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# Factors associated with positive work experience among professionals supporting people with intellectual disabilities: a comparative analysis of three welfare organisations in Sweden

Jens Ineland<sup>1</sup> and Mikaela Starke<sup>2</sup>

<sup>1</sup>Department of Social Work, Umeå University, Umeå, Sweden; <sup>2</sup>Department of Social Work, University of Gothenburg, Gothenburg, Sweden

Given the crucial role professionals play in maintaining the well-being of people with intellectual disabilities, their views on work satisfaction are relevant to analyse. A comparative analysis that takes into account the support provided in different welfare organisations can be of certain importance. The aim is to analyse the most common aspects of professional work satisfaction in work with people with intellectual disabilities in schools, healthcare, and social services, and to apply a comparative analysis of such experience taking into account respondents' organisational affiliations. Data were collected using a digital questionnaire. Given the aim of the study, we drew on one open-ended question: 'describe aspects of your work that are most satisfactory for you'. The analysis shows that respondents associated positive work experience with seven aspects: autonomy, competence, nature of the work, collaboration, trust and recognition, work environment, and service users. Findings indicate that discretion is an important facet of work satisfaction among respondents in all three organisations. Flexibility, autonomy in decision-making, the ability to plan and act within certain institutional and legal frameworks, and the ability to prioritise among daily work assignments are empirical examples of this.

**Keywords:** human service organisations, intellectual disabilities, job satisfaction, comparative analysis, Sweden

## 1. Introduction and research problem

Given the crucial role human service professionals play in maintaining the well-being of people with intellectual disabilities (Hewitt and Larson 2007), it is important to discern the aspects of the job they value and why they remain in their professions. Ryan *et al.* (2019) report from a systematic review that professionals working with people with intellectual disabilities face high levels of stress and burnout. This is explained by several factors, such as working with persons with challenging behaviours, inequality in the relationships between professionals and persons with intellectual disabilities, excessive workplace demands, low levels of control, and lack of practical support in performing work duties

(see also Hatton *et al.* 1999a; 1999b, Chung and Harding 2009, Gray-Stanley and Muramatsu 2011, Thompson and Rose 2011, Lin and Lin 2013, Outar and Rose 2017). These findings are troublesome considering that work satisfaction has been identified as one of the most important factors determining the quality of professional encounters with people with intellectual disabilities (Ineland *et al.* 2017, Stevens *et al.* 2019).

Work satisfaction can be defined as the degree to which individuals feel positive or negative about their jobs (Schermerhorn 2000). It represents a professional's attitude or emotional response to their work tasks along with to the physical and social conditions of the workplace. Work satisfaction leads to either positive or negative employment relationships, which in turn affect job performance (Bhatnagar and Srivastava 2012). It is reported that work engagement, high energy (vigour), enthusiasm, and involvement in one's work (dedication), and feeling engrossed by one's work (absorption)

Correspondence to: Jens Ineland, Department of Social Work, Umeå University, SE-901 87 Umeå, Sweden. Email: jens.ineland@umu.se  
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contribute to job satisfaction (Bakker *et al.* 2008). Vassos *et al.* (2013, 2019) report that feedback and control are important predictors of work satisfaction that cause less emotional exhaustion even if the workload is high. Thus, more control over workload and being able to work in collaboration with colleagues are avenues to enhance work satisfaction and wellbeing among professionals in the field of intellectual disabilities. Other studies report that job satisfaction among professionals in the area of disability depends on appreciative management (Brady *et al.* 2009). Within the area of appreciative management, equality, such as appreciation of expertise and autonomy, is perceived as an indication of support and the appreciation of staff expertise. It is also reported (Litten *et al.* 2011) that the promotion of well-being at work, the clear management and arrangement of work, common rules, reliable and open interactions, and the possibility to influence one's working practices are seen as key factors that promote the working welfare of professionals. A study by van der Meer *et al.* (2018) demonstrates that person-centred care and the co-creation of care are important for professionals who work with people with intellectual disabilities and their job satisfaction. The results show that person-centred care and the co-creation of care correlate with the professional's well-being and job satisfaction.

Studies have shown that human service professionals who report higher levels of job satisfaction are more committed and provide better services than those who are dissatisfied with their jobs (Collins 2008, Gray-Stanley and Muramatsu 2011, Hickey 2011). Factors often viewed as promoting positive and healthy work environments include good leadership and co-worker-ship, common values, participation, autonomy, role clarity, clear expectations and goals, moderate demands, accessible support, a good physical work environment, recognition, and the ability to develop at work (Lunsky *et al.* 2014, Bakker *et al.* 2008, Swedish Work Environment Authority 2012, p. 7). For professionals in the welfare sector, the variety of work, positive contact with colleagues and service users, and access to manager support not only mitigate the negative impacts of high work demands but also increase the professional's commitment to and engagement in their work (Schulte and Vainio 2010, Bakker *et al.* 2008). Although the well-being of professionals working in services for people with intellectual disabilities has recently garnered increased attention (Ineland *et al.* 2017, Nota *et al.* 2007, Hastings 2010, Hensel *et al.* 2015, Lizano 2015), there is a scarcity of research comparing different professions and organisations. To fill what has been identified as a knowledge gap, this study has comparative ambitions in exploring work satisfaction among human service professionals working with people with intellectual disabilities. Thus, we do not focus on the respondents' value their work with a specific group of service

users but rather on how professionals working to assist and support people with intellectual disabilities articulate work satisfaction. Our research aim is twofold: (1) to analyse the most common aspects of professional work satisfaction in work with people with intellectual disabilities in schools, healthcare, and social services, and (2) to apply a comparative analysis of professional experience taking into account respondents' organisational affiliations.

### 1.1. Professions of the welfare state

We drew on theories about professions and particularly concepts of discretion and jurisdiction to scrutinise the issues addressed above. Although there has been a great deal of research on professions, no generally accepted definition has been agreed upon (cf. Evetts 2014). In research, the concept of a profession is commonly viewed as a knowledge-based category of exclusive occupational groups that are established through education, training, and work experience (see e.g. Evetts 2014, Kroezen *et al.* 2013, Richardson 1999, Schon 1991, Abbott 1988). Another definition of relevance for this study, is put forward by Brante (2010, 2013). Brante distinguishes between 'classical professions' and 'professions of the welfare state' where classical professions refers to knowledge- and science-based occupations, and professions of the welfare state are less autonomous with knowledge that largely concerns the context of problems among individuals and groups (see also Ponnert and Svensson 2016, Wicczorek *et al.* 2015). The respondents in this study all belong to the latter category.

In contrast to Brante, Lipsky (1980) argues that caseworkers, or 'street-level bureaucrats', in direct contact with citizens, have 'considerable discretion in determining the nature, amount and quality of benefits and sanctions provided by their agencies' (1980, p. 13). At least in part, this is because of the quality of their daily work situations, described as being 'too complicated to reduce to programmatic formats' (p. 15), and that these professionals are required to adapt to situation-specific needs in different contexts.

As pointed out by Evetts (2006), professional work requires a certain amount of jurisdiction, including authority, power, and sovereignty, that enables decision-making within areas of expertise. Hence, within a given jurisdictional domain, professions tend to make more or less exclusive claims of authority over the knowledge and skills that fall within their scope (see also Hirschhorn 2006, Reed 1996). Knowledge claims are important in achieving jurisdictional control as well as in creating a defined body of knowledge and expertise (see also Kroezen *et al.* 2013, Nancarrow and Borthwick 2005, McLaughlin and Webster 1998).

**Table 1. Demographics of respondents, separated by organisation.**

	Social services	Healthcare	Schools
Number of respondents	121	87	125
No. of excerpts	293	240	326
Female/Male (%)	96/4	92/8	88/12
Years of professional experience (mean)	4.8 (4.3)	11.7 (7.2)	13.5 (9.8)
Age (mean)	41.2 (10.6)	49.7 (10.8)	51.9 (9.4)

Standard deviation in brackets.

## 2. Method

### 2.1. Design and data collection

This study is part of an organisational inquiry aimed at analysing similarities and differences in policy, leadership, and day-to-day work among human service professionals working with people with intellectual disabilities in schools, social services, and public healthcare in Sweden. To probe the semantic content and structure of responses as well as to make comparisons on an organisational level, we distributed a digital web survey to professionals in these organisations. The survey, developed by the first author, was distributed through email. Attached to the email was a link to the survey, and informants agreed to participate by clicking on the link. Several studies drawing on the dataset have previously been published (Ineland and Hjelte 2018, Ineland *et al.* 2018, Ineland *et al.* 2019).

Given the aim of this study, we drew on one open-ended question: 'describe aspects of your work that are most satisfactory for you'. This made it possible for the respondents to elaborate in detail on the matter. Using written excerpts as our primary empirical data prevented further questions, which possibly reduced the depth of the data. However, taking the research aim and the comparative ambitions into account, written excerpts were considered relevant for this type of inquiry. The respondents in this article included 333 professionals working with individuals with intellectual disabilities: 125 in schools, 121 in social services, and 87 in healthcare. In all, the respondents provided 859 excerpts: 293 from social services, 240 from healthcare, and 326 from schools. As we analysed content, not individual responses, the number of responses, and the number of respondents were not the same. However, by illuminating differences and similarities depending on organisational context, our findings may contribute to enhancing our understanding of the importance of organisational cultures when analysing work satisfaction in the field of intellectual disabilities.

Table 1 provides an overview of the demographical data of the respondents.

Although all respondents worked with people with intellectual disabilities, they had different work assignments regulated by different laws, policies, norms, and values. Respondents from schools were employed as teachers and special education needs coordinators in compulsory schools, special needs in comprehensive

schools, and special needs in upper secondary schools. Their professional discretion is currently guided by the Swedish Education Act (2010, p. 800). They were recruited through a local educational network that represents four county councils in the northern part of Sweden. Through the network, we received contact information for schools in the region and approached school leaders who informed the teachers about the project. Respondents from social services, all employed by the municipality, worked as administrators responsible for assessing whether to grant or reject applications based on the regulations in the Act Concerning Support and Service for Persons with Certain Functional Impairments (SFS 1993, p. 387). They represented a wider geographical area and were invited to participate while participating in a national course for professionals conducted in three cities, namely Stockholm, Trollhättan, and Umeå. The respondents from the healthcare sector worked in teams and consisted of physical therapists, speech therapists, occupational therapists, psychologists, and social workers. Working in collaboration, these teams provide medical, psychological, and social support, and offer counselling and treatment to children and adults with intellectual disabilities. The Health and Medical Service Act (SFS 1982, p. 763) legally regulates their work. They were recruited from two county councils, one in the north and the other in the south of Sweden, which coincided with the affiliation of the researchers originally participating in the project. The response rate was 63% (Schools), 70% (Social Services), and 65% (Healthcare).

### 2.2. Analysis

To explore and categorise the content in the respondents' written excerpts, we applied a thematic content analysis (Braun and Clarke, 2006) of the empirical material elicited through the open-ended question.

First, our initial reading helped us become acquainted with the results as well as finding patterns in the responses. Both authors individually read and reread all excerpts, which varied in length from short descriptive sentences to longer and more comprehensive accounts. Second, the responses were coded, and both researchers individually developed tentative themes. At this stage of the process, we viewed synonyms and different grammatical forms, e.g. definite/indefinite, singular/plural, as semantically equivalent, and thus

**Table 2. Distribution of responses (%) among themes, separated by organisation.**

Theme	Social services	Healthcare	Schools	Average
Autonomy	29	24	19	24
Nature of work	16	23	12	17
Competence	18	15	16	16
Collaboration	12	13	17	14
Trust and recognition	10	7	17	12
Work environment	11	12	11	11
Service users	4	6	8	6
Total	100	100	100	100

classified them under the same theme. Next, we reviewed and refined the themes more closely, where concepts and perspectives from professional and organisational theory more explicitly guided the analysis. We could probably have generated more themes, but found that the chosen level of abstraction was appropriate to identify experience related to work satisfaction in the field of intellectual disability services. Finally, we conducted a quantitative analysis by measuring the distribution of responses and the number of times a theme was mentioned (frequency), a process referred to as ‘quantizing’ qualitative data (Pearce 2016). By quantizing data, i.e. transforming qualitative data (written excerpts) into quantitative data (frequency of responses), we were able to analyse not only semantic content but also the composition and organisational distribution of these responses. We also believe that even basic measures of frequency (i.e. the total number of times a theme is addressed in excerpts) and relative topic frequency (i.e. the average percentage of a category) are helpful to avoid weighting single comments too heavily and generalising findings too quickly (Schilling 2009, Ineland *et al.* 2017).

The analysis generated seven different themes: autonomy, competence, the nature of the work, collaboration, trust and recognition, work environment, and service users.

### 2.3. Ethical considerations

The research complies with the ethical principles of research in the humanities and social sciences according to the codex of the Swedish Research Council (2017). The researchers took appropriate steps concerning access, informed consent, and confidentiality. Information regarding the aim and objectives of the study, ethical guidelines, and method for data collection was given both orally (at information meetings) and written (in a cover letter attached to the questionnaire). As the data in this study are not defined as sensitive personal data according to the Act Concerning the Ethical Review of Research Involving Humans (SFS 2003, p. 460), it was not necessary to refer the study to the regional board for ethical vetting.

## 3. Findings

Our analysis showed that human service professionals working with people with intellectual disabilities most often mention positive work experience under predominant themes: autonomy, competence, nature of the work, collaboration, trust and recognition, work environment, and service users. We will report on our findings in that order. Table 2 shows the distribution of responses, differentiated by organisations and themes.

### 3.1. Autonomy

The most reported aspect of positive work experiences (average 24%) from the respondents in all three organisations was that of autonomy in their professional roles. Autonomy was predominantly associated with being able to structure one’s own time and to make decisions and act independently within the legal framework of given assignments. Others related autonomy to *time*, i.e. being able to control and distribute one’s own time throughout the work day, to be able to make priorities in time schedules, and to be able to control work processes. The following excerpts were typical: ‘I appreciate that I can plan my work on my own, it gives me opportunities to prioritise and plan my days depending on my mood and the workload, which change from one day to another’ (Social services); ‘I am free to plan and do my daily work, which I think is necessary because of the variety (of needs) among the people I help’ (Healthcare); ‘I have lots of opportunities within the aims and objectives of each class, of course, to design my style of teaching’ (Schools). Autonomy generally provided respondents with a sense of freedom from organisational structures, rules, and governance, perhaps most apparent among respondents from schools who most explicitly linked autonomy to a sense of control. Findings revealed some apparent differences in terms of frequency. Professionals in social services described and explained work satisfaction in terms of autonomy (29%), in contrast to professionals in healthcare (24%) and at schools (19%).

### 3.2. Nature of work

The positive personal impact that the respondents received from the nature of their work was apparent in the findings and comprised an average of 17% of all responses. One aspect of this theme, often described in

single words, was the work tasks alone, described, e.g. as ‘flexible’, ‘challenging’, ‘alternate’, ‘rewarding’, or ‘problem-solving’. Other aspects evenly distributed among the organisations were being able, and even encouraged, to utilise the professional’s knowledge and professional experience along with a fair and transparent distribution of responsibilities. Some differences were apparent in the results when respondents provided longer and more comprehensive accounts. While respondents from social services associated positive aspects of their work tasks primarily with legal issues, respondents from healthcare emphasised team organisation, and respondents from schools emphasised challenges in assessing and applying individual solutions for each student. The following excerpts illustrate the different orientations: ‘My work is mostly about legislation and law, which I find very interesting and stimulating’ (Social services), ‘The interdisciplinary collaboration in teams is very rewarding, and I believe it improves the quality in our assessments and services, compared to working alone’ (Healthcare); ‘You always need to reflect on the methods, you need to find each student’s own motivation, and you have to juggle a bit to do that’ (Schools). Considering that the respondents operated within different regulative frameworks with their own specific rule and norm systems, differences in responses may be seen as somewhat obvious. The most apparent differences in frequency were between healthcare (23%) and schools (12%).

### 3.3. Competence

The competence theme was addressed in 16% of all responses and was evenly distributed among respondents from all three organisations. Competence comprised descriptions of being able to develop and put into practice one’s professional skills and knowledge. Excerpts included aspects of accessible resources, the ability to participate in professional networks, and being able to attend courses to increase one’s knowledge. Having access to various resources was a recurrent concern of respondents from all organisations. The importance of access to resources for job satisfaction is apparent in the following excerpts: ‘It is satisfying that I am given opportunities for competence-development through accessible supportive resources such as supervision, networks, and education’ (Social services), and ‘My manager is encouraging when it comes to competence-development, even though he knows my workload is quite high.... I mean, I am not expected to abstain from any competence-development opportunities because of it’ (Healthcare). Another aspect of this theme comprised descriptions by respondents of their competence being both utilised and called for, which instilled in them feelings of being respected. The following excerpts are illustrative of this: ‘I can use my competence [in daily work], and feel that I can develop

professionally’ (Social services); ‘I can utilise my competence every day, and as I have specialised knowledge, sometimes I have to educate my colleagues (laughter)’ (Schools). Competence was also associated with the professional identity of respondents, as they presented themselves as colleagues and competent professionals with relevant knowledge in the field of intellectual disabilities. The following excerpts illustrate this: ‘There is a lot of trust in and respect for my competence’ (Social services); ‘I feel confident as a professional; consequently, I also feel confident in my ability to assist and develop my students by engaging in various activities’ (Schools). These responses indicate that pride in one’s daily work is associated with competence, which is consequently an aspect of professionalism.

### 3.4. Collaboration

The respondents frequently mentioned collaboration, both internally with colleagues and externally with other professionals, as an important aspect of work satisfaction. Internal collaboration was described in terms of having access to colleagues, or groups of colleagues, and being able to communicate and share experiences from daily work situations. Collaboration for respondents in social services was also described in terms of more secure routines in their administrative and decision-making processes. The following excerpts illustrate aspects of collaboration: ‘I am pleased to be able to collaborate both with colleagues and others outside my team’ (Healthcare); ‘Our collaboration is very good, and I feel secure in my team in that we make similar assessments and decisions. We discuss cases among ourselves and feel that we act following current legal praxis’ (Social services). Internal collaboration also seemed to promote consensus and collegiality: ‘I am pleased with the number of work experiences I share with my colleagues, and that we together have developed a similar way of thinking about how to work with the students’, and ‘We have good conditions for dialogue and collaboration... you meet regularly and learn together’ (Healthcare). Respondents from schools also emphasised the importance of collaboration with other teachers and assistants, and the following excerpt was typical: ‘I am most satisfied with the possibility of collaborating with assistants in the classroom and other teachers at the school’. This coincides with experiences from respondents in social services: ‘I am satisfied with collaborating and that the collaboration between me and my colleagues turns out so well’ (Social services). External collaboration was not reported in a similar vein and put much emphasis on positive outcomes in engaging with professionals from other organisations. The following excerpts exemplify this: ‘I find it very inspiring and rewarding to collaborate with external partners’ (Healthcare); ‘I have good communication with physiotherapists, the clients living

accommodations, etc., which makes my work easier because I get a whole picture of the various situations' (Schools).

### 3.5. Trust and recognition

Different aspects of trust and recognition were frequently mentioned as an important aspect of work satisfaction. First, excerpts were associated with what can be described as a self-assessment and being able to reflect upon one's own skills and actions as well as being able to maintain quality in day-to-day encounters with clients. The following excerpts illustrate this: 'I feel that my work is appreciated and important for the clients. A feeling that I make a difference in people's lives is present every day' (Social services); 'I feel that my boss and colleagues have confidence in me and the way I teach' (Schools). Another aspect of this theme was trust and recognition from colleagues and managers where respondents primarily emphasised the experience of being trusted, which is evident in the following excerpts: 'I know that management appreciates the work I do, and they have great confidence in me' (Social services); 'My boss trusts my assessments and is confident that I will make the right decisions' (Social services); '[It is satisfactory] being appreciated and respected by colleagues and management' (Healthcare). A difference between the two aspects is that the first one is related to an ability to assess and reflect upon the significance of one's work, whereas the second aspect is primarily directed towards actors in the surrounding environment; while the first is implicit and emotional, the second is more outspoken and communicated. The third aspect of trust and recognition is being recognised by clients/patients/students and being able to see progress and individual growth due to the assistance and service that were provided. The following excerpts illustrate this: 'It is so satisfying when you find ways to motivate the students, and you can see progress in their schoolwork' (Schools); 'It is satisfying to see when students grow as individuals, when they succeed and can participate' (Schools); 'It is so rewarding seeing a certain activity lead to the result you had hoped for' (Social services). A comparison of the distribution of responses showed that trust and recognition were more associated with work satisfaction among respondents from schools (17% of all responses) than from social services (10%) and healthcare (7%).

### 3.6. Work environment

Positive work experience was also associated with the psychosocial and physical environment. The frequency of responses was evenly distributed among the three organisations. The physical environment included appropriate and evenly distributed workload and workflow, the ability to provide preventive healthcare, and suitable rooms (primarily among respondents from

schools). The following excerpts illustrate this: 'My physical environment is very good, and I have an average workload' (Social services); 'I appreciate that we have a calm environment with big enough and well-equipped classrooms... and quite small classes' (Schools); 'My work situation is usually acceptable when it comes to stress' (Social services). Yet, respondents primarily focused on their psychosocial environment when describing positive work experience. Excerpts included both single words, such as 'stimulating', 'supportive', 'flexible', or 'positive' and more extensive accounts. The respondents also repeatedly addressed the workplace as good, tolerant, and being an open culture characterised by respect, tolerance, and positivity. The following examples are representative: 'There is a positive atmosphere in our team where we all have great respect for each other's knowledge and experience' (Healthcare); 'We have a very open and tolerant climate at my work, everyone can talk to everyone, both colleagues and the boss' (Social services); 'Nice and very competent colleagues who mutually benefit from each other's knowledge' (Schools). Excerpts also contained a social dimension under this theme. Part of the notion of positive work environment comprised excerpts concerning the available support from colleagues and management, as illustrated in the following excerpts: 'I appreciate very much that I can just walk into my colleagues' rooms for debriefing, as well as that they can visit me in my room after a difficult work situation and air that incident' (Social services). Being able to receive this type of collegiality and support was most often related to difficult or challenging encounters with clients or relatives as in the following excerpt: 'The team is also supportive of each other when faced with challenging encounters with families, which often create a need to air one's experience instead of carrying everything yourself' (Healthcare).

### 3.7. Service users

A somewhat surprising finding in the present study was that aspects explicitly related to the service users, people with intellectual disabilities, received the lowest scores (frequencies) when the respondents outlined sources of work satisfaction. On average, 6% of the excerpts were related to the work satisfaction of the service users, ranging from 4% (Social services) to 8% (Schools). Excerpts under this theme included descriptions of personal traits among members of the target group and qualities and long-term commitments in the professional relation to the target group. The first aspect emphasises the persons themselves, as in the following excerpts: 'It is all the wonderful people you meet' (Social services); '... these students are wonderful' (Schools); '[the most satisfying in my job is] all the interesting, very personal, difficult to assess, direct, and

most often delightful students' (Schools). The second aspect – the professional relation itself – was the most apparent among respondents from healthcare, but it was also evident in the other organisations. Professional relations were described with single words, such as 'rewarding', 'inspiring', and 'meaningful'. There were also more extensive accounts: '[the most satisfying about my job is] all the wonderful meetings with clients and their network' (Healthcare); 'working with the students is what I value the most' (Schools); 'I think that the work with people with intellectual disabilities adds a dimension to my work . . . I need to consider how to meet and establish a relation to the patient before I can start my physiotherapeutic work, which requires much more preparation and thinking through things than work with people without intellectual disabilities' (Healthcare).

#### 4. Discussion

This study aimed to analyse the perception of work satisfaction among professionals working with people with intellectual disabilities and to compare their work experience taking into account their organisational affiliations. Our analysis generated seven themes: autonomy, competence, the nature of the work, collaboration, trust and recognition, work environment, and service users. The findings provide opportunities to discover what human service professionals in the field of intellectual disabilities perceive as work satisfaction and a positive work experience. The findings also add to our understanding of the meaning of context as they reveal that the work experience of a professional seems to differ based on context. These are important issues to address as earlier research (cf. Ryan *et al.* 2019, Bakker *et al.* 2008, Collins 2008, Gray-Stanley and Muramatsu 2011, Hickey 2011) reports that work satisfaction enhances the sustainable health of professionals and their ability to mitigate the negative impacts of high work demands. Employees are likely to be more productive and able to meet their organisation's objectives when they are satisfied at work (Jessen 2010).

This study suggests that issues of work satisfaction among professionals in intellectual disability services are certainly important, as they work with a vulnerable group of long-term service users that often have several professionals involved in their day-to-day life (Ekman and Halpern 2015, Ineland *et al.* 2017, Stevens *et al.* 2019). Work satisfaction is also one of the most important factors determining the quality of professional encounters with people with intellectual disabilities (Ineland *et al.* 2017, Stevens *et al.* 2019). As 'street-level-bureaucrats' (Lipsky 1980), these professionals are also expected to put into practice current disability ideology and to be a link between policy-makers and citizens. This complex role helps to explain why the respondents from all three organisations most frequently

noted 'autonomy' as contributing to their work satisfaction. Autonomy was associated with being able to set one's priorities and to act and decide within a flexible institutional framework. It provided respondents with a sense of control, while at the same time indicating that they operate in strictly formalised and regulated environments (Brante *et al.* 2015, Evetts 2014, Lipsky 1980). Given this framework, a defined scope of action and a certain amount of autonomy seem to be important sources of work satisfaction, which is in line with earlier studies (see e.g. Kozak *et al.* 2013, Hatton *et al.* 1999a; 1999b, Skirrow and Hatton 2007). This finding implies that there is trust in the professions and the professionals (Evetts 2006), particularly given that their ability to demonstrate ethical awareness through acting and deciding within a framework of professional accountability is commonly viewed as an important feature of human service organisations (Jacobsen and Buch 2016, Ineland *et al.* 2017).

However, both cognitive and cultural views along with organisational rules and regulations both influence and restrain professional autonomy. The way in which professionals put policy into practice depends on how they understand and translate policy intentions (Evetts 2006). Therefore, both cognitive and social aspects must be included when these findings are discussed from the perspective of discretion (cf. Brante *et al.* 2015). The social aspect, commonly referred to as 'discretion space' defines a professional's scope of actions, i.e. their degree of autonomy. Work autonomy is associated with the potential to work independently, while discretion refers to the ability of the professional to take control and have the freedom to govern their own work. Respondents described themselves as competent and capable to act and decide in line with current laws and regulations. This reflects what Brante *et al.* (2015) call 'discretion reasoning', which is built on knowledge and professional experience and is less affected by external demands. In this study, work satisfaction also seem to be related to the importance of trust and recognition from colleagues and managers, which is in line with previous research (see e.g. Vassos *et al.* 2013, 2017, Ryan *et al.* 2019).

Another conclusion is that the results of work satisfaction can be understood against a jurisdictional backdrop (Freidson 1994). Jurisdiction is important for quality in professional work and provides crucial justification for the claims of professions to have different advantages (Brante *et al.* 2015, Freidson 2001). The claims to knowledge and competence in this study are part of the respondents' jurisdiction. Being able to continually participate in courses and programmes, as well as being able to be part of professional networks, could be seen as a way to increase competence, strengthen the sovereignty of a profession, and, consequently, achieve jurisdiction and authority (Hirschhorn 2006, Ryan *et al.*

2019). However, the respondents represented different professions and operated within distinct institutional contexts; different normative and legal frameworks affected their work. Respondents from schools and social services primarily worked with colleagues with similar educational backgrounds, whereas the respondents from healthcare were part of multi-professional teams comprising a broad variety of professions. Considering these differences, it is not surprising that respondents from healthcare, more than other respondents, associated positive work experience with both internal and external teamwork. This would indicate that they more evidently associated work satisfaction with skills, competence, and knowledge to provide qualitative services. In contrast, respondents from schools and social services more clearly indicated a greater focus on jurisdiction and authority over professional knowledge and job assignments.

Some limitations should be kept in mind when interpreting the present findings. First, the limited empirical data and the different strategies to recruit respondents reduced the ability to generalise the findings to a wider organisational population and draw conclusions. The data gave access only to the respondents' reflections when asked about what they perceive as satisfactory about their work. Thus, the respondents were not representative of their organisations. In addition, using qualitative interview techniques would provide more detailed and profound knowledge on work satisfaction. We consider such a methodological approach as important in future studies. Another limitation is that we conducted our research in Sweden, which limits any possibility to generalise results to other cultures or welfare systems.

Nonetheless, we believe this study provides some important insights into the variation in professional views on work satisfaction when working with people with intellectual disabilities in different organisational contexts.

## References

Abbott, A. 1988. *The system of professions: An essay on the division of expert labor*. Chicago: The University of Chicago Press.

Bakker, A. B., Schaufeli, W. B., Leiter, M. P. and Taris, T. W. 2008. Work engagement: An emerging concept in occupational health psychology. *Work & Stress*, 22, 187–200.

Bhatnagar, K. and Srivastava, K. 2012. Job satisfaction in healthcare organizations. *Industrial Psychiatry Journal*, 21, 75–78.

Brady, L. T., Fong, L., Waninger, K. N. and Eidelman, S. 2009. Perspectives on leadership in organizations providing services to people with disabilities: An exploratory study. *Intellectual and Developmental Disabilities*, 47, 358–372.

Brante, T. 2010. Professional fields and truth-regimes. *Comparative Sociology*, 9, 843–886.

Brante, T. 2013. The professional landscape: The historical development of professions in Sweden. *Professions & Professionalism*, 3, 558.

Brante, T., Johnsson, E., Olofsson, G. and Svensson, L. G. 2015. *Professionerna i kunskapssamhället [The conditions and values of professional occupations]*. Sweden: Liber.

Braun, V. and Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101. doi:10.1191/1478088706qp0630a.

Chung, M. C. and Harding, C. 2009. Investigating burnout and psychological well-being of staff working with people with intellectual disabilities and challenging behaviour: The role of personality. *Journal of Applied Research in Intellectual Disabilities*, 22, 549–560.

Ekman, E. and Halpern, J. 2015. Professional distress and meaning in healthcare: Why professional empathy can help. *Social Work in Health Care*, 54, 633–650.

Evetts, J. 2006. Introduction: Trust and professionalism: Challenges and occupational changes. *Current Sociology*, 54, 515–531.

Evetts, J. 2014. The concept of professionalism: Professional work, professional practice and learning. In: S. Billett, C. Harteis, & H. Gruber, eds. *International handbook of research in professional and practice-based learning*. Dordrecht: Springer, pp.29–56.

Freidson, E. 1994. *Professionalism reborn: Theory, prophecy and policy*. Cambridge: Polity Press.

Freidson, E. 2001. *Professionalism: The third logic. On the practice of knowledge*. Chicago: University of Chicago Press.

Gray-Stanley, J. and Muramatsu, N. 2011. Work stress, burnout, and social and personal resources among direct care workers. *Research in Developmental Disabilities*, 32, 1065–1074.

Hastings, R. 2010. Support staff working in intellectual disability services: The importance of relationships and positive experiences. *Journal of Intellectual & Developmental Disability*, 35, 207–210.

Hatton, C., Rivers, M., Mason, H., Mason, L., Emerson, E., Kiernan, C., Reeves, D. and Alborz, A. 1999a. Organizational culture and staff outcomes in services for people with intellectual disabilities. *Journal of Intellectual Disability Research : JIDR, J Intellect Disabil Res*, 43 ( Pt 3), 206–218. doi:10.1046/j.1365-2788.1999.00190.x. 10392607

Hatton, C., Emerson, E., Rivers, M., Mason, H., Mason, L., Swarbrick, R., Kiernan, C., Reeves, D. and Alborz, A. 1999b. Factors associated with staff stress and work satisfaction in services for people with intellectual disability. *Journal of Intellectual Disability Research*, 43, 253–267. doi:10.1111/j.1365-2788.2010.01303.x

Hensel, J. M., Hensel, R. A. and Dewa, C. S. 2015. What motivates direct support providers to do the work they do? *Journal of Intellectual & Developmental Disability*, 40, 297–303.

Hewitt, A. and Larson, S. 2007. The direct support workforce in community supports to individuals with developmental disabilities: issues, implications, and promising practices. *Mental Retardation and Developmental Disabilities Research Reviews, Ment Retard Dev Disabil Res Rev*, 13, 178–187. doi:10.1002/mrdd.20151. 17563893

Hirschhorn, K. A. 2006. Exclusive versus everyday forms of professional knowledge: Legitimacy claims in conventional and alternative medicine. *Sociology of Health & Illness*, 28, 533–557.

Ineland, J. and Hjelte, J. 2018. Knowing, being or doing? A comparative study on human service professionals' perceptions of quality in day-to-day encounters with clients and students with intellectual disabilities. *Journal of Intellectual Disabilities*, 22, 246–261.

Ineland, J., Molin, M. and Sauer, L. 2018. Handling plurality and dealing with difficult work experiences. A comparative study of human service professionals' work with individuals with intellectual disabilities. *Journal of Policy and Practice in Intellectual Disabilities*, 15, 36–42.

Ineland, J., Sauer, L. and Molin, M. 2017. Sources of job satisfaction in intellectual disability services: A comparative analysis of experiences among human service professionals in schools, social services, and public healthcare in Sweden. *Journal of Intellectual & Developmental Disabilities*, 43, 421–430.

Ineland, J., Sauer, L. and Molin, M. 2019. *Intellektuell funktionsnedsättning i samhälle och välfärd [Intellectual disability, society, and welfare]*. Malmö, Sweden: Gleerups.

Jacobsen, A. J. and Buch, A. 2016. Management of professionals in school practices. *Professions and Professionalism*, 6, 1–16.

Jessen, J. T. 2010. Job satisfaction and social rewards in the social services. *Journal of Comparative Social Work*, 1, 1–18.

Kozak, A., Kersten, M., Schillmöller, Z. and Nienhaus, A. 2013. Psychosocial work-related predictors and consequences of personal burnout among staff working with people with intellectual disabilities. *Research in Developmental Disabilities*, 34, 102–115.

Kroezen, M., van Dijk, L., Groenewegen, P. P. and Francke, A. L. 2013. Knowledge claims, jurisdictional control and professional status: The case of nurse prescribing. *PLoS One*, 8, e77279.

Lin, L. and Lin, J. 2013. Job burnout amongst the institutional caregivers working with individuals with intellectual and

- developmental disabilities: Utilization of the Chinese version of the Copenhagen Burnout Inventory survey. *Research in Autism Spectrum Disorders*, 7, 777–784.
- Lipsky, M. 1980. *Street-level bureaucracy. Dilemmas of the individual in public services*. New York: Russell Sage Foundation.
- Litten, J. P., Vaughan, A. G. and Wildermuth, C. D-M-E-S. 2011. The fabric of engagement: The engagement and personality of managers and professionals in human and developmental disability services. *Journal of Social Work in Disability & Rehabilitation*, 10, 189–210.
- Lizano, E. L. 2015. Examining the impact of job burnout on the health and well-being of human service workers: A systematic review and synthesis. *Human Service Organizations: Management, Leadership & Governance*, 39, 167–181.
- Lunsky, Y., Hastings, R. P., Hensel, J., Arenovich, T. and Dewa, C. S. 2014. Perceptions of positive contributions and burnout in community developmental disability workers. *Intellectual and Developmental Disabilities*, 52, 249–257.
- McLaughlin, J. and Webster, A. 1998. Rationalizing knowledge: IT systems, professional identities and power. *The Sociological Review*, 46, 781–802.
- Nancarrow, S. A. and Borthwick, A. M. 2005. Dynamic professional boundaries in the healthcare workforce. *Sociology of Health & Illness*, 27, 897–919.
- Nota, L., Ferrari, L. and Soresi, S. 2007. Self-efficacy and quality of life of professionals caring for individuals with intellectual disabilities. *Journal of Policy and Practice in Intellectual Disabilities*, 4, 129–140.
- Outar, C. and Rose, R. 2017. Is there a relationship between role identity, work demands, and burnout in direct care staff working with individuals with intellectual disability? *Journal of Intellectual & Developmental Disability*, 42, 123–130.
- Ponnert, L. and Svensson, K. 2016. Standardisation – The end of professional discretion? *European Journal of Social Work*, 19, 586–599.
- Reed, M. I. 1996. Expert power and control in late modernity: An empirical review and theoretical synthesis. *Organization Studies*, 17, 573–579.
- Ryan, C., Bergin, M. and Wells, J. 2019. Work-related stress and well-being of direct care workers in intellectual disability services: A scoping review of the literature. *International Journal of Developmental Disabilities*, 1–22.
- Schermerhorn, J.R. 2000. *Organizational behavior*. 7th ed. New York: Wiley.
- Schulte, P. and Vainio, H. 2010. Well-being at work – Overview and perspective. *Scandinavian Journal of Work, Environment & Health*, 36, 422–429.
- SFS (2003:460). *Etikprövningslagen* [Act concerning the Ethical Review of Research Involving Humans]. Utbildningsdepartementet [Department of education] Sweden.
- SFS (1993:387). *Lag om stöd och service till vissa funktionshindrade* [Act Concerning Support and Services for Persons with Certain Functional Impairments]. Socialdepartementet [Ministry of Health and Social Affairs], Sweden.
- SFS (1982:763). *Hälso och sjukvårdslagen* [Health and Medical Services Act]. Socialdepartementet [Ministry of Health and Social Affairs], Sweden.
- Skirrow, P. and Hatton, C. 2007. Burnout amongst direct care workers in services for adults with intellectual disabilities: A systematic review of research findings and initial normative data. *Journal of Applied Research in Intellectual Disabilities*, 20, 131–144.
- Stevens, M., Moriarty, J., Manthorpe, J., Harris, J., Hussein, S. and Cornes, M. 2019. What encourages care workers to continue working in intellectual disability services in England? Interview findings. *Journal of Intellectual Disabilities*, 174462951985464.
- Swedish Work Environment Authority. (2012). *Den goda arbetsmiljön och dess indikatorer. En kunskapsöversikt* [The good working environment and its indicators. A literature review]. Available at [www.aw.se/publikationer/rapporter/](http://www.aw.se/publikationer/rapporter/) Swedish Work Environment Authority, Report 2012:7 ISSN 1650-3171.
- Swedish Education Act ( 2010: 800). SFS 2010:800. Skollag Utbildningsdepartementet. [Department of Education] Sweden.
- Swedish Research Council. 2017. *Good research practice*. VR1710 ISBN 978-91-7307-354-7 Available at: <[www.vr.se/download/18.5639980c162791bbfe697882/1529480529472/Good-Research-Practice\\_VR\\_2017.pdf](http://www.vr.se/download/18.5639980c162791bbfe697882/1529480529472/Good-Research-Practice_VR_2017.pdf)> [Accessed 21 June 2020].
- Thompson, L. and Rose, J. 2011. Does organizational climate impact upon burnout in staff who work with people with intellectual disabilities? A systematic review of the literature. *Journal of Intellectual Disabilities*, 15, 177–193.
- van der Meer, L., Nieboer, A. P., Finkenflügel, H. and Cramm, J. M. 2018. The importance of person-centred care and co-creation of care for the well-being and job satisfaction of professionals working with people with intellectual disabilities. *Scandinavian Journal of Caring Sciences*, 32, 76–81.
- Vassos, M. V., Nankervis, K. L., Skerry, T. and Lante, K. 2013. Work engagement and job burnout within the disability support worker population. *Research in Developmental Disabilities*, 34, 3884–3895.
- Vassos, M. V., Nankervis, K. L., Skerry, T. and Lante, K. 2019. Can the job demand-control-(support) model predict disability support worker burnout and work engagement? *Journal of Intellectual & Developmental Disability*, 44, 139–149.
- Wieczorek, C., Marent, B., Osrecki, F., Dorner, T. and Dür, W. 2015. Hospitals as professional organizations: Challenges for reorientation towards health promotion. *Health Sociology Review*, 24, 123–136.