)	β	β
1	Position	0.08	0.06
	Years in formal care	0.14	0.09
	Distance to work	0.10	0.16
	Care qualification	0.14	0.14
	Maths qualification	0.16	0.14
2	Extraversion		0.11
	Agreeableness		-0.04
	Conscientiousness		0.15
	Neuroticism		-0.04
	Openness		-0.01
R²		0.13	0.18
△R²		0.13***	0.05
Adjusted R²		0.10	0.12
Model F		4.36***	2.97**

N=149
*** P=<0.001, ** P=<0.01, * P=<0.05

Model 1A Description and interpretation overview

The regression model above accounted for 12% of variance in care worker performance. However only the first step produced a significant change in r-square. This means the model of care worker effectiveness utilising the broad traits is accounting for a relatively small amount of variance in care worker performance beyond the demographic factors. The broad personality variables had no significant role in producing to performance.

47 Table 6.28 Regression 1B Hierarchical multiple regression of demographic and facet level predictor variables on overall performance.

Step	Variable (s)	β	β
1	Position	0.08	0.07
	Years in formal care	0.14	0.11
	Distance to work	0.10	0.18
	Care qualification	0.14	0.10
	Maths qualification	0.16	0.14
2	Assertiveness		0.19
	Activity		-0.07
	Altruism		-0.07
	Compliance		0.14
	Order		0.13
	Self Discipline		0.06
	Anxiety		0.01
	Depression		0.00
	Aesthetics		0.04
	Ideas		-0.02
	Empathy		0.09
	Compassion		-0.21
	Benevolence		-0.04
	Conformity		0.09
	Warmth		-0.25
	Nurturance		0.18
	Calmness		0.12
	Sociability		0.12
	Experience Seeking		0.20*
	Ambition		-0.08
	R^2	0.13	0.29
	$\triangle R^2$	0.13***	0.16
	Adjusted R^2	0.10	0.14
	Model F	4.25***	1.96**

N= 149
*** $P=<0.001$, ** $P=<0.01$, * $P=<0.05$

Model 1B Description and interpretation overview

The regression model 1B accounted for 14% of adjusted variance in care worker performance. However again only the first step produced a significant change in r-square. This means when utilising the facet traits and values it also only accounts for a relatively small amount of variance in care worker performance beyond the demographic factors. However the table shows experience seeking to be significant.

Overall Description and interpretation of the predictor models of performance.

Experience seeking has been identified as the only significant variable in predicating care worker performance. Importantly, neither empathy, compassion nor altruism were found to

significantly predict performance, despite being traits that are proposed as important for care workers to possess (see chapter three). This is surprising given the importance the health and social care sectors place on these traits and the promotion of recruiting on the basis of them. A possible explanation could be an individual too high in these traits actually performs less effectively as they become too emotionally invested and involved and this in turn hampers their performance. This explanation is supported by Kinman and Leggetter (2016) and Ford (2014) who found displaying compassion and empathy is fundamental, but this emotional labour can cause wellbeing problems. This in turn can impact on performance.

The regressions also demonstrate that extraversion and conscientiousness are not influential in leading to effective performance, despite their initial significant correlations with overall performance. This regression driven finding is opposed to previous research (Barrick & Mount, 1991; Mount, Barrick, & Strauss, 1994; Hurtz, & Donovan 2000; Ozer & Benet-Martinez, 2005; Ashton et al., 2002; Tett & Burnett, 2003) which identified them as important in relation to performance. This coupled with the correlation matrix therefore provides mixed support as to the two traits importance.

The regression 1B model identifies the personality facet experience seeking (beta = 0.20, P<0.05) as significant in predicting performance. The interpretation of this is the variable experience seeking that was included based on the phase one interviews that stated the daily variety of the role was a key source of satisfaction, is also important in producing performance. This example demonstrates how the narrower facets of personality may be more beneficial to select on compared to the broad traits. This idea supports Hogan and Holland (2003) who stated identifying the specific traits a job role requires is important to enhance performance. When considering this in relation to the research questions, it begins to suggest specific traits that lead to effective performance and in doing so provides explanation as to why certain people are more effective in the care worker role than others (research question two). It also helps in addressing question four by starting to identify

measures to select workers on. In summary this first examination of the model of

effectiveness has identified the specific aspects from the predictor list of the model to utilise

in relation to recruiting and selecting candidates on. This is with respect to increasing the

likelihood of effective performance in the care worker role.

Big five
Extraversion
Conscientiousness

Personality facets
Experience seeking

Overall Performance

17 **Figure 6.6 Refined predictor model of performance based on correlation and regression significant variables.**

6.4.3.2 Analysis of attitudinal and wider organisational factors on performance

The next step involves identifying the role of moderating variables on performance. The

theoretical model identified a number of potential moderators which may affect predictions of

performance. The regression included at step one the same control variables as had been

identified as relevant in the previous performance regressions, then the possible moderators

were added at steps two and three. Moderators were entered in order of whether they were

individually orientated or organisationally orientated. This was done in order to distinguish

between the broader aspects relating to an organisation that the organisation can affect,

such as their policies and procedures (perception of organisational justice); and those which

are predominantly influenced by the care worker (e.g. personal satisfaction with amount of

service-user contact time) (see table 6.29). This led to the following model (Table 6.30).

48 Table 6.29 Individually and organisationally orientated moderators.

Individually orientated Internal attitudinal variables	Wider Organisationally orientated variables
Commitment	Environment fit
Organisational Identification	Organisational justice
Satisfaction with service user contact time	

49 Table 6.30 Hierarchical multiple regression of attitudinal and wider organisational variables impacts on performance

Step	Variables	β	β	β
1	Position	0.19	0.20	0.18
	Years formal	0.12	0.08	0.07
	Distance to work	0.18	0.17	0.18
	Care qualifications	-0.02	-0.03	0.00
	Maths qualifications	-0.02	-0.04	-0.07
2	Commitment		-0.09	-0.23
	Identification		-0.07	-0.12
	SU contact time satisfaction		0.06	-0.00
3	Environment Fit			0.27*
	Organisational Justice			0.07
R^2		0.10	0.12	0.19
$\triangle R^2$		0.10	0.02	0.07*
Adjusted R^2		0.06	0.05	0.10
Model F		2.22	1.66	2.20*

*** P=<0.001, ** P=<0.01, * P=<0.05
N=104

Description and interpretation

In relation to the model (figure 6.5), the findings in table 6.30 indicate only environment fit from the attitudinal and wider organisational factors is significant in leading to performance. This supports previous literature outlining environment fit to impact on performance (Kristof-Brown et al., 2005; Chuang, et al., 2016; Li & Hung, 2010; Hoffman and Woehr, 2006). It therefore proposes when selecting candidates consideration should be given to whether the candidate will fit in the current care home environment. This also fits with ASA theory (Schneider, 1987; 1978). It is also interesting that commitment has no significant impact given the significant correlation it had with performance. The moderator regression examined here therefore has demonstrated that wider variables are important to consider in relation to producing effective performance. This is in support of the research questions, but not to the extent as was predicted. This finding helps in addressing research question two, as it begins to show why certain people are more effective as care workers. In this case those who fit better in their environment are also deemed to perform better.

6.4.3.3 Moderators of performance

Following the establishment of the key antecedents to performance and the significant attitudinal and wider organisational variables involved in leading to performance, it is

necessary to examine the two parts of the model together and to conduct moderation analyses. Moderation analyses were undertaken in order to establish the conditions under which the antecedent variables are more or less likely to lead to effective performance.

Antecedents were selected due to either their significant beta levels in the above regression, or the broadness of the trait combined with their strong correlation with performance (correlation table 6.25). As outlined in the literature review (chapter three – section 3.10) each of the variables identified for inclusion within this model as moderators (figure 6.5) has been shown to be related to performance in previous literature. The only exception being satisfaction with service-user contact time which was included based on the study one interview results. As a result all attitudinal and organisational factors had their moderating effects examined on the selected antecedents of extraversion, conscientiousness, and experience seeking. Assertiveness and order were not included due to the combination of their narrow facet nature and non-significant beta in the above regression.

When these moderations were conducted the majority were found to be non-significant. For ease of interpretation only the significant moderations are reported here.

Individually orientated moderators
None of the individually orientated moderators were found to significantly moderate the antecedent-performance relationship for the three variables.

Organisational orientated moderators
The organisationally orientated moderating variables of environment fit and organisational justice were next examined. Environment fit relates to the fit of an individual within their environment. It is proposed that better fit leads to heightened performance and lower fit will lead to lower performance. Therefore it is expected to moderate the relationship between the trait antecedents identified and actual performance, whereby higher perceived environment fit will enhance performance and lower perceived fit will reduce performance. Organisational justice relates to the perception of fairness in policies and procedures of the care home. It is

expected that high perception of justice will lead to enhanced performance and low justice to

low performance and that this will moderate the trait antecedent to performance relationship,

whereby high justice will strengthen the relationship and low justice will weaken it.

50 Table 6.31 Effect of environment fit on the conscientiousness - performance relationship

Predictor	β	P	95% CI	
Conscientiousness	0.17	0.02	0.03	0.31
Environment fit	0.09	0.15	-0.03	0.21
Conscientiousness X Environment fit	-0.26	0.03	-0.50	-0.02
Slopes Test				
Low Environment fit	0.31	0.00	0.11	0.52
Average Environment fit	0.17	0.01	0.03	0.31
High Environment fit	0.02	0.80	-0.15	0.20

N = 213

The table above (6.31) demonstrates that the conscientiousness-environmental fit interaction

term is significant, and therefore that environment fit moderates the conscientiousness-

performance relationship. This is reiterated by the confidence interval values. A slopes test

and analysis helps to illustrate this interaction in more detail. The slopes test indicates that at

low levels of environment fit there is a significant relationship between conscientiousness

and performance and at average levels of environment fit there is again a positive and

significant relationship but to a lesser degree than low environment fit. Finally the table

shows that at high levels of environment fit despite the relationship remaining positive there

is not a significant relationship between conscientiousness and performance. The below

figure demonstrates this, and more detailed interpretation is presented below it.
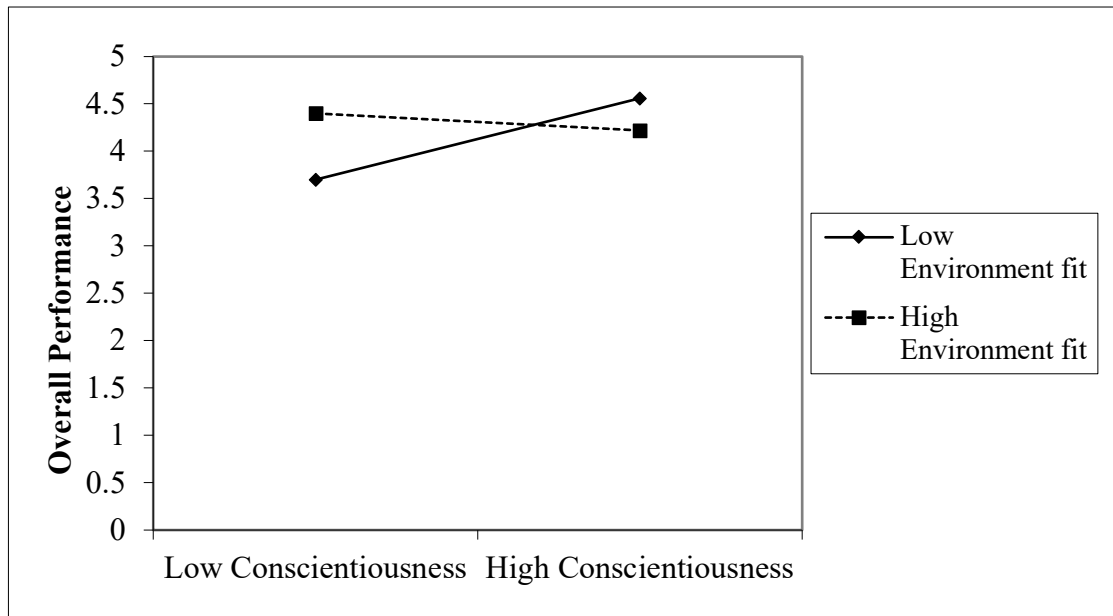
18 **Figure 6.7 Effect of environment fit on the conscientiousness - performance relationship**

The slopes in the figure above indicate that when a care worker perceives high environment fit their level of performance is not impacted significantly by the degree to which they are conscientious. This is reflected in the near horizontal level slope. On the contrary where the care worker perceives low environment fit the slope trajectory indicates that performance is higher where the individual is higher in conscientiousness. This indicates that care providers should look to enhance high environment fit in care workers. In doing so it can increase the likelihood of higher performance from workers irrespective of their level on conscientiousness. Environment fit buffers the effects of conscientiousness and the buffering of low conscientiousness is particularly important as high conscientiousness has regularly been established to link to higher performance (Barrick & Mount, 1991; Mount, Barrick, & Strauss, 1994; Hurtz, & Donovan 2000; Ozer & Benet-Martinez, 2005; Ashton et al., 2002; Tett & Burnett, 2003).

6.4.3.4 Performance summary– implications for recruitment and selection

The antecedent and potential moderating variables have been examined above in relation to the effectiveness outcome variable of performance. The most influential variables in predicting care worker performance were the distance the care worker had to travel to work

and the personality facet of experience seeking. Conscientiousness and extraversion were also shown to correlate significantly with performance.

It is however perhaps more important to consider the variables that were not significant but were expected to be in line with the previous research. Those of particular note are compassion and empathy, which are consistently identified as crucial to effective care workers (see chapter three). It seems it does not matter whether a person possess empathy and compassion naturally, as long as it is present in their performance. Indeed having workers too high in these traits may be counterproductive and reduce performance by workers becoming too emotionally invested and causing high emotional labour and burnout (Kinman & Leggetter, 2016; Ford, 2014). Moreover, the personality facet altruism along with the conceptually relevant benevolence and conformity values from Schwartz (2012) are also surprising omissions from being significant in leading to effective care worker performance.

The implication of this from a recruitment and selection perspective is that there are three key aspects to look at in candidates. This research indicates workers who are either conscientious and therefore pay attention to detail and work in an organised and dependable way, or are extraverted and outgoing and talkative, are more likely to perform effectively in the role. Moreover, the facet of experience seeking suggests individuals who prefer variety rather than repetitive tasks will perform better as a care worker. Beyond identifying the antecedent variables, the potential moderating influences were also examined. From a predictive perspective, environment fit was identified as a significant variable in producing effective performance. This indicates care workers with higher environmental fit are increasingly likely to produce effective performance. Following this moderation analysis was undertaken. This identified that conscientiousness was susceptible to moderation effects. The relationship between conscientiousness and performance was found to be moderated by the workers' perceived fit to their environment.

The implication of the moderation findings is that it is essential to consider factors beyond those candidates are selected on with respect to producing effective performance. Of particular importance is the need to consider and target the environment fit an individual perceives. This was identified to be significant in leading to effective performance and also in moderating the antecedent conscientiousness relationship to performance. This supports existing environment fit theory. Ways to enhance environment fit is through ASA theory (Schneider, 1987; 1978) whereby candidates can evaluate their fit to the provider and position prior to applying. Moreover, through ensuring thorough onboarding processes and holding team building exercises it will help enhance the fit of the individual to the environment. This will then help enhance performance.

**51 Table 6.32 Summary table of key antecedents, moderators and moderations on performance**

Key antecedents	Attitudinal and organisational factors (moderators)	Significant moderations
Extraversion	Environment fit	Conscientiousness X Environment Fit
Conscientiousness		
Experience seeking		

6.4.4 Model of care worker effectiveness applied to Job Satisfaction
The results section for the main longitudinal study has so far presented the results of the model of effectiveness in relation to the outcome performance. As was detailed in chapter three (section 3.1) this is arguably the predominant outcome of concern from the perspective of the care provider. However now the antecedents and moderators and moderating effects have been established for this it is necessary to consider the second primary outcome area of concern, job satisfaction. This is because job satisfaction is the most important outcome from the perspective of the care worker, the person who is performing and working this role day in day out, one can argue. The next section of the results that follows therefore explores the predictors of job satisfaction and in doing so builds this thesis' findings to a more inclusive level that considers not just the organisationally driven outputs, but also the

individually focused aspects that underpin care work and make adult social care possible. The same approach to analysis was taken as with the performance outcome area.
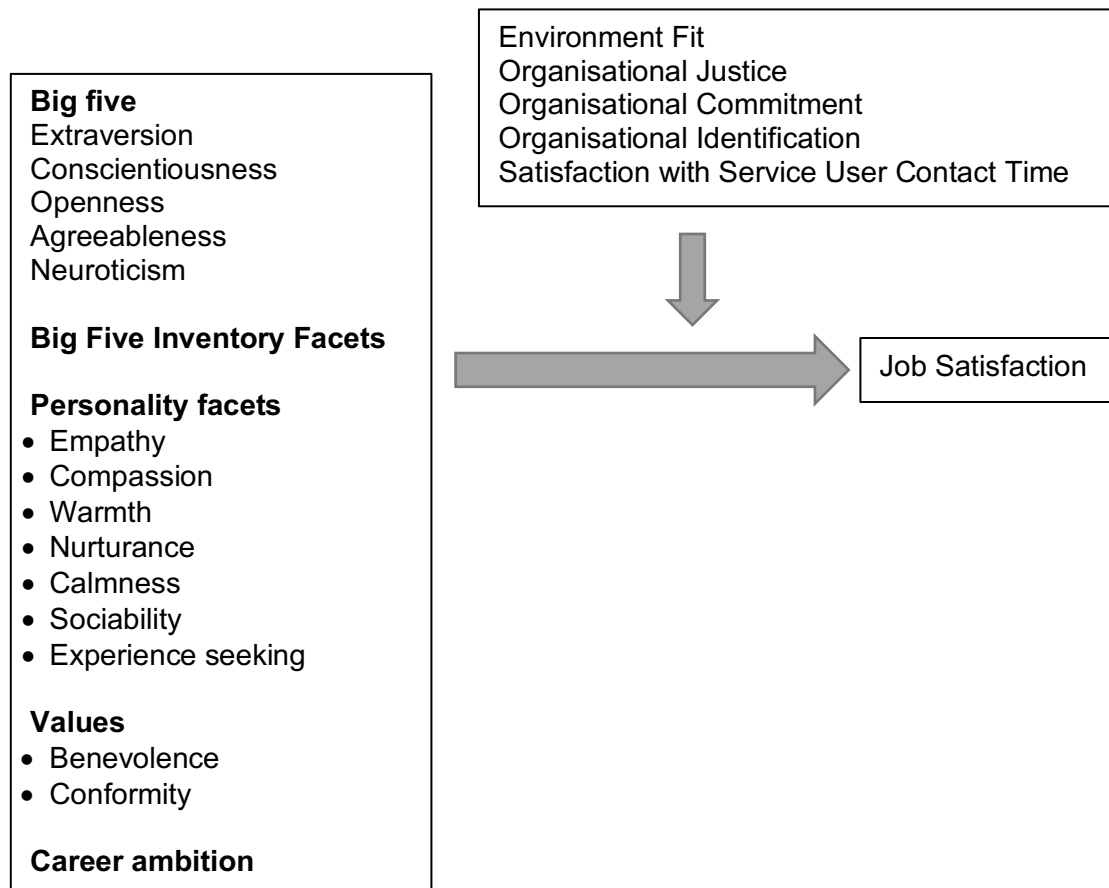
19 **Figure 6.8 Model of care worker effectiveness applied to Job Satisfaction**

The model of care worker effectiveness was next applied to examine its proposed effects in relation to job satisfaction. As detailed in the methods chapter an overall job satisfaction variable was created in order to provide a comparable dependent variable to overall performance. This involved taking the job satisfaction measure from the final data collection point for each wave (i.e. when the care worker's performance was assessed), with the predictor variables being measured at the first stage of data collection. Of course, the job satisfaction measure, unlike the performance measure, is necessarily self-report but therefore risks common method variance. However, the difference in the timepoints at which predictor and outcome variables were measured goes some way to alleviating this problem. The analytical approach mirrored that adopted for performance.

6.4.4.1 Identification of key job satisfaction antecedents

Regression 1A and 1B: Analysis of the effects of demographic and predictor variables on job satisfaction

52 **Table 6.33 Regression 1A Hierarchical multiple regression of demographic and big five predictor variables on job satisfaction.**

Step	Variable (s)	β	β
1	Gender	0.15*	0.13*
2	Extraversion		0.07
	Agreeableness		0.25**
	Conscientiousness		-0.17*
	Neuroticism		-0.19**
	Openness		0.02
R²		0.02	0.12
△R²		0.02*	0.10***
Adjusted R²		0.02	0.10
Model F		6.08*	5.81***

N=253

Model 1A Description and interpretation overview

The above table (6.33) demonstrates the model containing the big five predictor variables explained 10% of adjusted variance in care worker job satisfaction. Both steps provide significant increase in r-square statistic and the model F ratio also is significant at each step. The regression results indicate the significant contribution personality makes to the prediction of care worker job satisfaction. When interpreting this further agreeableness, conscientiousness, and neuroticism are the important big five traits to consider in relation to job satisfaction.

53 **Table 6.34 Regression 1B Hierarchical multiple regression of demographic and facet level predictor variables on job satisfaction.**

Step	Variable (s)	β	β
1	Gender	0.16*	0.06
2	Assertiveness		-0.05
	Activity		0.13
	Altruism		-0.01
	Compliance		0.12
	Order		-0.12
	Self Discipline		-0.01
	Anxiety		-0.03
	Depression		-0.13
	Aesthetics		-0.05

Ideas		0.02
Empathy		-0.08
Compassion		0.05
Benevolence		-0.04
Conformity		0.00
Warmth		0.33**
Nurturance		0.06
Calmness		-0.14*
Sociability		0.02
Experience Seeking		0.06
Ambition		0.03
R^2	0.02	0.22
$\triangle R^2$	0.02*	0.19***
Adjusted R^2	0.02	0.15
Model F	6.13*	3.03***

N= 253
*** P=<0.001, ** P=<0.01, * P=<0.05

Model 1B Description and interpretation overview

The facet model explains 15% of adjusted variance in care worker job satisfaction. It therefore explains more than the broad trait model above. Both steps in the regression provide significant increase in r-square statistic. The results indicate the facets warmth and calmness are significant in predicting care worker job satisfaction.

Overall Description and interpretation of the predictor models of job satisfaction.

Conscientiousness is shown to have a significant negative beta, indicating those low on conscientiousness are in turn more likely to be satisfied. One explanation could be that workers who concern themselves with working conscientiously find less satisfaction in this role that involves a lot of variety and unpredictable situations day-to-day, despite this trait meaning they perform the role well. Alternatively those workers who are lower in conscientiousness may be less susceptible to the worry and stress in the care worker role, resulting in greater satisfaction. The finding pertaining to conscientiousness is particularly interesting given that there was a positive association with performance (correlation table 6.25). Therefore if performance is the desire then conscientious individuals should be targeted in recruitment and selection drives, however based on the job satisfaction results they are less likely to be satisfied. This means recruiters are faced with a choice between an increased performing worker and a satisfied one.

When considering the significant facets, warmth has a significant positive beta with job satisfaction and calmness a negative beta. This indicates those care workers higher in warmth will be more satisfied in the role. This is perhaps to be expected given the care worker role involves high amounts of social contact with co-workers and service-users. With respect to calmness the negative beta indicates those who are less calm are more satisfied in the role. This finding is surprising and in contrast to what was expected given the facet was incorporated due to it relating to evenness of emotion expression and patience.

The explanation behind the significant relationships between personality traits and facets can be explained in line with trait activation theory (Tett and Burnett, 2003), whereby the regular activating of these traits in line with the role requirements causes enhanced job satisfaction to workers possessing those traits. In conclusion when relating these findings to the model under examination; it has identified the specific aspects to utilise in relation to recruiting and selecting candidates on. This is with respect to increasing the likelihood of increased job satisfaction in the care worker role. This has in turn helped in addressing research questions two and three.

Big five
Conscientiousness
Agreeableness
Neuroticism

Personality facets
Warmth
Calmness

Job Satisfaction

20 **Figure 6.9 Refined predictor model of job satisfaction**

6.4.4.2 Analysis of attitudinal and organisational factors on job satisfaction

Following identification of the key antecedent variables involved in leading to job satisfaction, it is next important to consider the role of the attitudinal and organisational moderators. When

consulting the correlation matrix (table 6.26) it demonstrates that although these variables had little impact on overall performance, they do have a significant association with job satisfaction. This is a notable contrast and one that suggests there to be a difference in the key predictors of performance and job satisfaction.

The variables to be analysed were collected at a mixture of timepoints. For those in the wave one, the wave containing three data collection points, the moderating data was collected at a separate timepoint to job satisfaction. For those in wave two, the two phase data collection, data was collected at the same point as job satisfaction. It is therefore important to consider common method variance may have an effect, although this is not the case on the whole sample. This analysis proceeded in line with the process adopted for the performance regressions above.

54 Table 6.35 Hierarchical multiple regression of attitudinal and organisational variables impacts on job satisfaction

Step	Variable (s) entered	β	β	β
1	Gender	0.26***	0.29***	0.24***
2	Commitment		0.28***	0.09
	Identification		0.11	0.06
	SU contact time satisfaction		0.20**	0.13
3	Environment Fit			0.17*
	Organisational Justice			0.30**
R²		0.07	0.24	0.35
△ R²		0.07***	0.17***	0.12***
Adjusted R²		0.06	0.22	0.33
Model F		11.82***	12.19***	14.23***

*** P=<0.001, ** P=<0.01, * P=<0.05
N=164

Description and interpretation

The attitudinal and organisational factors are shown to account for 33% of adjusted variance in care worker job satisfaction. All three steps in the regression provided highly significant r-square change values, demonstrating that individual and organisational orientated variables are cumulatively influential in care worker job satisfaction. This is contrary to performance where only one organisationally orientated variable (environment fit) was found to be

significant. This highlights that these wider aspects are important to consider in relation to what causes and effects care worker job satisfaction.

When interpreting these findings further, at the final step gender, environment fit and organisational justice had significant positive betas. This suggests workers who perceived better fit in their environment, and that practices and procedures are fair and just, are more satisfied. This supports both the arguments made in chapter three (section 3.10.1 – 3.10.2) expectations and previous research (McFarlin & Sweeney, 1992; Al-Zu'bi, 2010; Chuang et al. 2016; Colquitt et al., 2001; Verquer et al., 2003). Satisfaction with service-user contact time was significant at step two and this lends support to the phase one interviews that identified this as crucial in leading to job satisfaction and retention. It shows the developed measure and theme is important and valid and that research and care providers should utilise it going forward and maximise contact time workers have with service users.

6.4.4.3 Moderators of job satisfaction

The variables discussed above were then included in moderation analyses to establish the conditions under which conscientiousness, agreeableness, neuroticism, warmth and calmness are more or less likely to lead to care worker job satisfaction. Surprisingly, relatively few of these moderations were found to be significant. These results are reported below.

55 Table 6.36 Effect of organisational commitment on the neuroticism - job satisfaction relationship

Predictor	β	P	95% CI	
Neuroticism	-0.16	0.02	-0.30	-0.02
Commitment	0.49	0.00	0.34	0.65
Neuroticism X Commitment	-0.22	0.03	-0.43	-0.02
Slopes Test				
Low commitment	-0.06	0.45	-0.21	0.10
Average commitment	-0.16	0.02	-0.30	-0.02
High commitment	-0.27	0.00	-0.44	-0.09

N=252

The table above (6.36) indicates significant main effects of both neuroticism and commitment on job satisfaction, as well as a significant interaction term. Moreover the slopes test indicates that at low levels of commitment there is no significant effect of neuroticism on job satisfaction. However at average levels there is a negative and significant effect, and at high levels there is an even stronger negative and significant effect. The slopes analysis below (figure 6.10) demonstrates this moderation.
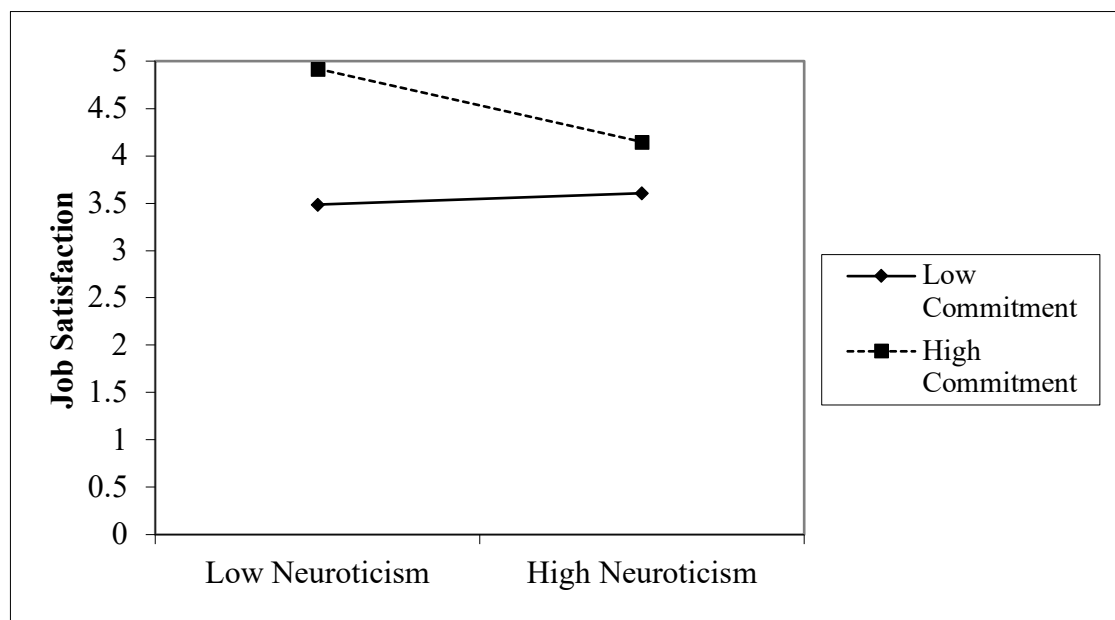
**21 Figure 6.10 Effect of organisational commitment on the neuroticism - job satisfaction relationship**

The figure above shows that when commitment is low the slope is near horizontal. This indicates that job satisfaction is not significantly impacted by the degree to which a worker is neurotic. On the contrary when commitment is higher there is a negative trajectory of the slope and this is significant in line with table 6.36. This shows that commitment significantly buffers the neuroticism-job satisfaction relationship. Based on this care providers should be aware that when workers are committed there is more potential for their personality trait of neuroticism to impact on their satisfaction. Whereas where commitment is low their level of neuroticism will have no significant impact on their job satisfaction.

56 Table 6.37 Effect of organisational justice on the warmth - job satisfaction relationship

Predictor	β	P	95% CI	
Warmth	0.28	0.00	0.16	0.40
Organisational justice	0.51	0.00	0.38	0.64
Warmth X Organisational Justice	-0.33	0.00	-0.54	-0.11
Slopes Test				
Low Organisational Justice	0.47	0.00	0.32	0.63
Average Organisational Justice	0.28	0.00	0.16	0.40
High Organisational Justice	0.09	0.37	-0.10	0.28

N= 252

Organisational justice was found to significantly moderate the warmth to job satisfaction relationship. The slopes test in table 6.37 demonstrates that when justice is low or average there is a significant effect of warmth on job satisfaction. Whereas when justice is high there is no significant effect of warmth. The slopes analysis in figure 6.11 below reiterates this. The slope for high justice is near horizontal and this means their level of job satisfaction is not impacted significantly by the degree to which an individual is warm. In contrast the low justice slope shows a positive trajectory. The implication from this output is that organisational justice buffers the warmth-job satisfaction relationship. The implication is providers should ensure fair policies and procedures.
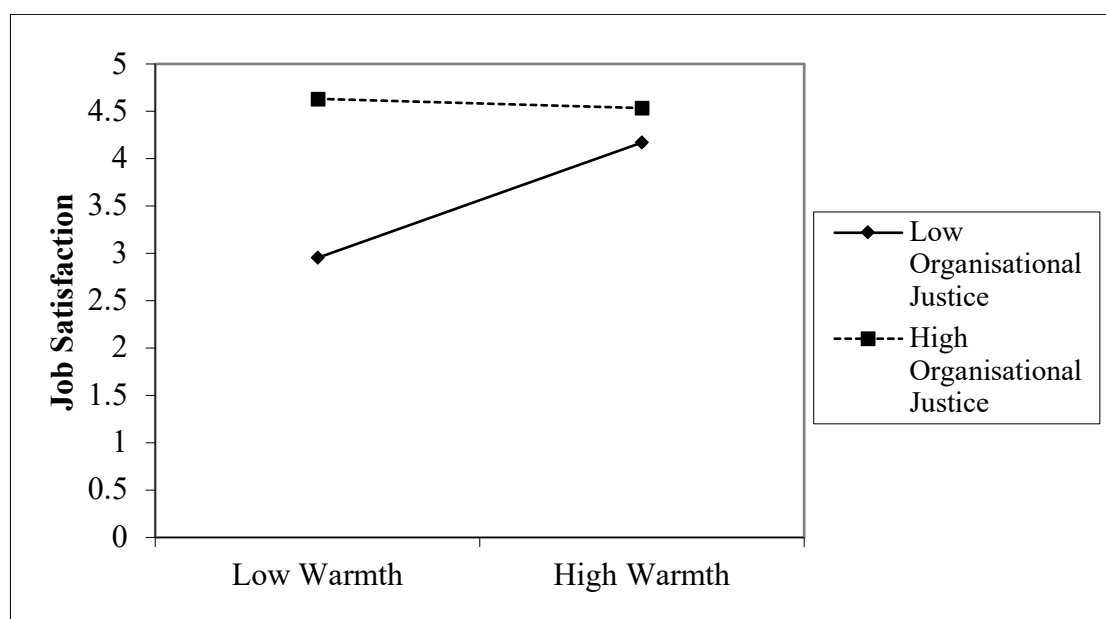
22 **Figure 6.11 Effect of organisational justice on the warmth - job satisfaction relationship**

6.4.4.4 Job Satisfaction summary – implications for recruitment and selection

Overall the most influential antecedent variables in relation to care worker job satisfaction have been found to be agreeableness, conscientiousness, neuroticism, warmth and calmness. These findings support the previous research that identified the importance of conscientiousness, neuroticism and agreeableness in relation to job satisfaction (Furnham et al., 2009; Organ & Lingl, 1995; Robson et al., 2010; Mount et al., 2006; Ozer & Benet-Martinez, 2005). Beyond this, the negative relation neuroticism was found to have supports Tokar and Subich (1997). This is unsurprising as a worker more prone to worry and anxiousness is less likely to be satisfied in a role entailing high responsibility and working with vulnerable people.

As with performance it is surprising that compassion, empathy and altruism – three traits proposed as key in the literature (chapter three) were not significant in leading to satisfaction. This could be explained as with performance whereby workers becoming too emotionally invested and this causes high emotional labour and hinders job satisfaction (Kinman & Leggetter, 2016; Ford, 2014). Moreover, the findings that extraversion was not significant in producing job satisfaction contradicts previous research evidence stating it to be important (Judge et al., 2002; Tokar & Subich 1997; Ozer & Benet-Martinez, 2005). This is most notable in a role requiring social interaction, whereby TAT (Tett and Burnett, 2003) would indicate satisfaction from regular trait activations. Additionally the value conformity was predicted to lead to satisfaction (Yahyagil, 2015) and the present research did not find this. Finally, the phase one interviews highlighted that career ambition and wanting to progress was a key reason for dissatisfaction and leaving. Therefore it was anticipated ambition should negatively relate to care worker satisfaction, however it had no effect at all.

The implication of this from a recruitment and selection perspective is that this research has identified five key aspects to consider. Firstly workers who are either low on conscientiousness and are less detailed and methodical in their work, or high in

agreeableness and therefore warm and trusting, or low on neuroticism and therefore emotionally stable, are increasingly likely to be satisfied in the role. In addition the facets of high warmth and lower calmness have been identified as influential. The warmth finding, as with agreeableness, demonstrates individuals who are warm with others are more satisfied in the care worker role.

Following this the predictive utility of the individual attitudinal and wider organisational factors was considered and this revealed commitment, satisfaction with the amount of contact time with service-users, organisational justice and environment fit to be significant in predicting the job satisfaction of care workers. The implication of this is there are numerous wider factors that influence job satisfaction beyond an individual's characteristics and traits – some of which can be directly influenced by providers (e.g. organisational justice). Moderation analyses identified that neuroticism and warmth are traits susceptible to moderation effects. Neuroticism was moderated by commitment, and warmth was moderated by organisational justice. This indicates commitment to the care provider, and the provider being fair and just, have impacts on the level of care worker job satisfaction.

The implication of the moderation findings is that it is essential to consider factors beyond those that candidates are selected on with respect to producing job satisfaction in the role. The antecedents identified help address research question two and three through identifying the characteristics to recruit and select candidates on. It also starts to identify the methods to use when selecting candidates through validating the scale measures used (research question four). The moderating variables take this further and consider the conditions that enhance and inhibit the relationship between the antecedents and satisfaction. This helps to ensure the conditions are optimised to enhance satisfaction once the worker is in the role. Some of these are directly under the home and provider's influence (e.g. organisational justice) and therefore these findings help inform providers going forward.

57 Table 6.38 Summary of key antecedents, moderators and moderations on job satisfaction

Key antecedents	Attitudinal and organisational factors	Significant moderations
Conscientiousness	Commitment	Neuroticism X Commitment
Agreeableness	Satisfaction with service user contact time	Warmth X Organisational Justice
Neuroticism	Organisational Justice	
Warmth	Environment Fit	
Calmness		

58 Table 6.39 Reminder of influential variables in performance

Key antecedents	Attitudinal and organisational factors	Significant moderations
Extraversion	Environment Fit	Conscientiousness X Environment Fit
Conscientiousness		
Experience seeking		

6.4.4.5 Comparison of job performance and job satisfaction key variables

Following the analyses on the outcome variables of job performance and job satisfaction it is noticeable that the traits and variables being identified as significant in leading to job satisfaction are different from those identified in relation to performance. Moreover, there was only one common moderating variable to both dependent variables – environment fit. This demonstrates that the extent a care worker feels they fit within their environment impacts on both their levels of performance and job satisfaction. This is therefore a vital component to consider. It is also particularly important as it is something that care providers can help affect and shape. Providers can be proactive in enhancing environment fit in line with theories such as ASA theory (Schneider, 1987;1978); whereby the values and culture of the care provider is made clear at the outset in order for candidates to assess their potential fit prior to applying and during selection. However, despite this moderating variable being significant in predicting both performance and job satisfaction, it was only significant in a moderating capacity with respect to performance. This demonstrates that the wider aspects involved in

prediction and moderation will also require bespoke attention and focus depending on the desired outcome variable that the care home or provider is wishing to achieve.

In summary, it is apparent that from a recruitment and selection perspective there is no one set of traits or characteristics that will result in both high performance and satisfied workers. It may be that recruiters need to recognise this difference. This is further demonstrated with conscientiousness being the only trait associated to both outcomes. However, this has a significant difference of performance associating to high conscientiousness and satisfaction low conscientiousness. This again shows the differences in trait requirements for the two outcomes. This demonstrates the complexity in answering research question two; and in turn three and four due to the likely differing recruitment and selection methods required. Thus, depending on what the outcome variable of interest is, it will influence the bespoke recruitment and selection model that will need developing to address the issue.

The research so far has identified the key variables involved in predicting and influencing care worker job performance and job satisfaction. This has provided an inventory of aspects to consider in the recruitment and selection of care workers going forward. It has also provided mixed support for the previous literature. The findings so far help in addressing research question two with respect to answering why people with certain characteristics are more effective in the care worker role than others. In doing so it has validated the measures used to assess these characteristics, and in turn helped address research questions three and four. It is next necessary to also identify the key variables involved in the remaining areas of turnover intention, turnover and absence. This will follow the same structure as has been applied to the performance and satisfaction areas.

6.4.5 Model of care worker effectiveness applied to Turnover Intention

The model of care worker effectiveness has so far been applied and examined to the two primary outcome areas of interest in the present research, namely performance and job satisfaction. As outlined in chapter three these two areas are arguably the two key outcomes from a provider perspective and care worker perspective respectively. Now that the primary outcomes have been examined it is next necessary to consider the remaining outcome areas of interest to the present research. This firstly will comprise examination of the outcome area turnover intention and related area of turnover before finally examining absence.

Turnover intentions is a key outcome variable from the perspective of the care provider and social care sector. Addressing turnover intention may serve to limit subsequent turnover, so identifying the drivers of turnover intention is important to prevent future damage.

Big five
Extraversion
Conscientiousness
Openness
Agreeableness
Neuroticism

Big Five Inventory Facets

Personality facets
- Empathy
- Compassion
- Warmth
- Nurturance
- Calmness
- Sociability
- Experience seeking

Values
- Benevolence
- Conformity

Career ambition

Environment Fit
Organisational Justice
Organisational Commitment
Organisational Identification
Satisfaction with Service User Contact Time

Turnover intention

23 Figure 6.12 Model of care worker effectiveness applied to Turnover intention

6.4.5.1 Identification of key turnover intention antecedents

The first regressions input gender and English qualifications as demographic control

variables (as indicated from the initial correlations matrices), followed by the antecedent

variables to be examined.

59 Table 6.40 Regression 1A Hierarchical multiple regression of demographic and big five predictor variables on turnover intention.

Step	Variable (s)	β	β
1	Gender	-0.16*	-0.16*
	English Qualifications	0.16*	0.15*
2	Extraversion		-0.11
	Agreeableness		-0.03
	Conscientiousness		0.15
	Neuroticism		0.30***
	Openness		0.12
R²		0.05	0.15
△R²		0.05**	0.10***
Adjusted R²		0.04	0.12
Model F		5.07**	4.64***

N=195
*** P=<0.001, ** P=<0.01, * P=<0.05

Model 1A Description and interpretation overview

Table 6.40 shows the model to account for 12% of adjusted variance in turnover intentions.

The model therefore accounts for a relatively small amount of variance. The addition of the

big five traits at step two significantly increased the variance accounted for with neuroticism

being significant. The positive beta of neuroticism indicates workers who are anxious and

neurotic are increasingly likely to have intentions to leave.

60 Table 6.41 Regression 1B Hierarchical multiple regression of demographic and facet level predictor variables on turnover intention.

Step	Variable (s)	β	β
1	Gender	-0.16*	-0.10
	English Qualifications	0.15*	0.20**
2	Assertiveness		-0.17
	Activity		-0.10
	Altruism		0.29**
	Compliance		-0.19*
	Order		0.09
	Self Discipline		-0.02
	Anxiety		0.12
	Depression		0.17
	Aesthetics		0.08

Ideas		0.02
Empathy		0.04
Compassion		-0.06
Benevolence		-0.12
Conformity		0.05
Warmth		0.04
Nurturance		-0.10
Calmness		0.09
Sociability		-0.05
Experience Seeking		0.12
Ambition		0.07
R^2	0.05	0.24
$\triangle R^2$	0.05**	0.18**
Adjusted R^2	0.04	0.14
Model F	5.15**	2.39***

N=195
*** P=<0.001, ** P=<0.01, * P=<0.05

Model 1B Description and interpretation overview

The facet model accounted for 14% of adjusted variance in turnover intentions. The model

therefore again accounts for a relatively small amount of variance. The addition of the facets

at step two significantly increased the variance accounted for. Altruism and compliance were

significant in the final step.

Overall Description and interpretation of the predictor models of turnover intention.

Overall only neuroticism, altruism, compliance and their initial English qualification seem to

be systematically influential in contributing to workers intending to leave. This is both

surprising and disappointing. The altruism finding is especially surprising given the positive

beta. One explanation may be that those high in the trait need to display it in their work. This

is because personality trait expression is a crucial part of human nature, and preventing it

can cause negative feeling (Bakan, 1966; Cote & Moskowitz, 1998). In a time pressured role

such as the care worker position it may be that the worker does not have time to fully activate

and display this trait to the extent they may desire. This may in turn be leading to turnover

intentions.

The results indicate that there is little at a recruitment stage that might enable the prediction of longer tenured employees. It is important to next consider the impacts the attitudinal and wider organisational variables have in a predictive capacity, in order to ascertain if they can account for explanations in care worker turnover intentions.

24 Figure 6.13 Refined predictor model of Turnover intention

6.4.5.2 Analysis of attitudinal and organisational factors on turnover intention

61 Table 6.42 Hierarchical multiple regression of attitudinal and organisational variables impacts on turnover intention

Step	Variable (s) entered	β	β	β
1	Gender	-0.10	-0.13	-0.07
	English qualifications	0.19*	0.11	0.12
2	Commitment		-0.41***	-0.28**
	Identification		0.08	0.09
	SU contact time satisfaction		-0.12	-0.04
3	Environment Fit			-0.03
	Organisational Justice			-0.28**
R²		0.05	0.21	0.27
△ R²		0.05*	0.16***	0.06**
Adjusted R²		0.04	0.18	0.23
Model F		3.18*	6.16***	6.15***

*** P=<0.001, ** P=<0.01, * P=<0.05
N= 123

Table 6.42 shows the attitudinal and organisational moderating variables explained a significant amount of variance relating to turnover intention in care workers. This is important as the antecedent model offered little explanatory variance, and only neuroticism, altruism and compliance were found to be significant from the antecedent variables. The present regression accounted for an adjusted 23% of variance with all steps providing significant change in explanatory variance. Commitment and organisational justice are shown to be significant variables. These variables' betas are negative and this indicates that an individual with low commitment or that perceives low organisational justice, will in turn have higher

turnover intentions. This has therefore identified two key variables in predicting turnover intentions in care workers. Neither of these variables were found to moderate the relationship between the significant antecedents and turnover intentions.

The lack of findings relating to personality linking to turnover intention is surprising given the previous research that found conscientiousness and openness to associate with turnover intention (Barrick & Mount, 1991; Salgado, 2002). However the neuroticism finding does support previous research (Barrick & Mount, 1991; Zimmerman, 2008). With respect to the moderating variables the influential role of organisational justice supports previous research (Colquitt et al., 2001). However previous research also indicated environment fit was important (Chaung et al., 2016; Verquer et al., 2003) and the present research did not replicate this. Finally, based on the interviews undertaken in study one it was expected that career ambition would associate significantly with turnover intentions, however this was not found within this research. This poses the question of how important career ambition is, or whether the measure used to assess it within this research is capturing it accurately. Future research could examine this in more depth.

6.4.5.3 Turnover intention summary – implications for recruitment and selection
These findings have implications for the care provider and future recruitment and selection of care workers. The results indicate that candidates with high levels of neuroticism and altruism or low compliance are increasingly likely to have turnover intentions. This helps identify traits to potentially avoid when selecting candidates. Furthermore the analysis has identified that those workers with lower commitment to the provider and who consider that the organisation has unfair and unjust practices are increasingly likely to have turnover intentions. This finding can help in recommending to providers to survey workers and have open discussions regarding policies and practices, as if the buy-in is low then there is a risk of turnover intentions amongst workers. Moreover, this may also help identify causes of dissatisfaction workers may have. The implication of these findings is there are actions and

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practices employers need to consider implementing with workers that they bring in. This is

with respect to impacting on turnover intention. This is because it appears the case that it is

primarily provider practices that are influential here rather than it being something they can

address solely through recruitment practices.

Overall the fundamental finding is that turnover intentions are predominantly a result of

provider and home factors, not as a result of personality traits, facets and values. However,

due to the lack of antecedents relating to the individual it subsequently makes recruitment

and selection a challenge. Therefore it is hard to answer research questions two, three and

four from the perspective of what leads to turnover intention and how these factors can be

assessed and the methods to use to do so. Instead based on this research it appears

workers move on when they feel like it and as a result of provider practices, and not due to

individual attributes. One other consideration is that factors are leading to turnover intention

beyond those captured within this research.

62 Table 6.43 Summary of the significant antecedents and moderators on care worker turnover intentions

Key antecedents	Key moderators
Neuroticism	Commitment
Altruism	Organisational justice
Compliance	

63 Table 6.44 Reminder of performance and job satisfaction key antecedents, moderators, and moderations

Key antecedents	Attitudinal and organisational factors	Significant moderations
Performance		
Extraversion	Environment Fit	Conscientiousness X Environment Fit
Conscientiousness		
Experience seeking		
Job satisfaction		
Conscientiousness	Commitment	Neuroticism X Commitment
Agreeableness	Satisfaction with service user contact time	Warmth X Organisational Justice

Neuroticism	Organisational Justice
Warmth	Environment Fit
Calmness	

6.4.5.4 Comparison of Turnover intention with Job performance and Job satisfaction key variables

When comparing the significant variables identified concerning turnover intentions to those identified in relation to job performance and job satisfaction, neuroticism, commitment and organisational justice are common variables. Neuroticism has been shown to be significant in relation to job satisfaction although it negatively relates with satisfaction and positively relates to turnover intention. This indicates the dual role this trait has whereby high levels lead to the undesirable association to turnover intention and low levels relate favourably to job satisfaction. On the notion of personality there are certain traits that are seemingly key across the effectiveness areas. These are neuroticism, conscientiousness, and to a lesser extent extraversion. It is also notable that it is the broad personality traits that can provide dual influences rather than the facets. This can be explained in line with Hogan and Holland (2003) who stated to maximise the predictive utility of personality traits facets are important to consider dependent on the type of performance required. Therefore it carries that facets will only be significant for specific effectiveness outcomes and not applicable to multiple areas as each require different find grained traits.

With respect to attitudinal and organisational factors, environment fit, organisational commitment and organisational justice appear the key three wider factors. Commitment is shown to be significant in leading to turnover intentions, and also in relation to job satisfaction. Commitment has a positive association to job satisfaction, in contrast to turnover intention where it has a negative association. The interpretation of this is similar to neuroticism. Providers need to ensure care workers are committed, in doing so they will increase the likelihood of having workers who possess the dual benefit of lower turnover

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intentions and enhanced job satisfaction. Beyond this organisational justice is common to turnover intentions as well as to job satisfaction. As with commitment organisational justice is positively associated to job satisfaction and negatively to turnover intentions. The interpretation of this is the provider must ensure the care home is a fair and just place, in doing so care workers will have the dual advantage of lower turnover intentions and enhanced satisfaction. One way to achieve this could be to have care workers input into the policies and procedures and to consult with them.

This comparison demonstrates the studies answering of research questions two and three and helps in form question four.

6.4.6 Model of care worker effectiveness applied to Turnover
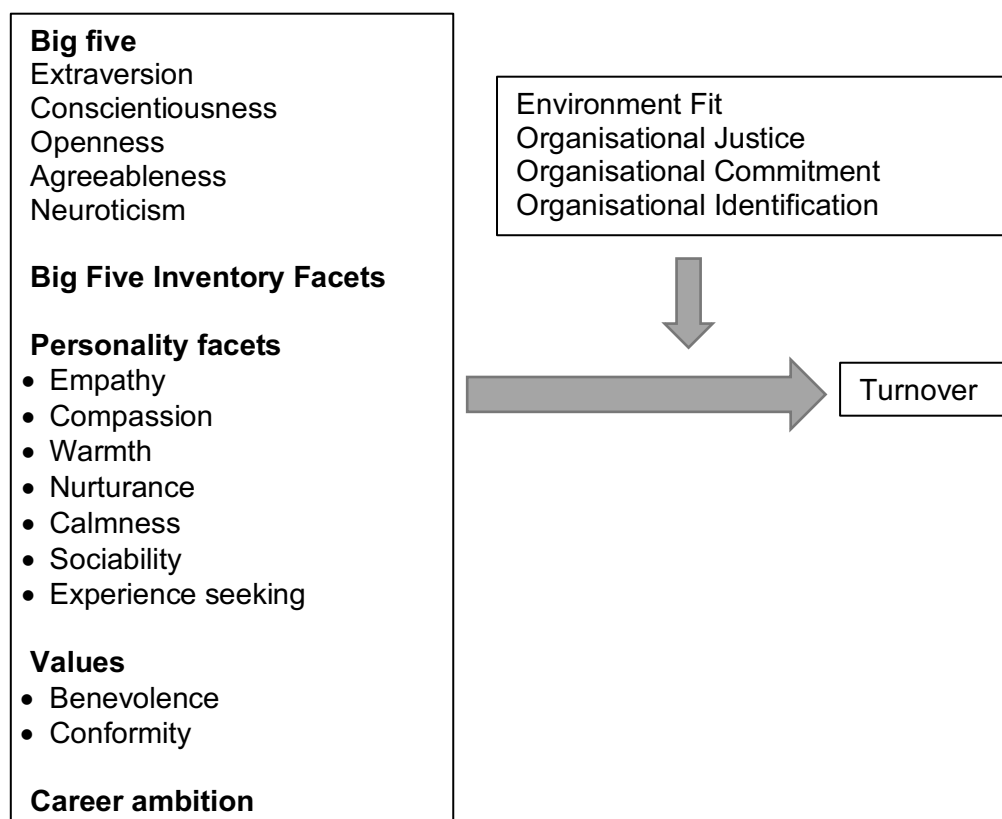
25 Figure 6.14 Model of care worker effectiveness applied to Turnover

The actual turnover of care workers is a further area that requires examination. Due to the dependent variable turnover being assessed on a dichotomous scale it was necessary to conduct a binary logistic regression to assess the impacts of the model variables. The regression used the same entry steps as with the previous models, looking at the antecedents first before examining the attitudinal and wider organisational factors. The regressions demonstrated that none of the model variables was significant in predicting turnover behaviour.

This finding is surprising and implies that there is little that allows the provider to predict turnover. Alternatively factors beyond the scope of this research drive turnover and therefore it is a measurement and scope issue. For example wider organisational factors such as paperwork, unpredictable and unsocial working hours, being under staffed, and poor pay were proposed by previous research to be influential in dissatisfaction and turnover decisions (Rubery et al., 2011; Skills for Care (TNS) 2007; Cunningham 2005), and these were not included within this research. It could be these are especially influential and future research could examine this in more detail.

The present research included variables informed from the one-to-one interviews that identified specific reasons for turnover, such as career ambition. Despite doing so the present research did not establish a link between ambition and actual turnover of the worker. Therefore, this is either a result of it not being an important factor when placed in the wider context of the job role; or the measure opted for to represent this construct (protean career) is not capturing it effectively. In explanation care workers may leave to do the same role elsewhere and consider this progressing their career. Another reason may be that workers may move to a provider offering the chance to progress their careers and offer more training opportunities. These are in contrast to the protean career interpretation that relates to the individual taking control of their career and personal development. So therefore it may be that workers are not taking control of their personal development, but instead are looking for

a provider that will offer opportunities. This still relates to ambition, but aspects not captured within this research. This presents an avenue for future research.

When considering the lack of findings in the context of what was expected based on the previous research there a several key findings. Firstly, in the context of the present research the two values included (conformity and benevolence) were not shown to have a significant predictive ability in relation to turnover. Therefore this indicates that selecting on core values (irrespective of care home) on the premise that an individual will be less likely to leave is not possible. It therefore may be that values can only be used in line with value congruence as detailed by previous research (Spokane, Meir, & Catalano, 2000; Tranberg, Slane, & Ekeberg, 1993). In the context of personality emotional stability (low neuroticism), conscientiousness, openness and agreeableness had all been established to associate with turnover (Barrick and Mount, 1991; Salgado, 2002; Zimmerman, 2008; Robson et al, 2010). Moreover, introverted and empathetic individuals were also found to associate with lower turnover (Cavendish, 2013). However this was not replicated in the present research and is an important and surprising finding. The implication is factors beyond this research may drive turnover, or no overwhelming factor does.

When considering wider factors, organisational justice was expected to link to turnover based on previous findings (Colquitt et al., 2001; Hom et al., 1984; Dailey & kirk, 1992; Masterson, Lewis et al., 2000). The lack of significance in the present study is therefore important to consider. It could be this leads to dissatisfaction but not to actual turnover and it is an aspect a worker will put up with in the role. Finally environment fit had previously been shown to link to turnover (Chuang, et al., 2016; Wang et al., 2011; Cable & DeRue, 2002; McCulloch & Turban, 2007) and this is another notable omission regarding predicting and explaining turnover. Overall these results offer mixed evidence for research question five. Where study one offered explanation and specific reasons driving attrition within the sector, this quantitative examination failed to triangulate the findings. This demonstrates the advantage

of the overall research position that enabled qualitative methodology to be applied to uncover findings that the quantitative study could not. This will be discussed more in the discussion that follows in chapter seven.

6.4.7 Model of care worker effectiveness applied to Absence

The final area the model of care worker effectiveness will be applied to is the outcome area of absence.

Big five
Extraversion
Conscientiousness
Openness
Agreeableness
Neuroticism

Big Five Inventory Facets

Personality facets
- Empathy
- Compassion
- Warmth
- Nurturance
- Calmness
- Sociability
- Experience seeking

Values
- Benevolence
- Conformity

Career ambition

Environment Fit
Organisational Justice
Organisational Commitment
Organisational Identification
Satisfaction with Service User Contact Time

Absence

26 Figure 6.15 Model of care worker effectiveness applied to Absence

Initial regressions were conducted on the effectiveness area absence in line with the structure implemented above. However as with turnover the regressions showed the model and the variables within it to be non-significant in predicting absence behaviour. This included the regression containing attitudinal and wider organisational factors. As a result of

the findings pertaining to absence, no further analysis was undertaken. However, it is important to consider this absence of relationship.

One explanation may be that potentially there is no overwhelming sole predictor of absence and instead it is a result of workers being absent for a variety of reasons. An alternative explanation pertains to it being factors beyond the scope of this research that are causing absence and therefore it is a measurement and scope issue. However the present research incorporated factors based on the previous literature demonstrating their importance or proposing their importance. Research had specifically linked the traits of conscientiousness, extraversion and neuroticism to absence (Bernardin, 1977; Cooper & Payne, 1965; Conte & Jacobs, 1999; Furnham & Miller, 1997; Hattrup et al., 1998; Judge et al., 1997; Spirling & Persaud, 2003). Moreover introverted and empathetic individuals have also been identified as being less absent (Cavendish, 2013). Therefore the present research contradicts these findings, although it supports Salgado (2002) who also failed to establish a link. The lack of findings is interesting and unexpected. It suggests that future research examining the causes of absence in care workers might profitably explore alternative explanations.

Organisational justice has also been identified as influential in absence whereby inequality and low justice links to higher absence (Elovainio et al., 2003; Geurts et al., 1994; Schwarzwald et al., 1992; van Dierendonck et al., 1998; van Yperen et al., 1996). Again the lack of significance in the present study is therefore surprising and indicates the level of justice one experiences does not significantly (in relation to the care worker role) impact on their absence from work. Finally it is important to note that the level of environment fit one experiences had no significant impact on the absence of a worker. Given the important role environment fit has been shown to have in this research in the context of performance and job satisfaction, it's absence here is notable. This is more notable given previous research establishes links to other withdrawal behaviours such as turnover intention (Verquer et al., 2003; Chuang et al., 2016). In relation to the research questions, the lack of findings helps to

address research question two through establishing the variables within the model do not relate to the effectiveness area absence and therefore questions three and four cannot be answered with respect to absence.

6.4.8 Study three summary

The findings from the main longitudinal study have shown that the influential antecedents and moderating variables vary depending upon the outcome of interest. The three figures below demonstrate this and provide an overview of the main findings from this final research study.

Three refined significant predictive models
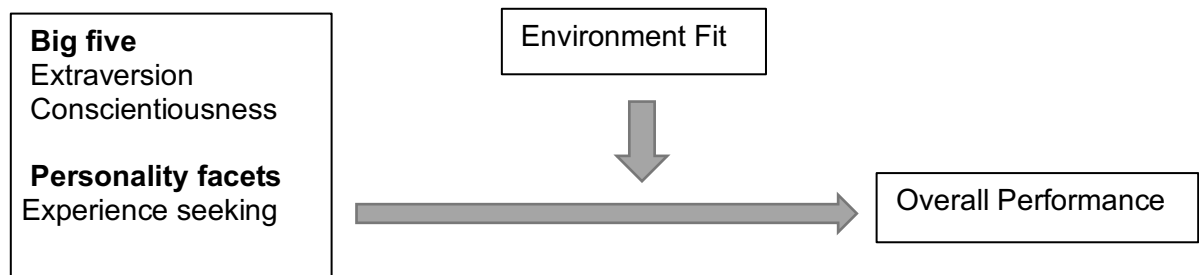
27 **Figure 6.16 Refined model of care worker Performance**
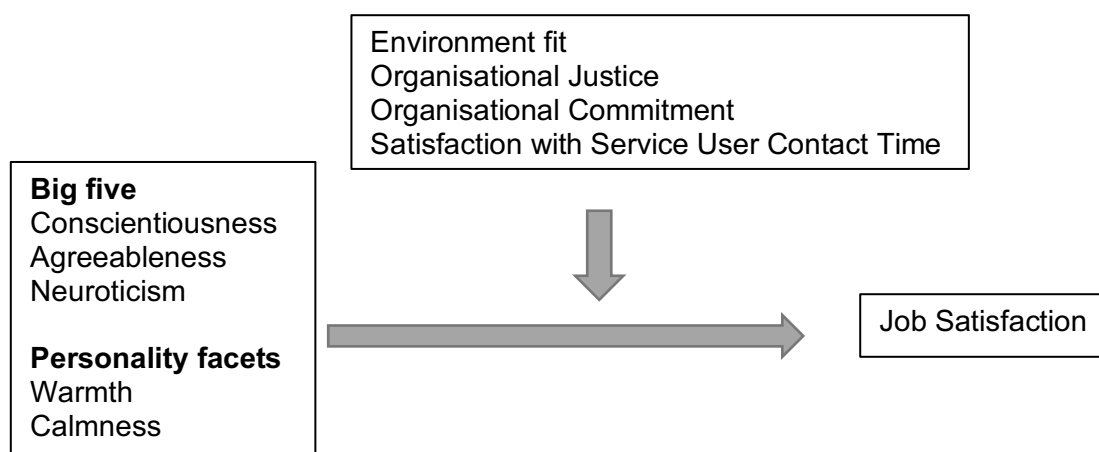
28 **Figure 6.17 Refined model of care worker Job Satisfaction**
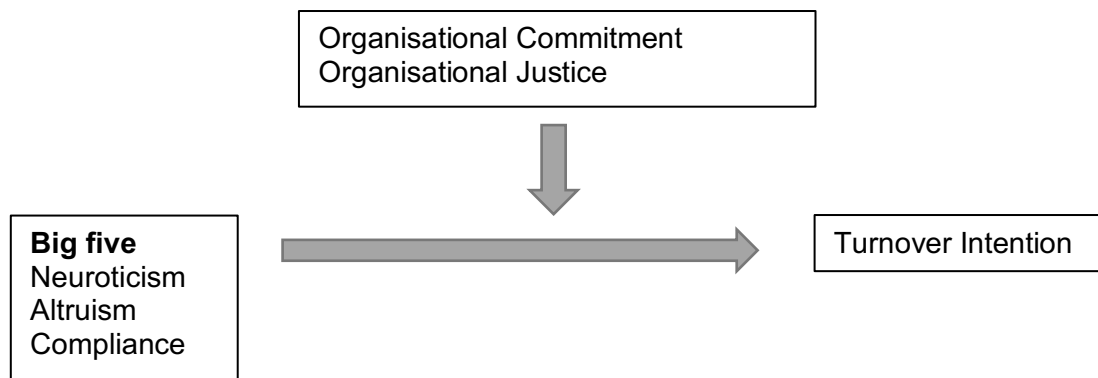
29 **Figure 6.18 Refined model of care worker Turnover Intention**

Longitudinal study of effectiveness findings summary

There are three main findings evident in this research's results. The first is a predictive model of performance, the second is the considerable amount of common significant variables having opposing effects on predicting job satisfaction and turnover intention, and the third is the lack of predictive model relating to turnover. The fundamental finding in the present research is that there is no one model that explains all the effectiveness areas. Instead the key antecedent variables vary depending on what the desired outcome is. There is however a degree of commonality in the models for job satisfaction and turnover intentions, but with the common antecedents and moderators identified as important having opposite effects on each respective effectiveness area. The upshot of this is that providers could exploit a dual benefit whereby they can identify individuals who will be both more likely to be satisfied and also have lower turnover intentions. For example those low in neuroticism will be both more satisfied and have less intention to leave.

It should be noted that the organisational variable of organisational justice seems to play a strong role. While this is not something that can be addressed directly at recruitment and selection (beyond ensuring fair practices) it does give providers something to chew on and get right. Through ensuring the workplace is considered fair and just they can benefit from both satisfied workers and workers with lower turnover intentions. This research

consequently provides influential findings beyond advising on aspects to recruit and select on.

The core implication of the above is it is seemingly the case that recruiters and care providers must choose between whether they opt for a recruitment model that looks to identify workers with a profile suited to producing effective performance; or a model that leads to effectiveness in the form of job satisfaction and low turnover intentions amongst workers. This research indicates providers cannot "have their cake and eat it from a recruitment perspective" and instead must choose what they place more importance on. That said there may be scope to recruit on the basis of performance and then affect job satisfaction through wider environmental factors such as organisational justice which is shown to affect satisfaction but not performance. This could perhaps be a compromise to enhancing both key outcomes. Overall this has helped in addressing research question one, two, three and five. The discussion chapter that follows will consider the most appropriate methods to assess the identified measures and therefore will address research question four.

In the context of the antecedents, if the aim is to have a high performing care worker this would involve recruiting and selecting candidates in line with figure 6.16 based on the personality traits extraversion, conscientiousness and the facet experience seeking. Conscientiousness was also identified in being significant in leading to job satisfaction but with the opposite effect of low conscientiousness leading to satisfaction. This opposite effect, coupled with no other overlapping variables reiterates the decision that care providers and recruiters must make with respect to recruiting for performance or satisfaction and lower turnover intentions – both is seemingly not an option. Along with conscientiousness the other key antecedents to job satisfaction were identified as agreeableness, neuroticism, and the facets of warmth and compliance (figure 6.17). The lack of significant findings relating to values is notable, given the influence that was expected.

As discussed in chapter two the turnover of social care workers is especially high and this may lead to care homes and providers looking to target turnover through their recruitment and selection of workers, rather than looking at performance. This final research study identified no significant predictors of or associations to turnover and proposed this may mean factors outside of this research's scope maybe causing turnover. This is despite this research including variables driven by one-to-one interviews (study one) that specifically looked to identify drivers of turnover. Therefore it could be workers simply leave for a variety of reasons and not one significant driving factor. Despite this lack of finding the present research did identify key antecedents to turnover intention – neuroticism, altruism and compliance (figure 6.18). One implication of this is recruiting workers low on neuroticism and therefore more emotionally stable will lead to lower turnover intentions of those care workers. This finding can also help in identifying current workers who may be at heightened risk of having turnover intentions.

Beyond the predictor antecedents discussed attitudinal and wider organisational factors were included as moderating variables. These were also identified to contribute to predicting the effectiveness outcomes as well as moderating the antecedent relationships. These factors divided into individually (e.g. commitment) and organisationally (e.g. environment fit, organisational justice) orientated aspects. Organisationally orientated aspects are especially important to consider as they are factors the home or provider can manipulate in order to affect the perception of the worker. In relation to performance, environment fit was identified as significant and positively associated. The implication of this is care providers need to ensure workers feel they fit into the environment. Providers can help improve this through giving the care worker a voice and taking on board their comments as well as through ensuring they have what they need. This will then in turn enhance their performance.

Environment fit was also identified to be significant in leading to job satisfaction. This indicates that devoting resources and initiatives towards improving care worker environment

fit will have benefits twofold on performance and satisfaction. Organisational justice was also significant in relation to job satisfaction, along with organisational commitment, and satisfaction with the amount of service user contact time they get. The interpretation of this is that providers must ensure the care worker perceives policies and procedures as just and fair. Having workers contribute to discussions and procedures could help enhance this, and in turn could help ensure worker satisfaction. Furthermore, maximising and ensuring workers are satisfied with the amount of time they spend with service users is also important. This was initially identified in the study one one-to-one interviews and the findings here support this, reiterating its importance.

With respect to performance, conscientiousness was found to be susceptible to moderation effects. It was found that the relationship to performance was affected by environment fit of the worker. From a job satisfaction perspective, neuroticism was moderated by commitment; and the facet warmth were moderated by organisational justice. Finally with regards to the outcome turnover intention, no moderations were found.

These findings demonstrate how this research has identified wider variables that impact on the relationship between personality traits and the key effectiveness areas. It furthers the recruitment and selection literature and identifies conditions under which relationships are enhanced and weakened. It recognises and highlights the wider variables within the care environment that need considering and how they impact on care workers in the role. These are aspects that can be influenced by the care home and provider. In considering these wider factors it has helped address research question two and objective three.

A final finding of note was the lack of influence of organisational identification on any of the effectiveness areas in a predictive capacity. Previous research had identified it to be influential in all effectiveness areas (see chapter 3 section 3.10.4) (Abrams et al., 1998; Chughtai & Buckley, 2010; Efraty & Wolfe, 1988; Karanika-Murray et al., 2015; Van Dick et

al., 2005; Van Dick & Wagner, 2002; Van Knippenberg et al., 2005). However the present study did not replicate any of these findings. This is an important finding and can be considered in combination with the proposed churn effect that was discussed before (chapter two) in relation to care workers leaving their job role but remaining in the sector. It could be hypothesised that in general care workers have low identification with their provider and home; and instead may identify with the job role. This would explain the lack of significance of commitment also. The reality is workers may be committed and identify to the job role and therefore change providers readily but maintain a similar role. This explains the churn effect and lack of significance concerning commitment and identification within this research.

Overall the findings of the present research in relation to each effectiveness area both support and contradict previous literature. The results chapter has identified initially where previous research has been supported or contradicted and where results have been expected and found or not found. It has established three key models and stories – (1) performance, (2) satisfaction and turnover intention, and (3) turnover (lack of findings). The discussion chapter that follows will delve deeper into these findings. It will discuss the implications for the recruitment, selection and assessment of social care workers going forward and include recommendations on operationalising these findings (research objective and question four). It will also consider the implications of this research and will propose avenues for future research.

Chapter 7 - Discussion

Chapter aim

The aim of this chapter is to summarise the research findings presented within this thesis and relate them to the current state of knowledge within the field. As well as answering the research questions and objectives (table 7.1) and providing recommendations. It will start by providing a summary of the thesis and giving an overview of the findings. From here it will present the theoretical and practical contributions this research makes and how the practical findings can be operationalised. Following this strengths, limitations and future research avenues will be presented and discussed. The chapter will end by providing a conclusion to the research that summarises the key contribution of this research thesis and concluding thoughts.

64 Table 7.1 Summary of research objectives and questions

Objective	Related research question
1) To establish criteria for effective performance of workers in adult social care	**1)** What makes an effective care worker in the UK care sector?
2) To identify the individual level antecedents of effective performance.	**2)** Why are people with certain characteristics (measured at selection) more effective as care workers than others?
3) To identify the conditions under which antecedents are enhanced or inhibited in achieving effective performance	**2)** Why are people with certain characteristics (measured at selection) more effective as care workers than others?
4) To develop a strategy for the recruitment and selection of effective care workers	**3)** How can the attributes, competencies and other key elements of an effective care worker be assessed and used in the process of recruiting and selecting applicants? **4)** What are the best selection methods to use when recruiting and selecting care workers?
5) To identify the drivers of retention and attrition in the adult social care sector.	**5)** Why do people stay and continue to work in the sector, and why do they leave?

7.1 Summary of thesis

The purpose of this thesis was to build on the limited existing research to develop an evidence-based model for adult social care that can be used to enhance care worker recruitment, selection and retention. In order to do this the research was broken down in to five research objectives, with three studies developed to address them. The first two studies were used to inform the third (the main) research study. Each study will now be outlined to provide a summary of its findings and the implications of these on the research objectives. Following this the section will end with a discussion of the findings that do not align with previous literature.

Research studies summary

The first study entailed one to one interviews to address research objective five (research question five) and establish the key drivers of retention and attrition in care workers. This consisted of an interview study with care workers exploring their motivations behind satisfaction and retention, and dissatisfaction and attrition. It extended existing research through incorporating job and sector leavers into the sample and focusing on a wide variety of care provider types. Results of the interviews identified the prominent drivers of turnover to relate to a lack of career progression prospects in the role, the management at the care provider not listening to the views of care workers, the care worker viewing their colleagues and work team as not being supportive and effective, a feeling of burnout from the role stemming from the individual being over worked, and the under staffing at the care provider. Whilst the prominent drivers of retention related to factors involving the service users such as spending time and interacting them, as well as care work being all they have wanted to do. Findings resonated primarily with Attraction Selection Attrition theory (Schneider, 2987; 1978), and environment fit theory (Kristof-Brown et al., 2005) whereby workers who experience poor fit are increasingly likely to leave. It also resonated with the Job Characteristics Model (Hackman & Oldham, 1985). Two significant findings related to career

prospects being a core driver of turnover and spending time with service users being a key

driver of retention and satisfaction. Findings from this research study was used to inform the

variables to examine in the main longitudinal study of effectiveness. This was done to

establish quantitatively the relationships with the effectiveness areas (performance, job

satisfaction, turnover (and turnover intention), and absence. These effectiveness areas were

identified as they incorporate the outcomes of primary concern to both the organisation and

individual as well as including key challenges (e.g. turnover) faced by the care sector.

The second study constituted the development and validation of a performance effectiveness

measure that managers can use to assess care worker performance. This study addressed

research objective one. In order to construct the measure focus groups took place initiating

ProMES methodology (Pritchard, 1990) to identify the key performance aspects of the care

worker role. Subsequently groups worked to develop items that could be used to establish

whether the performance aspect was (or was not) occurring in a worker's performance.

Following a refinement process involving reliability tests, exploratory factor analysis, and

subsequent confirmatory factor analysis a performance measure consisting of 44 items

grouped into eight areas of performance was developed. The development of the measure is

itself an important outcome given the lack of suitable measures within adult social care. It

therefore helped to both extend the literature and to address the criterion problem the sector

experiences (Woods, 2008; Dalal, 2005). The care worker performance effectiveness

measure was then used within the main research study to assess care worker performance

effectiveness.

The third, main study was longitudinal and involved testing the proposed theoretical model

presented in chapter three. This involved initially examining the relationships between the

individual characteristics (predictors) and effectiveness areas. Following that the

relationships between wider attitudinal and organisational factors and effectiveness were

explored. Finally the influence of the moderating and mediating variables on the antecedent-

effectiveness relationship was examined. Through this the study addressed research objective two, three and four (questions two, three, four). Results found there to be no one set of variables that predicted all the effectiveness areas; each effectiveness area has its own bespoke model. The practical implication of this is that recruiters need to be clear on their desired recruitment outcomes and base selection practices and decisions on that.

From a performance perspective the results show conscientiousness, extraversion, and experience seeking, are the significant individual characteristics. If job satisfaction is the aim then conscientiousness, agreeableness, neuroticism, warmth, and calmness are important. With respect to turnover intention neuroticism, altruism and compliance are shown to be important, whilst no variables significantly predicted turnover or absence.

Differences were also found concerning the attitudinal and wider organisation factors predictive abilities and moderating effects; reinforcing the observation above that providers must choose what outcome they wish to recruit for. It also highlights the influence of the organisation itself on effectiveness. The findings indicate it is not enough to just recruit and select the right characteristics, it is essential to also ensure the right environment is in place to see effectiveness realised. For example conscientiousness predicted performance, but environment fit was shown to buffer this relationship. The identification of the significant variables in relation to each effectiveness area helps to inform on the selection methods and management practices to implement. This will be discussed more below within the section on practical contributions (7.3).

Findings not aligned to the literature

The research produced findings that are not aligned to the previous literature and these require some discussion. Firstly compassion and empathy are consistently proposed as essential in social care (e.g. Cavendish, 2013; Patterson et al., 2015; Rubery et al., 2011), yet neither were found within this research to be significant in leading to any of the

effectiveness areas. This is a prominent finding and one that indicates that possessing high degrees of these values may not be essential in order to be an effective care worker. Instead what may be more important is the ability to act in this manner irrespective of if it is natural. Another finding that opposes previous research is that agreeableness did not significantly link to performance in a caring role (Robson et al., 2010). This is surprising given the trait conceptually relates to key requirements of the role. Similarly previous research proposed those higher in extraversion would experience higher job satisfaction (Judge et al., 2002; Tokar & Subich 1997). This was again not replicated in these findings. Given that extraversion was important in associating with care worker performance within this research, and is a trait that would be activated frequently due to the social interaction the role involves, it is surprising in line with TAT it does not elicit higher job satisfaction.

On the notion of job satisfaction, previous research identified conscientiousness to be an influential factor with a positive association (Furnham et al., 2009; Robson et al., 2010). However the present research found conscientiousness to have a negative relation, indicating those less detail conscious are more satisfied in the care worker role. This could be due to wider factors concomitant to the role such as time restrictions preventing conscientious workers from working in a manner consistent to their personality traits. The result being those higher in conscientiousness are less satisfied as they cannot work as they wish to, whereas those lower in the trait are more satisfied as they are not detail conscious. Further to this, previous research also identified the value conformity to be strongly linked to job satisfaction (Yahyagil, 2015). However this was not replicated. This is another example of the surprising non-significant role that values had in relation to the effectiveness areas.

Previous research identified environment fit to be significant in leading to turnover intentions (Verquer et al., 2003; intention Chuang et al., 2016). However despite being shown to be significant in relation to performance and job satisfaction, environment fit did not have a significant role with respect to predicting and explaining turnover intentions. The research

therefore has produced further findings not aligned to the current literature. An explanation for this could be that the role is viewed as a job and not a career. Therefore workers may put up with a less suited environment on the basis that they will simply leave if things do not suit them. In explanation the worker may bypass the intent to leave and just leave. That said environment fit did not have a significant relationship to turnover either.

With respect to turnover, conscientiousness and agreeableness have been shown to (negatively) predict actual turnover in previous research (Zimmerman, 2008; Robson et al., 2010). However neither trait was found here to be influential in turnover. Moreover, organisational identification, environment fit and organisational commitment had also previously been shown to be significant in relation to turnover (e.g. Hom et al., 1979; Meyer et al., 2002; Pierce & Dunham, 1987; Simons & Roberson, 2003; Van Dick et al., 2005). These findings were also not found within this research and indicates further findings not aligned to the literature. An explanation may consist of care workers instead being committed and identifying to the job role as opposed to the care provider or home. If this is the case it would also explain the churn effect found within the sector that was outlined in chapter two. Commitment was also found not to have an impact on performance, despite being influential in job satisfaction and turnover intentions. This supports the concept that commitment is not necessary for performance, and is a finding also not aligned to previous research findings (e.g. Dunham et al., 1994). Finally, the lack of findings relating to predictors of absence behaviour is in contrast to previous research that demonstrates personality to be significant in its prediction (as discussed in 6.4.7).

This section has therefore outlined and discussed findings within this project that do not align to the previous research literature and has offered explanations as to why this might be.

7.2 Theoretical contributions

The findings within this research support parts of the proposed model of care worker effectiveness. However they do so in smaller bespoke models dependent upon the effectiveness outcome of interest. The present research provides several theoretical contributions.

7.2.1 Scale development and validation

A significant contribution of this research is the development and validation of a care worker performance effectiveness measure. Prior to this the adult social care sector suffered from the criterion problem described (Woods, 2008; Dohl, 2005) whereby there was no one agreed upon measure of care worker performance and no consensus of what it entailed. Previous research into recruitment in social care implemented insufficient and under-developed measures of performance (e.g. Consilium and Skills for Care, 2016) and this led to questions over the validity and reliability of their claims. The research presented here fills this gap and furthers the theoretical landscape through developing a consensus regarding the fundamental performance elements in consultation with the key sector stakeholders involved in, or affected by, care worker performance. This care worker performance effectiveness measure, developed via use of ProMES methodology (Pritchard, 1990; Naylor et al. 1980), incorporates eight core areas combining together to provide an overall assessment of performance.

The understanding and establishment of the core areas of performance is in itself an important theoretical contribution. However equally is the consideration of how these areas relate and the framework they form. This furthers theory by illustrating the relationship these variables have within this context. The development of the measure has also aided in the examination of the role the predictor antecedents and wider moderating variables have within the context of performance in social care. This in turn helps inform advancement of knowledge relating to the role these factors can have from a recruitment and selection and

performance assessment and management perspective. In summary the development of the performance measure, the means by which this was done, and the subsequent ability to examine the effects the wider model variables have on performance within this boundary context helps contribute to theoretical advancement.

7.2.2 Drivers of attraction and attrition in adult social care workers

The research findings concerning key drivers of attraction and attrition help to support and further the theoretical frameworks relating to the JCM (Hackman & Oldham, 1975), ASA (Schneider 1978; 1987) and Environment fit (Kristof-Brown et al., 2005) in the context of social care. For example the current research identified that spending time with the service users was both a key draw and a reason to stay in the care worker role. This reflects the JCM elements of the task being significant and meaningful. Care work being all an individual wanted to do was cited as a core reason for retention. This fits with Environment fit theory that proposes job fit is a core aspect behind retention (Chuang et al., 2016; Kristof, 1996). This therefore again shows the current research expands the existing theory base by extending the findings to a new context pertaining to the social care sector.

With regards to drivers of attrition, the most cited aspect in interviews related to career ambition, with workers leaving primarily to further their career. This supports the JCM in a new context whereby the growth need strength of an individual is motivating care workers to leave. It also resonates to ASA theory whereby attrition is occurring as a result of a discord between what the individual is valuing and desiring and what the provider is able or willing to offer. The management not listening to care workers was another key driver of attrition. This in part supports the JCM component of social support, and the Environment fit facet of supervisor fit (Chuang et al., 2016), but it is distinct to these in that it is the specific *not being listened to* element that drives attrition. This finding again supports current theory and extends it to the new context of the care sector. It identifies a specific area relating to a manager or supervisor that has implications for job satisfaction and turnover decisions.

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Working with a poor team was identified as a further motivation behind attrition during interviews, this supports environment fit theory whereby poor fit with the group a person works with can lead to dissatisfaction and turnover (Chuang, et al., 2016; Kristof, 1996; Wang et al., 2011). Similarly workers cited the provider as a reason they left opposed to it being the job. This partly supports person environment fit theory with research citing poor fit to cause turnover (Chuang, et al., 2016; Vancouver & Schmitt, 1991; Wang et al., 2011). However this is viewed from an ASA (Schneider, 1978;1987) perspective relating to goal and value incongruence. Whereas the present research identifies sources relating to a lack support from management and colleagues, not being listened to by management, feeling under-appreciated by management, and poor communication practices within the provider resulted in dissatisfaction. Indicating wider factors need consideration, within this context.

An important contribution of note from this research is the possible extension to the JCM regarding the positioning of burnout. The JCM classes it as a well-being outcome; but based on the present study interviews it is described in the context of a precursor to leaving. It can be argued burnout is linked to emotional exhaustion and labour. Therefore it could be considered a work context demand along with the physical demands of a role, or that emotional labour should be added as an antecedent (with burnout remaining an outcome). This indicates a potential boundary condition of the model. Coupled with this the interviews with care workers indicated that in some instances a worker would stay in the role through concern that the service-users would be worse off if they were to leave. This suggests when utilising theories such as the JCM in social care that other factors need incorporating within this context. The incorporation of a further *work context characteristic* that relates to emotional investment could explain this level of feeling generated. This factor identified in the interviews arguably seems a stronger influence than just the *task significance* element currently incorporated within the model. This factor or *work context characteristic* (in the context of the JCM) would also be interesting to examine in healthcare and nursing whereby

there is also a level of human investment and consequence present in the role that is not common to most other jobs.

Together this discussion provides a second example beyond scale development of how the present research not only extends the findings of precious research (Consilium and Skills for Care, 2016; Cunningham 2005; Downs, 2016; Eborall, 2003; McClimont & Grove 2004; Rubery et al., 2011; Skills for Care (TNS), 2007) but also contributes to supporting and extending broader theory.

7.2.3 Trait Activation Theory and Job Satisfaction

Trait Activation Theory (TAT) (Tett and Burnett, 2003) proposes individuals will be more satisfied and will seek out job role positions that afford them the opportunity to express their personality traits. This is because personality trait expression is a crucial part of human nature and not being able to express one's traits is said to cause anxiety (Bakan, 1966; Cote & Moskowitz, 1998). The present research builds on this theory and identifies the personality traits of importance in relation to the care worker job role with respect primarily to performance and job satisfaction. It found for performance the traits regularly activated and important are conscientiousness, extraversion, and experience seeking. From a job satisfaction view conscientiousness (low), agreeableness (high), neuroticism (low), warmth (high) and calmness (low) are important. Individuals possessing these traits naturally are likely to be more satisfied as it is more natural for them to activate and perform these than someone not possessing them. This is supported by those high in neuroticism being shown to have high intentions to leave. The importance of considering the facets of personality is demonstrated here and this supports Hogan and Holland (2003) who found that in order to maximise the predictive utility of personality traits it is important to consider which specific traits might be relevant for the particular job role.

However the lack of findings relating to extraversion, empathy and compassion in relation to job satisfaction are significant here. All three of these traits are ones expected to be activated by the role as it involves interaction with others and displaying empathy and compassion to service users. Therefore it should follow that in line with TAT the regular activation of these traits should mean those higher in the traits are more satisfied. As this did not occur it raises questions over what wider factors are impacting or preventing these traits being significant. It may be that in the context of the care worker role in social care there are wider factors influencing TAT. For example time pressures common to the role may prevent meaningful interactions and in turn prevent the displaying of the trait being activated. This indicates a boundary condition whereby the role may restrict the full application of the theory. This finding contributes significantly to theory by highlighting factors that may restrict TAT from occurring in certain roles such as this.

The application and extension of TAT to the area of adult social care is a particularly important one. This is because due to the general low paying nature of social care work, workers have been described as "prisoners of love" (England, 2005). The consequence is retention often relies on altruistic motivation and intrinsic satisfaction, as well as a lack of viable alternative employment. The identification of these traits therefore may help in maximising trait activation and job satisfaction can subsequently be enhanced.

7.2.4 The role of personality in care worker effectiveness

The importance of personality in selection has strong theoretical and empirical foundations, in part due to its significant and stable associations with job performance (Barrick & Mount, 1991; Barrick, Mount & Judge, 2001; Hurtz, & Donovan 2000; Judge et al., 1999; Mount, Barrick & Strauss, 1994; Ozer & Benet-Martinez, 2005; Roberts & DelVecchio, 2000; Salgado et al., 2003; Salgado, 1997; Schmidt & Hunter, 1998). Personality provides means of differentiating between individuals and can help inform recruitment and selection practices, but has scarcely been applied to adult social care, with the sector instead opting for a values

based approach to recruitment recommendations (Skills for Care2016a; 2016b; Consilium & skills for care, 2016). The findings within the present research provide a strong evidence base for a rethink and for recruitment and selection practices to consider personality traits and facets. The present research identified conscientiousness and extraversion from the Big Five to correlate significantly to performance. In doing so this provides some support to previous literature and theory (Ashton et al., 2002; Judge & Zapata, 2015; Riggio, 1986; Tett & Burnett, 2003; Zimmerman, 2008). The identification of the facet experience seeking being significant in predicting performance provides extension to previous literature.

The significant role of personality facets within this research reiterates support for Hogan and Holland (2003), who state in order to maximise the predictive utility of personality traits it is important to consider which specific traits are relevant for the role. However, an important theoretical contribution this research makes is the differing role of broad and facet level traits within the boundary condition of care work. The research demonstrates that if a specific outcome (e.g. performance) is desired then specific facets (e.g. experience seeking) are influential. However it is the broad level traits that can have a dual effect. For example high neuroticism led to both lower job satisfaction and higher turnover intention. This furthers the theoretical field by demonstrating support for Hogan and Holland whereby precise outcomes of a job role require precise selection of traits; whereas broad traits may provide dual effects in a positive way (low neuroticism linking to lower turnover intention and heighten job satisfaction) or negative way (high conscientiousness leading to performance but also lower job satisfaction). This illustrates the contribution to trait theory whereby the level that traits are analysed at have differing effects.

The present research also found personality traits to have a significant relation to care worker job satisfaction. This supports and extends current theories of personality to the care sector (Brief & Weiss, 2002; Bruk-Lee et al., 2009; Judge et al., 2002; Judge & Hurst, 2007; Judge et al., 2000; Mount et al., 2006; Organ & Lingl, 1995; Robson et al., 2010; Tokar &

Subich 1997). For example the significance of neuroticism in explaining job satisfaction supports Judge et al., 2002, Ozer & Benet-Martinez (2005) and Tokar and Subich (1997). The significance of conscientiousness in explaining job satisfaction supports Furnham et al. (2009), Organ and Lingl, (1995) and Robson et al. (2010). Finally, the finding that neuroticism has a significant role in predicting turnover intentions supports Zimmerman (2008).

One unexpected result from the data relates to the role of empathy and compassion in predicting key outcomes. Empathy and compassion have been interchangeably discussed in terms of as values and as personality facets. Here they are considered as personality facets predominantly due to the relative stability of personality traits compared to the more flexible values or beliefs perspective. This decision was also due to the predominant personality orientated nature of the thesis and the established measures existing within the personality literature domain. Empathy and compassion are two conceptually important traits relating to the role, yet neither was found to be significant in relation to any of the effectiveness areas. The consequence is these are not influential traits on which to base recruitment strategies. One explanation behind this unexpected finding may be that workers high in these traits become too emotionally invested and involved and this in turn hampers their performance and satisfaction (Kinman & Leggetter, 2016; Ford, 2014). This demonstrates how the present context and environment can impact on expected theoretical relationships.

A further significant theoretical contribution relating to personality theory pertains to the boundary condition that care work seems to play in relation to the effects traits have. Conscientiousness is consistently shown to link to performance (Barrick & Mount, 1991; Mount, et al., 1994; Hurtz, & Donovan 2000). However despite this research producing a significant correlation, and in doing so supporting previous research, it was not significant in the main regressions. Furthermore it was found that environment fit buffered the relationship to performance. The implication of this is the furthering of the theoretical landscape whereby

care work provides a boundary condition that impacts on traits previously consistently shown to link to performance from having the same effect. Moreover in this boundary of care work, conscientiousness was negatively associated to job satisfaction. This is opposed to previous research (Furnham et al., 2009; Organ & Lingl, 1995; Robson et al., 2010), and indicates that the usual theoretical relationships do not have the effects replicated within the care work environment. Through the present research utilising valid established measures of personality it has provided this significant theoretical contribution relating to the role of traits.

A final theoretical contribution in the context of personality theory is the role of the moderators on personality traits. This research identified person environment fit, organisational justice and commitment to be influential in moderating the personality-effectiveness outcome areas. This demonstrates that in the context of care work these aspects have capacity to impact on the effects traits have.

The replication and extension of personality trait theory in the context of adult social care and the care worker job role is a crucial advancement. This is both from a theoretical and applied perspective. This offers a foundation for both practical and theoretical future research to build on, which will be outlined in section 7.5. It also helps in identifying selection measures and methods to use within care worker recruitment. Given the entry level nature of the role it is arguably the core individual difference building block to use to differentiate between candidates.

7.2.5 The role of values in care worker effectiveness

The penultimate theoretical contributions relate to Values and Values Based Recruitment (VBR). As was outlined in chapter two VBR is becoming increasingly popular and the way forward in social care recruitment and selection (Skills for Care, 2016a; Skills for Care, 2016b). From a theoretical viewpoint it was explained there are two strands to values. The previous research base promotes a values as preferences perspective, whereby as with the

ASA (Schneider, 1978;1987) framework workers are attracted and matched to a care provider based on their value congruence. The present research looked to examine values in the second strand sense of *values and principles*, where values are used to predict behaviour. In doing so it has furthered the current theoretical landscape and previous literature that utilises values in adult social care from a predominant fit and retention perspective. Instead the present research considered how values may predict the effectiveness areas identified.

The present research implemented Schwartz's (1994; 2012) established measures of conformity and benevolence based on their conceptual relation to the care worker role requirements. The findings failed to establish any significant relationships with any of the effectiveness areas of concern. This is in contrast to previous research that identified values to link to job satisfaction, lower turnover and performance (Arthur, Bell, Villado, & Doverspike, 2006; Cavendish, 2013; Parks and Guay, 2009; Schwartz, 2012; Yahyagil, 2015). These findings coupled with the personality findings described above indicate further research is necessary, but that personality traits may be more beneficial to consider in care worker recruitment and selection than values and VBR. This is a prominent finding and extends the theoretical landscape considerably.

The theoretical landscape relating to values is also substantially contributed to in relation to the values as principles and values as preferences debate. This research utilised values from a principles perspective and as a means of looking to be able to predict behaviour of an individual once in the care worker role. The lack of significant findings of values when used in a predictive capacity here indicates a boundary condition whereby values do not have a predictive ability. Instead it can be argued the current use of values from a fit perspective (values as preferences) is more appropriate and valid within this boundary context. The findings here therefore contribute significantly to the theoretical utility of values and the capacity to use them

7.2.6 Moderating variables theoretical contribution

The influence of the moderating variables examined within this research has also been found to be susceptible to the boundary condition of the care sector. This finding is one that contributes and extends the knowledge of how these theories operationalise within this sector.

Firstly environment fit is a theory based on the perceived matched between an individual and their work environment (Kristof-Brown et al., 2005). The crux of person-environment fit theory is the assumption that certain individuals are more suited to a particular environment than others whereby high correspondence results in higher performance, satisfaction and less stress for the individual. It has been shown previously to link to performance, job satisfaction and turnover intention (Verquer et al., 2003; Hoffman & Woehr, 2005; Chuang et al., 2016). The results in the present research support and extend this theory to the context of care work with respect to performance and job satisfaction. However it does not for turnover intention. This indicates the theory only replicates and extends in part to the care sector. It can be argued that this sector is a complex one and wider factors and considerations are taken in to account when developing turnover intentions. This is supported with the study one interviews that highlighted how workers stay in some instances solely for the service users. This illustrates how in the social care context the theory of environment fit is only partly applicable and of utility, and wider considerations need considering in addition to it.

With respect to commitment this is the degree to which an employee identifies with a particular organisation and its goals and wishes to maintain membership. Previous research identified commitment to link to productivity, lower turnover and absence (Dunham et al., 1994; Hom et al., 1979; Meyer et al., 2002; Pierce & Dunham, 1987; Riketta, 2002; Simons & Roberson, 2003). The present research replicated this in relation to commitment associating with turnover intention and job satisfaction. Moreover it extended its contribution with respect

to job satisfaction by being significant in buffering the neuroticism-job satisfaction relationship. However it was not significant in relation to performance, suggesting performance can occur without commitment in this sector. This demonstrates how the theory of commitment applies and has effects within this previously unexamined boundary area of care work.

Beyond this, organisational justice is the overall perception of what is deemed fair within an organisation or workplace (Greenberg, 1987). Previous research has identified it to associate with work performance and job satisfaction (McFarlin & Sweeney, 1992; Colquitt & Greenberg, 2003; Colquitt, et al., 2001; Cropanzano, Byrne, Bobocel, & Rupp, 2001; Cropanzano & Greenberg, 1997; Latham & Pinder, 2005; Al-Zu'bi, 2010). The present research identified it to be significant in predicting job satisfaction and turnover intention. This extends the applicability of the theory to this sector. This theoretical contribution is especially important as the sector is characterised by low pay and high turnover. Therefore seemingly the importance of justice theory and fairness in policies and procedures takes on a heightened importance in the absence of extrinsic rewards. This demonstrates an important extension to the theoretical literature. This is reiterated in the moderating role justice was shown to have between the personality facet warmth and job satisfaction.

Organisational identification is the extent one identifies with their organisation. Previous research found it to relate to performance, job satisfaction, lower absence and lower turnover (Abrams et al., 1998; Chughtai & Buckley, 2010; Efraty & Wolfe, 1988; Karanika-Murray et al., 2015; Van Dick et al., 2005; Van Dick & Wagner, 2002; Van Knippenberg et al., 2005). However within this research it failed to be influential in any capacity. As a result this is another theory that seemingly does not have an effect within the boundary condition of care work. A worthwhile future theoretical examination would be whether it is in fact identification with the job role that is important in this sector as opposed to the care home or provider. The

high turnover and worker churn effect that characterises this sector may be a factor that makes the broader theory of organisational identification redundant and insignificant.

Overall this section of the thesis has outlined how the present research both supports and extends theory in relation to the variables examined. It has described how the boundary condition of the care sector has implications for how significant and influential the theories are. In doing so this research plays an important role in uncovering the more and less influential theories for the care worker job role in social care.

7.3 Practical contributions

The research undertaken here has key practical contributions and implications for the adult social care sector with respect to recruitment, selection and retention practices. It also has practical contributions to management practices and performance assessment within the sector. This section outlines the four key practical outcomes that stem from this research. These are divided into Practical Recruitment, Selection and Management Practices Findings; Operationalising the findings through Measures and Methods; Retention Practices; and Performance Assessment.

7.3.1 Practical Recruitment, Selection and Management Practices Findings

This research produced practical findings that demonstrate there is no one set of characteristics that can be recruited and selected that will lead to all the key effectiveness areas identified (performance, job satisfaction, turnover (and turnover intention) and absence. Furthermore there is no one set of common characteristics that can be recruited for with respect to the two primary effectiveness areas of performance and job satisfaction. However there are characteristics which predict either performance or job satisfaction and therefore care providers and recruiters must consider what their recruitment outcome aim is, and to then base their selection processes on this.

The findings show that where performance is the primary concern of the provider the recommendation is they should look to recruit based on the characteristics of high extraversion (individuals who are more outgoing and social), high conscientiousness (more detail conscious), and high experience seeking (prefer variety to routine). The research revealed these individuals are more likely to produce effective performance in the care worker role.

When care worker job satisfaction is of primary concern providers are recommended to recruit based on characteristics consisting of low conscientiousness (pay less attention to detail), high agreeableness (individuals who are warm and friendly), low neuroticism (individuals who are more emotionally stable), high warmth (warm individuals) and low calmness (less calm individuals). This is because individuals with these traits are increasingly likely to be more satisfied in the care worker job role. With respect to turnover intention those higher in neuroticism (who are more anxious), higher in altruism and lower in compliance are shown to have higher turnover intentions. This indicates providers should not target these aspects and when recruiting and selecting.

In the context of turnover, the qualitative interviews (study one) were of most utility and primarily identified drivers of turnover to pertain to organisational aspects rather than individual characteristics. The findings identified career prospects as a key driver of turnover and this could relate to the individual characteristic of the career ambition of an individual. It is therefore recommended that ambition be assessed within selection to identify those more willing to leave if the organisation is unable to provide a career path or progression opportunities. Other practical findings stemming from the interviews relate to wider provider practices that can be implemented to enhance retention. Management should implement support strategies or groups to help care workers feel listened to and supported. This is based on the findings that a lack of support as well as not being listened to by management

drives dissatisfaction. Support sessions a long with implementing a reward and recognition system would also help workers feel appreciated. The lack of appreciation experienced by workers was another factor fuelling dissatisfaction. A further recommendation is the improvement of communication channels within care providers. A core finding from those interviewed was poor communication between management and colleagues was a key cause of dissatisfaction. Providers should therefore develop effective communication channels, such as through handover sessions, clear record keeping methods, and ensuring messages can be passed throughout the home clearly and efficiently. Finally the service users themselves and interaction with them were considered a major positive of the care worker role, and spending time with them was a core source of enjoyment and retention. it is therefore recommended that contact time with service users is maximised.

Once a person is in the care worker role wider organisational factors have been shown to be influential on the effectiveness outcomes. This helps provide further practical findings that can inform recommendations for management practices that care providers can implement. The degree an individual feels they fit in their environment is especially influential in relation to performance and job satisfaction, the two primary effectiveness areas of interest. When environment fit is high it leads to improved performance and job satisfaction. Therefore enhancing the environment fit a worker perceives is crucial and it requires practical consideration and methods to address it. These will be outlined below in section 7.3.2. Further to this, other organisational practices that are recommended for consideration include concern for organisational justice (indicated by study three) and contact time with service users (indicated by study one interviews and study three). Through ensuring these are enhanced it will help in contributing to improving the retention of workers. Commitment is another dimension associated with both job satisfaction and lower turnover intentions in care workers within this research (identified in study three).

The practical findings and recommendations from this research can be divided into three models relating to specific recruitment outcomes that can be utilised to enhance recruitment and selection. These models are firstly performance, secondly job satisfaction and turnover intention, and thirdly actual turnover. Individual characteristics pertaining to the performance and job satisfaction and turnover intention areas have been outlined within this section and practical recommendations will be put forward in the next section (7.3.2). With regards to the final model area of turnover, it is primarily the qualitative interviews (study one) that provided most significant findings and subsequent practical recommendations. Beyond the characteristic discussed above it was found the key drivers of turnover related to it being the provider that was the issue not the job role, a poor team functioning, the distance a worker had to travel to work, staffing levels at the provider, and the levels of burnout the care worker experienced. The related practical recommendations for these will also be presented in the next section (7.3.2) and specific retention recommendations in section 7.3.3.

In summary this section has outlined the practical outcome findings of this research that care providers can consider in order to enhance performance and job satisfaction and reduce turnover intention and turnover. It has outlined how this can be done primarily from a recruitment and selection perspective through targeting individual characteristics relating to effectiveness outcomes. It has also identified the wider attitudinal and organisational factors that were found to be influential. The next section will identify how these findings can be operationalised through measures of characteristics, as well as offering recommendations pertaining to management practices on the wider organisational factors that can have effects on these effectiveness outcome areas.

7.3.2 Operationalising of the findings through measures and methods
The issue of measurement is central to this thesis, both the measurement of performance in its different forms (discussed below in section 7.3.4) and the measurement of the individual and organisational attributes that contribute to that performance. Another important factor is

the methods to employ to aid in the recruitment, selection and management practices. The measures used within this research are valid measurement scales that can be used to assess these aspects (e.g. BFI John & Srivastava,1999).

The measures that have been shown to be significant within this research can now be utilised to inform the selection methods at both application and interview. For example extraversion from the Big Five Inventory could be explored at interview from a competency perspective to help assess the personality trait shown to link to performance. Alternatively items assessing the trait could be incorporated within application forms. Similarly items relating to the trait conscientiousness can be utilised to identify those higher in the trait and more likely to produce high performance, or lower in the trait and therefore more likely to be satisfied in the role. This will help identify candidates consistent with the desired characteristics as well as those less suited.

Another way these findings can be utilised is through providers using the more detailed method of personality profiling. Personality profiling is seldom used in social care and therefore is a technique that could be pioneering and could transform selection practices. Given the influential role personality traits and facets have been found to have within this research on performance, job satisfaction, and turnover intention it would be most timely to begin implementing it within social care.

There is scope to incorporate these traits and develop bespoke situational judgement tests. This is a method increasingly being used in healthcare and has been shown to have good predictive ability of future performance in entry-level care and medicine for non-cognitive attributes such as interpersonal skills and empathy (e.g. Patterson et al., 2012b). This type of method would also have the additional benefit of providing both a realistic job preview to candidates, whilst also enabling care providers to see how candidates may act in real job relevant scenarios. It could be further advantageous to use a combination of these methods

to produce a more in-depth picture of candidates. This is a possible avenue for future research to develop.

Managerial practices shaping the wider organisational context have been highlighted through all of the studies included in this thesis. For example environment fit, identified as influential in performance and job satisfaction, can be improved initially in line with the ASA framework (Schneider 1987;1978) whereby the values and culture of the care provider are clearly promoted and visible to candidates. This will enable candidates to evaluate their initial fit based on the role and provider requirements. Ensuring thorough onboarding processes will subsequently aid in helping new workers fit into the environment and with their team and supervisor. Finally ongoing promotion of team bonding session will also help achieve better environment fit.

With respect to organisational justice practical recommendations include providers needing to ensure that the policies and procedures they implement at their premises are considered fair and just by their workforce. This research has shown that where an environment is considered just then job satisfaction will be higher, and turnover intentions lower. Another important recommendation pertains to a key source of satisfaction being the amount of contact time workers get with service users. It is advocated that providers maximise the contact time and opportunities care worker have with service users. In doing so it will aid in improving the job satisfaction of workers.

Final practical method recommendations pertain to turnover. The care provider should look to incorporate care workers into discussions relating to how the provider operates and to promote open discussions and sharing of ideas and concerns. This would help to identify any issues workers have and consequently will help in addressing the driving issue of the provider causing turnover. Incorporating these open channels will help alleviate the perceived problem of management not listening. By providing clear and genuine

communication opportunities management can ensure care workers feel listened to. However this would be contingent upon management implementing some proactive action to ensure this is not seen as them merely paying "lip service" without actually taking on board concerns.

It is also recommended that providers implement team days and training sessions to improve team functioning. This would alleviate the effects of a poor team. Clearly the practicalities of such activities in a hard pressed and underfunded sector could present problems. Such as who would look after the service users when staff are "team building"? Who would pay for the events in a cash strapped environment? And how would shift workers be included in the exercise?

It was identified that those living further away from work may be more inclined to leave. Therefore support mechanisms need putting in place to aid those with longer travel. One way could be through trying to offer flexibility in shift patterns. However this would best be established through discourse with the care workers, returning us to the issue of the need for open communication between management and workers.

Through following the above practical recommendations relating to turnover, coupled with addressing the characteristics and organisational factors shown to link to turnover intention, it would be anticipated that turnover may be reduced. This would help enhance the staffing levels at the provider, which is identified as a further driver causing turnover and produce greater consistency of care. A further way to tackle the under-staffing is of course to hire more workers. Improving the staffing levels should help reduce the burnout experienced by workers and enable a higher standard of care to be delivered. In the difficult economic environment of the care sector however this would be challenging. Alternative approaches to addressing the threat of burnout would include ensuring adequate breaks are taken and

promoting a variety of shift options and patterns to reduce long drawn out shifts that may cumulatively take its toll on workers.

This section has provided practical recommendations regarding ways to operationalise the individual differences found to be significant in selection methods. These range from low cost options such as incorporating items and concepts into recruitment and selection methods, through to costlier and more thorough methods such as personality profiling and situational judgement tests. It has also advised on managerial practices that can be implemented with regards to impacting the wider organisational variables found to be influential within this research. In doing so this section provides practical recommendations that care providers can utilise to enhance effectiveness. It helps to address objective four of the research. The next section extends the turnover recommendations detailed here and presents practical recommendations relating to the enhancing of retention specifically.

7.3.3 Operationalising of the findings through retention practices

Throughout this research retention has been a key concern given the high turnover adult social care experiences (see chapter 2 section 2.2). Drivers of retention were identified within the qualitative strand of the present research and the findings offer key recommendations to providers. Service users are a key factor behind workers remaining in the role. As a result maximising the amount of time workers get to spend with them would help enhance retention. This recommendation also helps in invoking key drivers of satisfaction identified through this research. Care workers cited the personal interaction of the role as being satisfying along with being able to make a difference to people's lives through their work. They cited seeing the difference they make as being rewarding, and this rewarding feeling was particularly satisfying. Through enhancing time with service users, workers will access these drivers of satisfaction and see the difference their work is making. This will contribute to making them more likely to remain. A core driver of tenure was care work being all some

workers had wanted to do. Therefore probing this motivation at interview will help to identifying those individuals more likely to remain in the role (all other things being equal).

Career development and the need to further their career was a reason frequently cited by those who left their role. Workers described the desire to progress their career as a factor motivating them leaving their position. Through providing a clear career path and progression opportunities to those workers looking to progress, it may help to improve retention. Similarly providing training and development opportunities may also appeal to these more career driven individuals. It is therefore recommended that care providers and management structure care worker positions so that there is a clear route to develop and progress from a career perspective. This means making care work a career not just a job. This relates back to the need to develop clear communication channels. Clear communication for those already in the role would help in identifying those workers with career ambition and the drive to progress, and this can help in working with them to map out a career path. For those being recruited incorporating a measure of career ambition within the application process may provide an indication of those more likely to be seeking to progress going forward. These recommendations taken together have the potential to improve retention in the sector and provide advice on further methods to implement (objective four).

7.3.4 Operationalising of the performance effectiveness assessment measure

The final and most significant outcome of this research is the development of the care worker performance effectiveness measure as a means of assessing care worker performance. This addresses the lack of a shared understanding of what effective performance is and what it involves (Woods, 2008; Dalal, 2005). The practical implications of this is care providers can now provide managers and supervisors with a means of assessing and quantifying the effectiveness of a care worker's performance. This is done through assessing all the key areas the sector stakeholders list as crucial in the role. Having this tool available will enable employers to both identify effective workers, and to support and develop those workers

performing less well. As the measure contains eight performance areas, a further practical

outcome is that this measure can be used to identify specific developmental needs for a

worker.

This section of the discussion has presented the four key practical recommendation areas

that stem from this research. It has also detailed how each area can be applied and utilised

by care providers. These recommendations help address the objectives and gaps identified

for this research to fill such as the lack of effectiveness measure and recruitment and

selection recommendations and methods. Given the current and future increase in social

care workers required (Eborall et al., 2010; Hunter, 2015; Imison & Bohmer, 2013; NMDS-

SC, 2016) these recommendations are most timely in enhancing the recruitment process,

along with helping address the high turnover it suffers from (Donoghue, 2009; Ekosgen for

Skills for Care, 2013; Hussein et al., 2015; NAO, 2014; NMDS 2014; NMDS-SC, 2016; Skills

for Care on behalf of the Department of Health, 2014).

7.4 Strengths of the research

The research contains a number of important strengths. A key strength and extension to

previous research has been the inclusion of not only those currently performing the role as

previous research has done (e.g. Rubery et al. 2011), but also those who had left the role

and in some cases sector. This coupled with interviewing individuals from a variety of adult

social care types provides considerably more in depth findings, and is a significant step

forward beyond the current evidence base that is largely a result of survey based methods

on care providers of older people (Rubery et al. 2011; Consilium and Skills for Care, 2016).

The present research also looked to tackle the turnover problem (see section 2.2) through

identifying key drivers of retention, and in doing so answered calls from previous literature

(Rubery et al, 2011). This helps to provide the sector with evidence based recommendations to impact on an area of hard pressing demand.

The inclusion of both quantitative and qualitative methodologies, providing separate but complimentary data, stems from the research's philosophical position and is a major strength. For example the qualitative strand enabled identification of the drivers of turnover that were not established through quantitative methods; whilst the two methods combined to create a bespoke performance effectiveness measure for the sector.

Beyond this, the developed care worker performance effectiveness measure for adult social care providers is a major contribution of the research. It provides contributions practically as well as theoretically and methodologically. Performance is often seen as the criterion problem and despite managers intuitively knowing if someone is effective they do not know how to measure it (Woods 2008, Dalal, 2005). The lack of measure within adult social care exemplified this. This research addressed this and it is a core strength to the research. The implementation of ProMES methodology (Pritchard,1990) enabled an inductively driven measure to be constructed in combination with the key sector stakeholders including service users and their families. This ensured the measure was valid and representative of what the sector sees as crucial in performance. The gaining of stakeholder participation and consensus is also further evidence of its validity and helps to gain sector support for the measure (Patterson et al., 2008; Currie et al., 2004). Through utilising a variety of care provider types to inductively derive and then quantitatively validate it, the developed measure can be operationalised across adult social care and this is another strength. The testing and validation of the measure involved using new samples, which demonstrates the validity and generalisability of the measure. Further to this, the developed measure fills a gap in the literature, and also enables a more objective measure of care worker performance within the main research study by an independent assessor. This helps prevent the bias that self report

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measures are susceptible to and overcomes limitations of previous research (e.g. Consilium and Skills for Care, 2016).

The predominant strength of this research is the practical evidence-based recommendations it has provided the sector with. This is regarding the key individual characteristics and wider attitudinal and organisational factors that are influential in leading to, and impacting on, performance, job satisfaction, turnover intention and turnover. This is as outlined in the practical recommendations section above (section 7.3.1). The research has provided the sector with an evidence base to enhance recruitment, selection and management practices. The measures both of individual differences, organisational behaviours and outcomes are all derived from established scales which reiterates the validity of the proposals. The main longitudinal study incorporation of multiple data collection points provides a significant strength as it enables the assessment of processes and impacts over time (Bryman & Bell, 2003; Pettigrew, 1990). And overcomes some of the challenges of common method variance whereby the same person at the same time is reporting on their own personality and performance. This coupled with the independent assessment of performance is a prominent feature.

Overall this research provides adult social care with up to date findings that are especially timely given the changes to the sector (e.g. financial (Age UK, 2015; BBC 2017; BBC, 2016; Hunter, 2015) and new training and regulatory initiatives (e.g. care certificate -Skills for Care, 2015b)) since previous research recommendations (e.g. Rubery et al., 2011).

7.5 Limitations and future research directions

Despite the theoretical and practical implications of this research, there are several limitations to note. The present research developed a general model of effectiveness that can be applied across adult social care and provides the sector with recruitment and

selection recommendations. This was an important development given the current lack of established recommendations available. However it could be argued that it would be more useful to develop specific sub-sector models. For example developing separate models and recommendations for care of older people, dementia care, nursing care, learning disabilities etc. Future research should therefore consider developing bespoke models for the sub-sectors. This was beyond this research scope but could provide further advancement for adult social care recruitment and selection. Linked to this, the care worker performance effectiveness measure was also developed in order to provide the sector with a way of assessing performance. This was necessary given the lack of an agreed upon and established measure within adult social care. Future research could look at developing bespoke performance assessment measures for the sub-sectors, or alternately could develop extensions to the general measure developed here. These could then be "bolted-on" depending on the specific sub-sector requirements.

The absence of incorporating service users within the main research study as a means of assessing care worker performance could be seen as a limitation. This should be rectified in future research. Service users are a crucial part of care worker performance and directly impacted by it. Indeed the inclusion of a measure of service user satisfaction would have strengthened the research and helped to provide a more thorough examination of care worker performance. However, the decision was taken to not include service users within the main longitudinal study in order to keep it consistent between care providers; at some care providers service users did not possess the capacity to take part. A solution to this might be to include service user representatives but this was beyond the scope of this research. As a way of ensuring the voice of service users was heard in the research, they and their representatives were included within the development of the care worker performance assessment measure. This ensured what they view as important in care worker performance was included within performance assessment. Therefore the research has included service user voice and opinions in a key component of the research. Future research could look to

utilise service users more and could develop a measure of service user satisfaction to further assess care worker performance.

On the notion of care worker performance assessment, it can be argued that a further limitation pertains to the accuracy of managerial assessments. For example the mood of the manager when they completed the care worker performance effectiveness measure or their feelings towards a given worker may bias their judgements. Similarly the recent performance of a worker may impact on judgements. As well as this the manager may be subject to making comparisons between different worker ratings if they are assessing multiple workers at one time. This is opposed to judging each worker on their own merit. These limitations could be overcome in future research in a number of ways. Having managers provide multiple performance assessments over a period of time and taking the average would help reduce mood bias and the impact of recent performances. Alternatively having both the manager and a supervisor provide ratings would enable a more representative evaluation of a worker's performance. This was considered within the present research but fell beyond the scope, future research however could follow this avenue.

Despite the care worker performance effectiveness measure being inductively derived in line with ProMES methodology to ensure stakeholder and sector buy in and then subsequently validated with two separate samples, it would benefit from additional testing. This is because the initial sample that was used to quantitatively analyse the initial scale structure through scale reduction techniques was small. It may be that this limited sample size is responsible for such a large revision of the grouping of survey items from the initial ProMES results (as outlined in chapter six). The consequence is that if a different sample was utilised it may well produce a completely different factor structure for the survey items, and indeed a much larger sample may potentially lead to the items grouping together in the initial groups they were formed in. For example all the communication items for staff may regroup in to this original grouping. This is a prominent limitation. Coupled with this the confirmatory factor

analysis sample was also small and the analysis led to unstable statistics relating to the scale fit indices. This demonstrates that the measure appears to not be as stable as it should be. This is another important limitation to note and demonstrates that further testing on larger samples is needed going forward if this measure is to be developed to a standard for operational use.

When considering the limitations with the performance measure this also brings in to focus the need to ensure required scale reliabilities. In relation to the performance measure the initial sample identified two factors to have reliabilities below the required level. Moreover the second sample used within the main research study identified one scale to be below the required level. This demonstrates reliability issues with the measure. With respect to other scale reliabilities within this thesis there are low reliabilities on some of the scales utilised in the main research study (see chapter five methodology for Cronbach scores). This again brings in to focus the need to take the findings within this thesis with a degree of caution, and future research should look to incorporate larger sample sizes to build on the present study findings.

With respect to a further research direction relating to the performance measure, it is also proposed to be a way of identifying those workers with lower performance. Therefore future research could look at whether it is viable to use the measure in this way and whether it can have the desired effect of identifying specific learning needs. This would also aid in demonstrating whether additional further refinement is required. Together this will help create firmer sector acceptance and application and promotion of the care worker performance effectiveness measure.

It is also important to note the limitation pertaining to the moderation analyses that were undertaken. The moderation analyses uncovered some interesting and important findings to consider. However these were empirically driven through testing the effects of the potential

moderators based on a broad appreciation that they may have an impact on the antecedent-effectiveness relationship. Therefore results were identified based on the main effects being significant as opposed to the more favourable position of testing moderation based on solid theoretical justification. It is therefore important to note this limitation.

Beyond this, the operationalising of personality within the research could also impact on the findings. This research opted for the Big Five Inventory (John & Srivastava, 1999; Soto & John, 2009) due to its validity and concise nature. However it could be argued a longer more detailed measure such as the NEO-PI-R (240 items) (Costa & McCrae, 1992) would have provided a more detailed measurement of personality. Future research could therefore look to utilise a more thorough measure. However personality formed only part of this research focus. It would have been impractical to include a longer measure within the surveys, and would have risked lowering response rates due to the survey's length. There are also issues with some of the facet measures utilised. Due to the need to ensure that the surveys remained a manageable length and would not put respondents off completing them, some facet measure scale lengths were reduced, and this in part may explain some of the low scale reliabilities identified. This was necessary, but it would have been preferable to implement the full scales within this research. This is something future research could consider doing on those measures identified as significant here.

The application of values can be argued as being underrepresented within this research. Future research could look to examine Schwartz (2012) full values circumplex and consider how each values area impacts relative to one another and the role they have on the effectiveness areas identified in this research. It may be that there are values within the circumplex that are more applicable than those selected, and this may show values to be influential in producing the effectiveness outcomes. The present research failed to establish any significant role of the selected values so this possible research avenue could offer new evidence for the role of values. This would be important in helping to identify further

individual differences that are influential in effectiveness. This can then help further inform recruitment and selection practices. The inclusion of all values from the circumplex was beyond the present research focus and it therefore only incorporated the values areas that conceptually related to the present area and job role of interest.

The models constructed within this research relating to performance, job satisfaction, and turnover intention account for only modest amounts of variance. While it was shown that the predictors identified are important variables in producing these effectiveness outcomes it does raise questions as to what other variables beyond the scope of the present research may be influential. For example the present research chose to not incorporate measure of intelligence. This is despite intelligence having a proven association with performance (e.g. Schmidt & Hunter, 1998). It therefore may have important impacts and be influential. Therefore it is not possible to state that the models developed within this research are the sole aspects to consider in relation to the effectiveness areas. This limitation creates a path for future research to look to identify what wider aspects are influential. For example Organisational Citizenship Behaviour (OCB) (Organ, 1997) includes the performance of voluntary and extra behaviours that supplement task performance, such as helping others. This was not included here but could be examined in more detail in relation to the care worker role in future research. Through future research considering wider factors such as these it may also help to identify aspects to link to turnover.

The quantitative research within this project failed to establish any findings relating to turnover. Instead current recommendations are based on the present research's qualitative findings. This provides an avenue for future research to explore. Career ambition was identified as a driver of turnover during interviews, and this extended Rubery et al. (2011) who proposed its examination. It was however found to be non significant in leading to turnover and therefore raises questions over whether the measure chosen (protean career) is capturing the type of career ambition that links to turnover. Future research could therefore

look to identify the aspect of career ambition that does associate with turnover, as this will then help provide recommendations of items to incorporate within selection to identify those at high risk of leaving if career opportunities are not made available to them.

A further limitation is the data for the main longitudinal study being collected in two waves. This resulted in the second wave having some of their outcome data (job satisfaction and turnover intention) collected at the same timepoint as the moderator data. This led to some, but not all of the data, being susceptible to common method bias (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003; Richardson, Simmering, & Sturman, 2009). This was a necessary compromise given the time scale of the research. Future research should look to overcome this by ensuring a larger sample size at the start or building in a longer project time line to enable a further data collection point if they are implementing a second wave. The sample size of the main research study is another limitation to the research. Future research should look to utilise a large sample size to ensure the findings are more representative of the adult social care worker population. This research found accessing and gaining participation from care providers was particularly challenging. This is a finding in itself and future research should be aware of the difficulties in finding willing care providers to take part in research. This makes the adult social care sector a challenge to research in. Research is needed such as this to help provide recommendations to improve practices, but without willing participation this provides a block to those wanting to help. It is acknowledged the funding restraints faced by the sector, but this was expected to enhance participation in a free to take part research project offering free recommendations. Future research should not be put off by this but should be aware of these challenges.

A further limitation to acknowledge is that this thesis focuses on individual characteristics and perceptions as opposed to wider structural factors that may also play a part in affecting the effectiveness areas. For example due to staffing and service demand, care workers often

face tight deadlines and prescriptive care plans in order to ensure all service users are seen. However these tight timescales undoubtedly may impact on the effectiveness areas. For example performance may be inhibited whereby a worker does what is needed in the role when working, but does not have time to do the extra aspects that would make them stand out as a care worker. Similarly time restraints may explain why those lower in conscientiousness were found to be more satisfied. This is because those who are higher on conscientiousness and prefer to be detail conscious in their work may be prevented working in this manner due to time restrictions, and this consequently lowers their satisfaction. The inclusion of these wider structural factors fell beyond the scope of this research, but it is acknowledged that these factors may also be influential. Coupled with this there is a marked increase in the number of people using directly employed care workers. The present research included workers from different sectors in order to enhance the representation and generalisability of the results. However the research did not include people or care workers relating to direct payment in the sample. It is possible that the inclusion of directly employed care workers (often termed personal assistants) might possibly have led to different results.

Going forward wider effectiveness areas could also be examined such as OCB (Organ, 1997) and Counterproductive Work Behaviour (CWB). This is because these are also important aspects of performance and relate to the manner in which a worker conducts themselves. These will also have knock on implications for fellow workers and service users. For example OCB is proposed to have three dimensions (Hanson & Borman, 2006). The first is *personal support*, whereby the worker demonstrates helping others by offering suggestions, providing emotional support, and showing consideration, courtesy and tact to others. This appears important in relation to service user orientated tasks but also when working in a team. Given a poor team is cited in this research to cause turnover, it may be those demonstrating OCB will lead to better team functioning and lower turnover. This is something future research could examine. The second dimension of *organisational support* links to staying with the provider and supporting its objectives, which again is important given

the high turnover the sector suffers from. The final dimension of *conscientious initiative* relates to persisting with extra effort despite difficult conditions and taking the initiative to accomplish objectives. This again would be advantageous in the care worker role. It would therefore be worthwhile future research identifying the antecedents to this type of OCB performance as it can have favourable implications on the care worker's overall performance and effectiveness. Research could look to establish whether the present research antecedents and wider attitudinal and organisational factors are influential in leading to OCB.

CWBs are damaging. Viswevaran and Ones (2000) state CWB to include property damage, substance abuse at work, violence, social loafing, absence and turnover. The present research examined both absence and turnover but failed within the main longitudinal quantitative study to identify the antecedents to these. Given the important adverse role CWB can have and the dangerous ramifications it can have in a role such as the care worker, establishing causes of it is essential. CWB has the potential to impact on service user experience, health, and the conditions of the care home more broadly. The danger of CWB is demonstrated through failures in care such as those identified in the Francis (2013) report. Future research could focus solely on identifying the causes of CWB in care workers. It could use the present research qualitative findings as a basis to explore antecedents when doing so. This would help tackle maladaptive practices within adult social care.

The present research found turnover intention is a result mainly of provider practices not individual characteristics (at least those assessed in this research). As a result this also provides an avenue for future research to explore. Research can look to examine how different interventions such as enhancing organisational justice and environment fit (as outlined in the practical recommendations) may impact on the relevant effectiveness areas. This can then identify specific intervention strategies to recommend.

Organisational identification and organisational commitment was surprisingly found not to be significant in relation to turnover (contrary to previous research e.g. Hom et al., 1979; Meyer et al., 2002; Pierce & Dunham, 1987; Simons & Roberson, 2003; Van Dick et al., 2005). This could be due to workers identifying with the job role opposed to the provider and being committed to the profession rather than the provider. Future research could look to assess these attributes in relation to the job role rather than provider and see if this produces different findings. If found this would then be consistent and help in explaining the churn effect that seemingly happens in the sector (Skills for Care, 2015d) whereby a worker changes care provider but remains working as a care worker.

Finally future research could look to track the recommendations made within this thesis and follow up and assess the impacts in care providers and homes that adopt the recommendations made. This would reveal the longer term effects of the individual differences, such as personality traits, proposed for inclusion in the recruitment and selection of care workers. It would also reveal the longer term effects of changes in care provider and management practices, such as improving communication channels, ensuring the workers feel practices are fair and just, and making management more accessible and supportive. It would also be interesting for future research to examine the effects of maximising contact time with service-users. Service-users were found to be a crucial part of the role within this research and a key driver of retention and satisfaction. Therefore examining the impacts of providers that maximise contact time for workers with service users would be an important avenue. Future research could also examine whether creating career paths for those with career ambition is a successful way in enhancing retention rates and reducing worker turnover. This was identified as a core driver of turnover. Therefore examining proactive ways to prevent it through developing career paths is important. If this is successful in lowering turnover then this identifies a vital recommendation the sector as a whole can look at adopting; making care a career not just a job.

7.6 Conclusion

Adult social care is a sector faced with the challenge of recruiting up to a million more workers by 2025, whilst being a sector plagued by high turnover (Donoghue, 2009; Eborall et al., 2010; Ekosgen for Skills for Care, 2013; Hussein et al., 2015; Imison & Bohmer, 2013; NAO, 2014; NMDS 2014; NMDS-SC, 2016; Skills for Care on behalf of the Department of Health, 2014) and financial strain (AGE UK, 2015; BBC, 2016; Moron, 2015; The Kings Fund, 2015; NAO, 2018). Current recruitment, selection and retention recommendations predominantly suffer from a lack of a robust evidence base and in depth analysis; as well as from a lack of agreement over what constitutes effectiveness in relation to the care worker role. The present research therefore sought to address this and provide the sector with evidence-based recommendations to enhance the recruitment, selection and retention of care workers.

In relation to the turnover suffered by the sector previous research identified drivers of satisfaction to include aspects such as autonomy and flexibility in the role, liking care work, and making a difference through their work. Drivers of dissatisfaction related to factors including management practices, working hours, and being understaffed (Cunningham 2005; Downs, 2016; Eborall, 2003; McClimont & Grove 2004; Rubery et al., 2011; Skills for Care (TNS), 2007). This previous research neglected consulting workers who had left the job role and focussed primarily on care providers of older people using survey based methods. Furthermore, the adult social care sector faced the 'criterion problem' (Woods, 2008; Dalal, 2005). The consequence being current recruitment and selection recommendations are largely based upon fitting a care worker to the culture of a provider (e.g. Consilium & Skills for Care, 2016) rather than establishing a link to between the individual's characteristics and effective performance.

The present research focus therefore was on addressing these areas through identifying

what the specific drivers of turnover and retention are for adult social care workers, establishing what constitutes effectiveness in relation to the care worker job role, seeking to provide robust recommendations on the individual characteristics to recruit and select on based on the effectiveness areas identified, recommend methods to use when recruiting these characteristics, and to identify the wider attitudinal and organisational aspects that impact on whether these effectiveness areas are realised.

The thesis reports the findings of three studies to address these aims. The first implemented qualitative interviews with thematic analysis to identify the drivers of attraction (satisfaction and tenure) and attrition (dissatisfaction and turnover). The second, underpinned by ProMES methodology (Pritchard, 1990; Naylor et al. 1980), inductively derived and quantitatively validated a performance effectiveness measure. This was done through consulting sector stakeholders and provided managers and supervisors with a measure to use to assess care worker performance. The third involved a longitudinal study to establish the individual characteristics that lead to the four effectiveness areas of interest. The third study additionally examined wider attitudinal and organisational aspects to identify the conditions under which the relationships were enhanced or inhibited; as well as helping identify measures to inform the recruitment and selection processes in adult social care going forward.

Study one identified the key drivers of turnover to be career prospects, management not listening, a poor team, burnout, and staffing levels. The key drivers of retention were the service users and contact time with them, and care work being all they wanted to do. Study two developed and validated a measure of performance through utilising qualitative methods initially in phase one; before quantitative methods including exploratory and confirmatory factor analysis were implemented to confirm the psychometric properties of the measurement scale in phase two. Study three found that (1) No one model or set of variables explains all effectiveness areas within this research. (2) The key predictors of performance

are extraversion, conscientiousness, and experience seeking. Environment fit was also influential in performance and conscientiousness was susceptible to moderation effects. (3) The key predictors of job satisfaction are conscientiousness, agreeableness, neuroticism, warmth, and calmness. The influential attitudinal and organisational factors are organisational commitment, satisfaction with the amount of service user contact time, organisational justice and environment fit. Organisational justice and commitment were influential in a moderating capacity in relation to job satisfaction. (4) The key predictors of turnover intention are neuroticism, altruism, compliance, organisational commitment, and organisational justice. (5) The model failed to identify any key variables in predicting and explaining turnover or absence. (6) There are common variables with opposing effects on job satisfaction and turnover intention; indicating enhancing job satisfaction via these variables produces a dual benefit of also reducing turnover intention.

The present research helps to develop a strategic approach to recruitment, selection and retention in adult social care through providing robust evidence based recommendations. This extends previous research that has looked to advise on recruitment practices. The research has further identified drivers of turnover and retention and has extended the sectors understanding of causes behind the turnover experienced. Beyond this it has demonstrated the influential role personality has on the key care worker effectiveness areas, and therefore provides empirical evidence for utilising personality in care worker selection going forward. It also advises on methods to do so. Furthermore, it has shown wider attitudinal and organisational variables impact on effectiveness. Consequently managerial practices should also be addressed and this can be done in line with this research's recommendations (practical recommendations section 7.3.2). Alongside this the research has provided further theoretical advancement through creation of a performance effectiveness measure. Together the findings of this research provide valid evidence-based recommendations to inform the development and enhancement of care worker recruitment, selection and retention practices going forward in adult social care. This is a paramount contribution that this research makes.

Chapter 8 - References

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Appendices

Appendix A - Johnson et al. (2011) supervisor performance skill measures.

(Rates 1 Very poor- 5 Very good)
1 Directly assisting in activities of daily living (ADLs)
2 Transferring consumer
3 Performing household chores
4 Money management
5 Medication management
6 Providing effective prompts
7 Directly advocating for consumer
8 Listening effectively
9 Providing positive behavior supports
10 Providing consumer training and education
11 Making accurate functional assessment of consumer
12 Speaking effectively
13 Using technology
14 Collecting and analyzing information
15 Analyzing and solving problems
16 Decision making
17 Organizing and planning
18 Social skills
19 Adaptability
20 Working in teams
21 Working independently
22 Responsible
23 Effective reading skills
24 Effective writing skills
25 Works well with basic arithmetic
26 Can effectively utilize community resources
27 Conscientiously adheres to rules
28 Excellent attendance record
29 Consistently demonstrates punctuality
30 Exhibits compassion/tolerance
31 Exhibits patience/persistence
32 Attentive to consumer
33 Responsive/consumer centered
34 Focused
35 Self development/learning

Appendix B - Interview questions schedule for study one

1. How long have you been a care worker?
2. How long have you been in this role?
3. How are you supported in your role of a care worker?
4. What types of training have you undertaken for your care worker role- probe on the job etc- types?
5. How has this training helped you in practice?
6. What hours do you work – probe for shift work etc…
7. Do you work in a team? –probe if team is good/ effect job enjoyment?
8. How are you supervised? – probe do you see this relationship as key to the enjoyment of the role?
9. What do/ did you enjoy about work as a care worker? Give me some examples….
10. What would you say is/ was your favourite part about being a care worker?
11. What do/ did you not like about working as a care worker? Give me some examples….
12. What is/ was your least favourite part about the care worker role?
13. What aspects about being a care worker make/ made you want to stay in the job?
14. What aspects about being a care worker make/ made you want to leave the job?
15. Is there anything about a care worker role that I should have asked but didn't ask?

Appendix C - Study one Interview study on attraction and attrition participant information sheet

Study title

   Understanding why some care workers stay and why others leave the profession.

Invitation paragraph
You are being invited to take part in a research study that is forming part of the doctoral thesis of John Barratt, a doctoral student at Aston University. Before you decide whether or not to take part in this research, it is important that you are aware of and understand why the research is being undertaken and what is involved should you agree to take part. Please take time to carefully read the below information.

What is the purpose of the study?
The aim of this study is to understand why some care workers choose to stay in the profession and have long lasting careers, and why others choose to leave the profession. This study will involve one 20-30 minute Interview and will involve just you and the researcher in a one-to-one interview.

Why have I been invited to participate?
You have been invited to take part in this study because you are either a care worker currently working within social care; or have recently left your role as a care worker. Your employer (or old employer) has agreed to take part in this research and has in turn offered you the opportunity to take part. This study in total will involve interviews with 20-30 care workers. Those participating represent a mix of long and short tenured care workers.

Do I have to take part?
Participation in this research is completely voluntary. If you decide to take part in this research you will be given this information sheet to keep, and will be provided with a consent form to sign. Should you agree to take part, you are still free to withdraw at any time you wish and without giving reason for doing so

What will happen to me if I take part?
If you decide to take part you will be involved in a one-to-one interview with the researcher. This will take around 20-30 minutes. At the start of the interview you will be asked if you mind the interview being audio recorded. If you do not want to be the researcher will instead make hand written notes.

What are the possible benefits of taking part?
The benefits of taking part include being part of a novel ground breaking piece of research that is looking to improve the social care sector. Beyond this, it provides opportunity to discuss how you feel about the care worker role and what you like and dislike about it. The information you provide will help care providers consider how they may improve the role.

Will what I say in this study be kept confidential?
All information collected from this study will be kept strictly confidential. The only people who will have direct knowledge and access to the information obtained is the researcher. Information will be anonymised upon transcription and entry into the database to ensure confidentiality. The only person with access to the database will be the researcher. The database itself will be stored on a password-protected computer. You the participant will be provided with a participant number. This number will link to the information collected and stored in the database. This number allows confidentiality, and should you wish to withdraw at a later date all you need do is provide this number when withdrawing to allow the

researcher to remove your information. Nowhere will any identifiable information be used or published.

Data generated by the study must be retained in accordance with the University's policy on Academic Integrity. This means that the data generated in the course of the research must be kept securely in paper or electronic form for a period of ten years after the completion of the research project. In this case as stated it will be on a password protected computer, with the researcher the only person with access.

What should I do if I want to take part?
Should you wish to take part in this research, please fill out the consent form and return it to your manager or supervisor (or the person who informed you of this study), who will then return this to the researcher.

What will happen to the results of the research study?
The overall results of this research will be used in the PhD thesis of John Barratt. They will also be used in publication in academic journals and to inform recruitment, selection and retention in the social care sector. A report of the research findings will also be developed and provided to your organisation as a result of taking part. Should you wish to obtain a copy or see the findings it is this report you should request from your provider.

Who is organising and funding the research?
I am conducting this research as a PhD student at the Aston University Business School, Work and Organisational Psychology department at Aston University. The research is being funded by Cohesion recruitment.

Who has reviewed the study?
The research has been approved by the University Research Ethics Committee, Aston University.

Contact for Further Information
If you have any questions please do not hesitate to contact me John Barratt by email:

If you have any concerns about the way in which the study has been conducted, please contact the Secretary of the Aston Business School Research Ethics Committee on

Thank you
Thank you for taking the time to read through this information sheet. If you wish to take part, please sign and return the attached consent form.

Appendix D - Study two Identification of key performance outcomes as a result of effective care worker performance Phase one ProMES information sheet

Study title

Identification of key performance outcomes as a result of effective care worker performance

Invitation

You are being invited to take part in a research study that is forming part of the doctoral thesis of John Barratt, a doctoral student at Aston University. Before you decide whether or not to take part in this research, it is important that you are aware of and understand why the research is being undertaken and what is involved should you agree to take part. Please take time to carefully read the below information.

What is the purpose of the study?

The aim of this study is to identify the key performance outcomes of effective care worker performance, and to identify what indicators would show whether or not this effective performance is happening in the day-to-day care setting. The study will involve an initial discussion, which will last between 45 minutes to an hour. Subsequently we may ask you to participate in further sessions. The discussion group will contain various stakeholders so that all views are put forward and the resulting outcomes and indicators agreed upon are fully representative. The stakeholders who will be taking part include: Care home/ provider manager, care supervisor, care worker, and service-user (and/or family member representative)

Why have I been invited to participate?

You have been invited to take part in this study because you represent one of the key stakeholders that this study is looking to hear the views of. This is to ensure all perspectives are used to contribute to identification of the key performance outcomes of effective care worker performance.

Do I have to take part?

Participation in this research is completely voluntary. If you decide to take part in this research you will be given this information sheet to keep, and will be provided with a consent form to sign. Should you agree to take part, you are still free to withdraw at any time you wish and without giving reason for doing so.

What will happen to me if I take part?

If you decide to take part you will be involved in the discussion group. This will take around 45 minutes to an hour. At the start of the group you will be asked if you mind the group being audio recorded. If you do not want to be the researcher will instead make hand written notes.

What are the possible benefits of taking part?

The benefits of taking part include being part of a novel ground breaking piece of research that is looking to improve the social care sector. Beyond this, it provides the opportunity to discuss what you believe are the key outcomes of effective care worker performance, and what you like to see. This group enables you to put your view across of what is most important to you. The information you provide will help in the development of a performance measure that can be used to assess care worker performance.

Will what I say in this study be kept confidential?

All information collected from this study will be kept strictly confidential. The only people who will have direct knowledge of what is said is those within the discussion group. Information will be anonymised upon transcription and entry into the database to ensure confidentiality. The only person with access to the database will be the researcher. The database itself will be stored on a password-protected computer. You the participant will be provided with a participant number. This number will link to the information collected and stored in the database. This number allows confidentiality, and should you wish to withdraw at a later date all you need do is provide this number when withdrawing to allow the researcher to remove your information. Nowhere will any identifiable information be used or published.

Data generated by the study must be retained in accordance with the University's policy on Academic Integrity. This means that the data generated in the course of the research must be kept securely in paper or electronic form for a period of ten years after the completion of the research project. In this case as stated it will be on a password protected computer, with the researcher the only person with access.

What should I do if I want to take part?
Should you agree to take part in this research, please fill out the consent form and return it to your manager or supervisor (or the person who informed you of this study), who will then return this to the researcher.

What will happen to the results of the research study?
The overall results of this research will be used in the PhD thesis of John Barratt. They will also be used in publication in academic journals and to inform recruitment, selection and retention in the social care sector. A report of the research findings will also be developed and provided to your organisation as a result of taking part. Should you wish to obtain a copy or see the findings it is this report you should request from your provider.

Who is organising and funding the research?
I am conducting this research as a PhD student at the Aston University Business School, Work and Organisational Psychology department at Aston University. The research is being funded by Cohesion recruitment.

Who has reviewed the study?
The research has been approved by the University Research Ethics Committee, Aston University.

Contact for Further Information
If you have any questions please do not hesitate to contact me John Barratt by email:

If you have any concerns about the way in which the study has been conducted, please contact the Secretary of the Aston Business School Research Ethics Committee on

Thank you
Thank you for taking the time to read through this information sheet. If you wish to take part, please sign and return the attached consent form.

Appendix E – ProMES group question schedule

1. First of all Id like to go round and each person just introduce themselves and their role here and say how you define high quality care worker performance? What does it look like?

2. What are the most important aspects of a care worker job role?

3. What can a care worker do to make a difference? How do we know someone is an effective care worker?

4. What are the key objectives or outcomes of an effective care worker performance?

5. What aspects of performance make someone an especially effective care worker? What makes a care worker stand out as good from bad?

6. What do care workers do to ensure good outcomes for service-users?

Appendix F – ProMES developed care worker performance effectiveness measure

Manager or supervisor:_____ Care worker assessed: _____

About the care worker:

Position/ Job role_____

Gender_____

Age_____

Employment type: Full time   Part time   Temporary

Tenure in role_____

Nationality_____

First language_____

Professional qualifications_____

Maths qualification_____

English qualification_____

Please read each statement below carefully and select your assessment of the given care worker's performance for each statement. It is important you give an honest assessment in order to maximise the benefits of the assessment and the subsequent further refinement of the tool.

	Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly agree
Care worker is competent at following the care plan					
Care worker follows the procedures of moving and handling					
Care worker effectively delivers on set goals when working alone					
Care worker keeps accurate records					
Care worker works effectively in a team					
Care worker completes tasks on time					
Care worker is competent at completing the tasks required by the job					
Care worker follows the procedures relating to medication					
I have confidence in care worker's ability to work alone					
Care worker keeps person centred records					
Care worker does not contribute to the team					
Care worker is punctual					

I have confidence that care worker is competent in their job role					
Care worker follows infection control procedures					
Care worker asks for help when needed					
Care worker keeps factual records					
Care worker helps ensure team goals are met					
Service-users are often disrupted due to care worker not working in a timely manner					
Care worker follows the provider/ homes daily procedures					
Care worker records errors when they occur					
Care worker appreciates the contribution of other team members					
Care worker struggles to use training in daily work					

	Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly agree
Care worker does not communicate effectively with service-users					
Care worker communicates effectively with other staff members					
Care worker promotes independence of service-user by offering them a choice of activities					
Care worker sees each service user as an individual					
Care worker treats service-users with dignity					
Care worker ensures service-users are safe at all times					
Service-users are left satisfied after care worker interaction					
Care worker communicates clearly with service-users					
Care worker does not notify other staff about changes in service-user circumstances					
Care worker encourages service-users to make decisions					
Care worker realises a one-size fits all approach doesn't work when dealing with service-users					
Care worker is not respectful of service-users					
Care worker carries out risk assessments					
Service-users enjoy the company of care worker					
Care worker has effective non-verbal communication skills					
Care worker has effective written communication					

Care worker enables independence of service-users					
Care worker can identify changes in service-user mood through knowing them as an individual					
Care worker respects service-user property					
The safety of service-users is compromised when care worker is working					
Service-users are often left unhappy with care worker					
Care worker communicates politely with service-users					
Care worker has effective verbal communication skills					
Care worker respects service-user opinions					
Service-users know they can speak to care worker and that they will be listened to					
Incidents occur as a result of care worker not listening					

	Strongly Disagree	**Disagree**	**Neither agree nor Disagree**	**Agree**	**Strongly agree**
Care worker demonstrates compassion towards service-users					
Care worker is able to understand service-user perspective					
Care worker shows encouragement towards service-users					
Care worker is passionate about their job role					
Care worker shows a willingness to listen to service-users					
Care worker struggles to relate to service-users					
Care worker enables service-users to be independent within their limits					
Care worker is enthusiastic about their job role					
Care worker is ready to support service-users in a major personal incident					
Care worker takes time to relate to service-user					
Care worker encourages service-users to accomplish tasks within reasonable risk					
Care worker treats the job role as a job, nothing more					
Care worker demonstrates empathy towards service-users					

	Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly agree
Care worker embraces change					
Service-users are often left repeatedly asking care worker for help					
Care worker puts the service-user's needs first					
Care worker adapts to the needs of family members					
Care worker helps service-users without prompting from management					
Care worker rarely puts themselves out for service-users					
Care worker adapts to the needs of service-users					
Care worker helps service-users with physical needs					
Care worker struggles to adapt to changing situations					
Care worker helps service-users with emotional needs					

Appendix G – Study two Identification of key performance outcomes as a result of effective care worker performance Phase two ProMES information sheet

Title

Development of a performance assessment measure for care workers

Invitation paragraph
You are being invited to take part in a research study that is forming part of the doctoral thesis of John Barratt, a doctoral student at Aston University. Before you decide whether or not to take part in this research, it is important that you are aware of and understand why the research is being undertaken and what is involved should you agree to take part. Please take time to carefully read the below information.

What is the purpose of the study?
The aim of this study is to develop a set of items that will form a performance measure that supervisors and managers can use to assess care worker performance. The reason for this research study is that there is currently no general measure available for managers and supervisors to use to assess care worker performance. This study will involve superiors or managers using a developed performance measure to assess care worker performance.

Why have I been invited to participate?
You have been invited to take part in this study because you are currently a manager, supervisor or care worker in social care. Your provider has agreed to take part in this research and has in turn offered you the opportunity to take part in this research study. This study in total will involve 200+ care workers being assessed using this measure from several different providers.

Do I have to take part?
Participation in this research is completely voluntary. If you decide to take part in this research you will be given this information sheet to keep, and will be provided with a consent form to sign. After deciding to take part, you are still free to withdraw at any time you wish and without giving reason for doing so.

What will happen to me if I take part?
If you decide to take part you will be provided with an assessment measure to use to assess care worker performance.

What are the possible benefits of taking part?
The benefits of taking part include being part of a novel ground breaking piece of research that is looking to improve the social care sector. You will directly have aided in the development of a novel performance assessment measure.

Will what I say in this study be kept confidential?
All information collected from this study will be kept on a strictly confidential database at Aston University. Information will be anonymised upon entry into the database to ensure confidentiality. The only person with access to the database will be the researcher. The

database itself will be stored on a password-protected computer. You the participant will be provided with a participant number. This number will link to the information collected and stored in the database. This number allows confidentiality, and should you wish to withdraw at a later date all you need do is provide this number when withdrawing to allow the researcher to remove your information. Nowhere will any identifiable information be used or published.

Data generated by the study will be retained in accordance with the University's policy on Academic Integrity. This means that the data generated in the course of the research must be kept securely in paper or electronic form for a period of ten years after the completion of the research project. In this case as stated it will be on a password protected computer, with the researcher the only person with access.

What should I do if I want to take part?
Should you wish to take part in this research, please fill out the consent form and return it to the researcher.

What will happen to the results of the research study?
The results of this research will be used in the PhD thesis of John Barratt. They will also be used in publication in academic journals and to inform further performance measure developments. A report of the overall research findings will also be developed and provided to your organisation as a result of taking part. Should you wish to obtain a copy or see the findings it is this report you should request from your provider.

Who is organising and funding the research?
I am conducting this research as a PhD student at the Aston University Business School, Work and Organisational Psychology department at Aston University. The research is being funded by Cohesion recruitment.

Who has reviewed the study?
The research has been approved by the University Research Ethics Committee, Aston University.

Contact for Further Information
If you have any questions please do not hesitate to contact me John Barratt by email:

██████████████

If you have any concerns about the way in which the study has been conducted, please contact the Secretary of the Aston Business School Research Ethics Committee on

██████████████

Thank you
Thank you for taking the time to read through this information sheet. If you wish to take part, please sign and return the attached consent form.

Appendix H - Study three Longitudinal study of care worker effectiveness participant information sheet

Study title

Longitudinal study of recruitment and selection effectiveness

Invitation paragraph
You are being invited to take part in a research study that is forming part of the doctoral thesis of John Barratt, a doctoral student at Aston University. Before you decide whether or not to take part in this research, it is important that you are aware of and understand why the research is being undertaken and what is involved should you agree to take part. Please take time to carefully read the below information.

What is the purpose of the study?
The aim of this study is to examine and identify aspects to look for in the recruitment and selection of care workers in social care. This study will run for 9 months with 3 data collection points. Data will be collected at the start point, 5 months on and a further 4 months on (9 months in total).

The type of data to be collected includes personality traits, personal values, satisfaction, turnover intentions and commitment. Each participant will also have their performance assessed by their supervisor or manager. Beyond this, absence records will be used to allow identification of aspects that lead to higher absence (total days absent beyond allocated holidays, not reasons for absence. This is if given consent by the participant).

Why have I been invited to participate?
You have been invited to take part in this study because you are either a care worker in social care, or a manager or supervisor who will complete the performance assessment of the participating care worker. You have been given this opportunity as a result of your provider agreeing to take part in this research. This study in total will involve around 1000 care workers across multiple social care providers.

Do I have to take part?
Participation in this research is completely voluntary. If you decide to take part in this research you will be given this information sheet to keep, and will be provided with a consent form to sign. After deciding to take part, you are still free to withdraw at any time you wish and without giving reason for doing so.

What will happen to me if I take part?
If you decide to take part and you are a care worker then you will be asked to complete three short surveys over a nine-month period. These will look at aspects such as those detailed above. If you are a manager or supervisor you will be provided with a performance measure by the researcher to complete to assess the performance of the care worker at the end of the nine-month study. Further aspects such as absence records (total days absent outside of allocated holiday- no absence reasons will be asked for or given) may be requested.

What are the possible benefits of taking part?
The benefits of taking part include being part of a novel ground breaking piece of research that is looking to improve the social care sector and its recruitment, selection and retention of care workers.

Will what I say in this study be kept confidential?
All information collected from this study will be kept strictly confidential. The only people who will have knowledge of the information obtained are the provider (for performance rating) and the researcher. Information will be anonymised upon entry into the database to ensure confidentiality. The only person with access to the database will be the researcher. The database itself will be stored on a password-protected computer. You the participant will be generated a participant number. This number will link to the information collected and stored in the database. This number allows confidentiality, and should you wish to withdraw at a later date this number will allow the researcher to remove your information. Nowhere will any identifiable information be used or published. Moreover, individual participant performance scores and how these link to your personality traits and values will remain confidential. General level findings and patterns will be revealed and discussed, but no individual data will be.

Data generated by the study must be retained in accordance with the University's policy on Academic Integrity. This means that the data generated in the course of the research must be kept securely in paper or electronic form for a period of ten years after the completion of the research project. In this case as stated it will be on a password protected computer, with the researcher the only person with access.

What should I do if I want to take part?
Should you wish to take part in this research, please fill out the consent form and return it along with your first survey in the pre-paid addressed envelope.

What will happen to the results of the research study?
The overall results of this research will be used in the PhD thesis of John Barratt. They will also be used in publication in academic journals and to inform recruitment, selection and retention in the social care sector. A report of the research findings will also be developed and provided to your organisation as a result of taking part. Should you wish to obtain a copy or see the findings it is this report you should request from your provider.

Who is organising and funding the research?
I am conducting this research as a PhD student at the Aston University Business School, Work and Organisational Psychology department at Aston University. The research is being funded by Cohesion recruitment.

Who has reviewed the study?
The research has been approved by the University Research Ethics Committee, Aston University.

Contact for Further Information
If you have any questions please do not hesitate to contact me John Barratt by email:

If you have any concerns about the way in which the study has been conducted, please contact the Secretary of the Aston Business School Research Ethics Committee on

Thank you
Thank you for taking the time to read through this information sheet. If you wish to take part, please sign and return the attached consent form.

Appendix I – Care worker survey first data collection point

Care worker survey 1

Name:_____ **Age:**_____ **Gender:**_____

Care provider:_____ **Care home name:** _____

Nationality:_____ **First language:**_____

Contract type (circle):   Full time   Part time   Temporary   Other_____

Job role/ position:_____ **Tenure in role:**_____

Total years in formal care_____

Total years in informal care (e.g. carer for parent):_____ **or   N/A**

How did you find out about the role?: Friend or family / Company advert /   Agency / Other

Driving license (Circle): Yes / No   **Own transport (Circle):** Yes / No

Living distance from work (approx. miles):_____

**English Qualification: **_____

IT qualification_____

Care qualification:_____

Maths qualification:_____

Available working hours (please circle): Mornings   Afternoons   Evenings   Weekends

Please read the statements below carefully and answer honestly. There are no right and wrong answers and please do not spend too long thinking about each statement, go with your first reaction.

Statements	Disagree Strongly	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I am someone who:					
Is talkative					
Tends to find fault with others					
Does a thorough job					
Is depressed, blue					
Is original, comes up with new ideas					
Is reserved					
Is helpful and unselfish with others					
Can be somewhat careless					
Is relaxed, handles stress well					
Is curious about many different things					

	Disagree Strongly	Disagree	Neither agree nor disagree	Agree	Strongly Agree
Is full of energy					
Starts quarrels with others					
Is a reliable worker					
Can be tense					
Is ingenious, a deep thinker					
Generates a lot of enthusiasm					
Has a forgiving nature					
Tends to be disorganized					
Worries a lot					
Has an active imagination					
Tends to be quiet					
Is generally trusting					

Statements	Disagree Strongly	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I am someone who:					
Tends to be lazy					
Is emotionally stable, not easily upset					
Is inventive					
Has an assertive personality					
Can be cold and aloof					
Perseveres until the task is finished					
Can be moody					
Values artistic, aesthetic experiences					
Is sometimes shy, inhibited					
Is considerate and kind to almost everyone					
Does things efficiently					
Remains calm in tense situations					
Prefers work that is routine					
Is outgoing, sociable					
Is sometimes rude to others					
Makes plans and follows through with them					
Gets nervous easily					
Likes to reflect, play with ideas					
Has few artistic interests					
Likes to cooperate with others					
Is easily distracted					
Is sophisticated in art, music, or literature					

Statements	Opposed to my values	Not Important	Neither important	Important	Of supreme importance

			nor not important		
Rate each value "As a guiding principle in my life"					
Loyal – (faithful to my friends, group)					
Politeness – (courtesy, good manners)					
True friendship – (close, supportive friends)					
Self-discipline –(self-restraint, resistance to temptation)					
Mature love – (deep emotional and spiritual intimacy)					
Honouring parents and elders –(showing respect)					
Honest – (genuine, sincere)					
Obedient – (dutiful, meeting obligations)					
Helpful – (working for the welfare of others)					
Responsible – (dependable, reliable)					
Forgiving – (willing to pardon others)					

Statements	Very inaccurate	Moderately inaccurate	Neither inaccurate nor accurate	Moderately accurate	Very accurate
Rate how accurate each statement is in relation to you:					
Anticipate the needs of others					
Feel others' emotions					
Sense others' wishes					
Inquire about others' well-being					
Love to reflect on things					
Sympathize with others' feelings					
Try to stay in touch with myself					
Take an interest in other people's lives					
Work on improving myself					
Like to do things for others					

Pretend to be concerned for others					
Am not interested in other people's problems					
Don't have a soft side					
Can't be bothered with other's needs.					
Treat people as inferiors					
Am indifferent to the feelings of others					
Am not in touch with my feelings					
Take no time for others					

Statements	Very inaccurate	Moderately inaccurate	Neither inaccurate nor accurate	Moderately accurate	Very accurate
Make people feel at ease					
Usually like to spend my free time with people					
Know how to comfort others					
Enjoy being part of a group					
Make others feel good					
Seem to derive less enjoyment from interacting with people than others do					
Think of others first					
Rarely enjoy being with people					
Will do anything for others					
Would not enjoy a job that involves a lot of social interaction					
Take things as they come					
Accept people as they are					
Seek adventure					
Don't like the idea of change					

Statements	Disagree Strongly	Disagree	Neither agree nor disagree	Agree	Strongly Agree
For me, career success is how I am doing against my goals and values					
I navigate my own career,					

mostly according to my plans					
I am in charge of my own career		367			
I take responsibility for my own development					
Freedom and autonomy are driving forces in my career					
For me, career success means having flexibility in my job					

Appendix J - Care worker survey second data collection point

Care worker survey 2

Name:_____   Care provider:_____

Care home name: _____

Training courses completed/ On-going since last survey - (E.g. Professional qualifications, English, Maths and IT qualifications or N/A):

Courses completed:_____

On-going courses: _____

Contract type (circle):   Full time   Part time   Temporary   Other_____

Job role/ position:_____   Tenure (length of time) in role:_____

Own transport (Circle): Yes / No

Living distance from work (approx. miles):_____

Please read the statements below carefully and answer honestly. There are no right and wrong answers and please do not spend too long thinking about each statement, go with your first reaction.

	Disagree Strongly	Disagree	Neither agree nor disagree	Agree	Agree Strongly
When someone criticizes my care home, it feels like a personal insult.					
I am very interested in what others think about my care home.					
When I talk about this home, I usually say "we rather than 'they'					
This care home's successes are my successes.					
When someone praises this home, it feels like a personal compliment.					
If a story in the media criticized the care home, I would feel embarrassed.					

	No match	Little match	Neither match nor do not match	Largely match	Complete match
How would you describe the match between your professional skills, knowledge, and abilities and those required by the job?					
How would you describe the match between your personality traits (e.g. extrovert vs. introvert, agreeable vs.					

	No match	Little match	Neither match nor do not match	Largely match	Complete match
disagreeable, dependable vs. undependable) and those required by the job?					
How would you describe the match between your interests (e.g. social vs. unsocial, artistic vs. inartistic, and conventional vs. unconventional) and those you desire for a job?					
How would you describe the match between the characteristics of your current job (e.g. autonomy, importance, and skill variety) and those you desire for a job?					

	No match	Little match	Neither match nor do not match	Largely match	Complete match
How would you describe the match between your emphasis and your <u>organisation's</u> emphasis on the following values?					
Honesty					
Achievement					
Fairness					
Helping Others					
How would you describe the match between your goals and your <u>organisation's</u> goals on the following dimensions?					
Reward					
The amount of effort expected					
Competition with other organisations					

	No match	Little match	Neither match nor do not match	Largely match	Complete match
How would you describe the match between your emphasis and your <u>group's</u> emphasis on the following values?					
Honesty					
Achievement					
Fairness					
Helping others					
How would you describe the match between your goals and your <u>group's</u> goals on the following dimensions?					
Reward					
The amount of effort expected					
Competition with other groups					
How would you describe the match between you and your <u>group members</u> on the following characteristics?					
Personality					
Work style					
Lifestyle					

	No match	Little match	Neither match nor do not match	Largely match	Complete match
How would you describe the match between the things you value in life and the things your supervisor values?					
How would you describe the match between your personality and your supervisor's personality?					
How would you describe the match between your work style and your supervisor's work style?					
How would you describe the match between your lifestyle and your supervisor's lifestyle?					
How would you describe the match between your supervisor's leadership style and the leadership style you desire?					

	Disagree Strongly	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I have thought about leaving this job					
I plan to look for a new job over the next 12 months					
I am actively searching for a new job outside this provider					

	Disagree Strongly	Disagree	Neither agree nor disagree	Agree	Agree Strongly
Overall, I'm treated fairly by my organization					
In general, I can count on this organization to be fair					
In general, the treatment I receive around here is fair					
Usually, the way things work in this organization are not fair					
For the most part, this organization treats its employees fairly					
Most of the people who work here would say they are often treated unfairly					

	Disagree Strongly	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I would be very happy to spend the rest of my career with this organisation					
I really feel as if this organisation's problems are my own					
I do not feel like "part of the family" at my organisation					
I do not feel "emotionally attached" to this organisation					
This organisation has a great deal of personal meaning for me					
I do not feel a strong sense of belonging to my organisation					
I do not feel any obligation to remain with my current employer					
Even if it were to my advantage, I do not feel it would be right to leave my organisation now					
I would feel guilty if I left my organisation now					
The organisation deserves my loyalty					
I would not leave my organisation right now because I have a sense of obligation to the people in it					
I owe a great deal to this organisation					
It would be very hard for me to leave my organisation right now, even if I wanted to					
Too much in my life would be disrupted if I decided I wanted to leave my organisation now					
Right now staying with my organisation is a matter of necessity as much as desire					
I feel that I have too few options to consider leaving this organisation					
One of the few serious consequences of leaving this organisation would be the scarcity of available alternatives					
One of the major reasons I continue to work for this organisation is that leaving would require considerable personal sacrifice – another organisation may not match the overall benefits that I have here.					

	Disagree Strongly	Disagree	Neither agree nor disagree	Agree	Strongly Agree
All in all, I am satisfied with my job					
In general, I don't like my job					
In general, I like working here					

Statements	Disagree Strongly	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I am someone who:					
Is talkative					
Tends to find fault with others					
Does a thorough job					
Is depressed, blue					
Is original, comes up with new ideas					
Is reserved					
Is helpful and unselfish with others					
Can be somewhat careless					
Is relaxed, handles stress well.					
Is curious about many different things					
Is full of energy					
Starts quarrels with others					
Is a reliable worker					
Can be tense					
Is ingenious, a deep thinker					
Generates a lot of enthusiasm					
Has a forgiving nature					
Tends to be disorganized					
Worries a lot					
Has an active imagination					
Tends to be quiet					
Is generally trusting					

Statements	Disagree Strongly	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I am someone who:					
Tends to be lazy					
Is emotionally stable, not easily upset					
Is inventive					
Has an assertive personality					
Can be cold and aloof					
Perseveres until the task is finished					
Can be moody					

Values artistic, aesthetic experiences					
Is sometimes shy, inhibited					
Is considerate and kind to almost everyone					
Does things efficiently					
Remains calm in tense situations					
Prefers work that is routine					
Is outgoing, sociable					
Is sometimes rude to others					
Makes plans and follows through with them					
Gets nervous easily					
Likes to reflect, play with ideas					
Has few artistic interests					
Likes to cooperate with others					
Is easily distracted					
Is sophisticated in art, music, or literature					

Thank you for your time and participation

Appendix K - Care worker survey third data collection point

Care worker survey 3

Name:_____   **Care provider:**_____

Care home name: _____

Training courses completed/ On-going since last survey - (E.g. Professional qualifications, English, Maths and IT qualifications or N/A):

Courses completed:_____

On-going courses: _____

Contract type (circle): Full time   Part time   Temporary   Other_____

Job role/ position:_____   **Tenure (length of time in role)_____**

Please read the statements below carefully and answer honestly. There are no right and wrong answers and please do not spend too long thinking about each statement, go with your first reaction.

	Disagree Strongly	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I would be very happy to spend the rest of my career with this organisation					
I really feel as if this organisation's problems are my own					
I do not feel like "part of the family" at my organisation					
I do not feel "emotionally attached" to this organisation					
This organisation has a great deal of personal meaning for me					
I do not feel a strong sense of belonging to my organisation					
I do not feel any obligation to remain with my current employer					
Even if it were to my advantage, I do not feel it would be right to leave my organisation now					
I would feel guilty if I left my organisation now					
The organisation deserves my loyalty					
I would not leave my organisation right now because I have a sense of obligation to the people in it					
I owe a great deal to this organisation					
It would be very hard for me to leave my organisation right now, even if I wanted to					

Statements	Disagree Strongly	Disagree	Neither agree nor disagree	Agree	Strongly Agree
Too much in my life would be disrupted if I decided I wanted to leave my organisation now					
Right now staying with my organisation is a matter of necessity as much as desire					
I feel that I have too few options to consider leaving this organisation					
One of the few serious consequences of leaving this organisation would be the scarcity of available alternatives					
One of the major reasons I continue to work for this organisation is that leaving would require considerable personal sacrifice – another organisation may not match the overall benefits that I have here.					

Statements	Disagree Strongly	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I am someone who:					
Is talkative					
Tends to find fault with others					
Does a thorough job					
Is depressed, blue					
Is original, comes up with new ideas					
Is reserved					
Is helpful and unselfish with others					
Can be somewhat careless					
Is relaxed, handles stress well.					
Is curious about many different things					
Is full of energy					
Starts quarrels with others					
Is a reliable worker					
Can be tense					
Is ingenious, a deep thinker					
Generates a lot of enthusiasm					
Has a forgiving nature					
Tends to be disorganized					
Worries a lot					
Has an active imagination					
Tends to be quiet					
Is generally trusting					

Statements	Disagree Strongly	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I am someone who:					
Tends to be lazy					

Is emotionally stable, not easily upset					
Is inventive					
Has an assertive personality					
Can be cold and aloof					
Perseveres until the task is finished					
Can be moody					
Values artistic, aesthetic experiences					
Is sometimes shy, inhibited					
Is considerate and kind to almost everyone					
Does things efficiently					
Remains calm in tense situations					
Prefers work that is routine					
Is outgoing, sociable					
Is sometimes rude to others					
Makes plans and follows through with them					
Gets nervous easily					
Likes to reflect, play with ideas					
Has few artistic interests					
Likes to cooperate with others					
Is easily distracted					
Is sophisticated in art, music, or literature					

	Disagree Strongly	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly Agree**
All in all, I am satisfied with my job					
In general, I don't like my job					
In general, I like working here					

	Disagree Strongly	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly Agree**

All in all, I am satisfied with the amount of contact time I get with service users					
In general, I would like more contact time with service users					
In general, I barely get to spend time with service users					

	Disagree Strongly	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I have thought about leaving this job					
I plan to look for a new job over the next 12 months					
I am actively searching for a new job outside this provider					

Thank you for your time and participation

Appendix L – Care worker performance effectiveness measure

Performance Assessment

Manager or supervisor:_____ **Care worker assessed: _____**

Please read each statement below carefully and select your assessment of the given care worker's performance for each statement. It is important you give an honest assessment in order to maximise the benefits of the research.

	Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly agree
Care worker is able to understand service-user perspective					
Care worker enables independence of service-users					
Care worker respects service-user opinions					
Care worker shows a willingness to listen to service-users					
Care worker shows encouragement towards service-users					
Service-users know they can speak to care worker and that they will be listened to					
Care worker demonstrates compassion towards service-users					
Care worker encourages service-users to accomplish tasks within reasonable risk					
Care worker demonstrates empathy towards service-users					
Service-users enjoy the company of care worker					
Care worker realises a one-size fits all approach doesn't work when dealing with service-users					
Care worker communicates politely with service-users					
Care worker takes time to relate to service-user					
Care worker communicates clearly with service-users					
Care worker completes tasks on time					
I have confidence in care worker's ability to work alone					
Care worker is competent at completing the tasks required by the job					
Care worker follows the procedures of moving and handling					

	Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly agree
Care worker keeps accurate records					
Care worker is punctual					
Care worker works effectively in a team					
Care worker follows the procedures relating to medication					

	Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly agree
Care worker is enthusiastic about their job role					
Care worker is passionate about their job role					
Care worker treats the job role as a job, nothing more					
Service-users are left satisfied after care worker interaction					
Care worker does not communicate effectively with service-users					
Care worker does not notify other staff about changes in service-user circumstances					
Care worker struggles to relate to service-users					
Care worker struggles to adapt to changing situations					

	Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly agree
Care worker rarely puts themselves out for service-users					
Care worker carries out risk assessments					
Care worker records errors when they occur					
Care worker follows the provider/ homes daily procedures					
Care worker keeps factual records					
Care worker follows infection control procedures					
Care worker has effective written communication					
Service-users are often left repeatedly asking care worker for help					
Service-users are often left unhappy with care worker					
Care worker struggles to use training in daily work					
Care worker is not respectful of service-users					

Care worker communicates effectively with other staff members					
Care worker helps ensure team goals are met					
Care worker appreciates the contribution of other team members					

Appendix M - Overall tables of themes from the one-to-one interviews in study one relating to drivers of satisfaction and retention

Table of variable codes, code meanings and second order groupings (Drivers of satisfaction and retention)

Frequently cited by those in role?	Frequently cited by leavers?	Number of sources	Number of total mentions	1st Order codes	Meaning of code	2nd Order code	Meaning of 2nd order code
Yes	Yes	8	15	Enjoy Care	Enjoy working in care and everything about the caring nature of the role		
Yes	No	3	5	Every day is different	Variety of experiences and no two days being the same		
No	No	1	2	Location	The location of the provider was ideal to get to. The job role itself isn't the key cause of satisfaction		Encompasses all elements of the role that are discussed as positives and that people enjoy about the care worker job role.
Yes - All	Yes	11	25	Meaningful role and make a difference	Role enables someone to make a real difference to someone's life. It is a job with meaning. The focus of this code is the benefit it has to others	Drivers of satisfaction	
Yes	Yes (But less so)	9	22	Rewarding	The role makes the care worker feel good and they enjoy the rewarding nature it provides. The focus of this code is the feeling the care worker gets.		
Yes	No	8	12	Personal aspect and interaction	Enjoy the personal interaction and person focus nature of the role.		
No	No	1	3	Self-development	Role provides valuable life lessons and skills for the worker		
Yes	Yes	12	39	Service-user	Working with and interacting with the service-users		

Yes	No	5	7	All they want to do	It is the only job role they want to do	**Drivers od retention**	Aspects that explicitly make care workers want to stay in the job role in addition to the positives of the role
No	No	1	2	Challenging and day-to-day	The variety of challenges the role offers day-to-day		
No	No	1	1	Completed all the training	Stay because they have trained and do not want to waste that.		
No	No	1	2	Good at the job	It is a job role they are good at		
Yes	Not overly	5	8	Service-users	Stay in the role for the service-users		

66 Appendix N - Overall tables of themes from the one-to-one interviews in study one relating to drivers of dissatisfaction and attrition/ turnover

Table of variable codes, code meanings and second order groupings (Drivers of dissatisfaction and turnover)

Frequently cited by those in role?	Frequently cited by leavers?	Number of sources	Number of total mentions	1st Order codes	Meaning of code	2nd Order code	Meaning of 2nd order code
No	No	1	1	Can not switch off	Hard to relax and stop thinking about work	Drivers of dissatisfaction	Encompasses all elements of the role that are discussed as negatives and that people do not enjoy about the care worker job role.
No	Yes	4	8	Communication	Poor communication at the provider and with the team		
No	Not overly	1	2	HR	Poor HR practices at the provider. Prevented planning personal life activities		
No	No	2	7	Lack of appreciation	Not appreciated for what they do		
No	Yes	5	16	Lack of support	No support in the role		
Yes	Yes	6	13	Monetary rewards	Poor pay and rewards		
Yes	No	3	8	Public perception	Wider public perception of the care worker role		

						Drivers of turnover	
No	No	2	4	Specific tasks	Specific tasks the job requires		
Yes	No	2	4	Wider sector officials	Wider officials that make the job harder to do		
No	No	3	5	Workload	Volume of work		
No	Yes	4	5	Burnout	Need a change from the career		
Not overly	No	3	5	Care is changing	Nature of care is changing (e.g. requirements and demands)		
None	Yes (all but 1)	6	23	Career prospects	Lack of career progression and prospects		
Relatively	Yes	5	12	Poor team	Poor work team	**Drivers of turnover**	Aspects that explicitly make care workers want to leave the job role in addition to the negative aspects of the role
Not overly	Yes	6	10	Management not listening	Lack of recognition and not listening to problems		
Not overly	No	2	3	Physical nature	If the physicality of the job becomes too much		
N/A	Yes	3	6	Provider	Leave due to the provider not the job role		
No	Not overly	3	10	Staffing levels	Under staffing levels		

Appendix O - Summary of the removed items from the performance effectiveness measure:

1. **Competent_1 -** Care worker is competent at following the care plan
2. **Competent_3 -** I have confidence that care worker is competent in their job role
3. **Independent_working_1 -** Care worker effectively delivers on set goals when working alone
4. **Independent_working_3 -** Care worker asks for help when needed
5. **Record_keeping_2 -** Care worker keeps person centred records
6. **Teamworking_2_R -** Care worker does not contribute to the team
7. **Timely_3_R -** Service-users are often disrupted due to care worker not working in a timely manner
8. **Comm_SU_3 -** Care worker has effective non-verbal communication skills
9. **Comm_staff_4 -** Care worker has effective verbal communication skills
10. **Comm_Staff_5_R -** Incidents occur as a result of care worker not listening
11. **Independence_SU_1 -** Care worker promotes independence of service-user by offering them a choice of activities
12. **Independence_SU_2 -** Care worker encourages service-users to make decisions
13. **Individual_SU_1 -** Care worker sees each service user as an individual
14. **Individual_SU_3 -** Care worker can identify changes in service-user mood through knowing them as an individual
15. **Respect Dignity_1_SU1 -** Care worker treats service-users with dignity
16. **Respect_dignity_3 -** Care worker respects service-user property
17. **Safe_SU_1 -** Care worker ensures service-users are safe at all times
18. **Safe_SU_3_R -** The safety of service-users is compromised when care worker is working
19. **Compassion_3 -** Care worker is ready to support service-users in a major personal incident
20. **Encourage_2 -** Care worker enables service-users to be independent within their limits
21. **Flexible_1 -** Care worker embraces change
22. **Flexible_2 -** Care worker adapts to the needs of family members
23. **Flexible_3 -** Care worker adapts to the needs of service-users
24. **Helpful_2 -** Care worker helps service-users without prompting from management
25. **Helpful_3 -** Care worker helps service-users with physical needs
26. **Helpful_4 -** Care worker helps service-users with emotional needs
27. **Others_first_1 -** Care worker puts the service-user needs first