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ORIGINAL PAPER

Integration of Peer Specialists Working in Mental Health Service Settings

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Abstract Peer specialists are people in recovery employed to share their experiences to promote the recovery of others affected by mental illness. Examining workplace integration indicators that predict the job satisfaction of peer specialists employed in a variety of behavioral health settings is critical to ensure the retention and effectiveness of this viable workforce. A survey of Texas Certified Peer Specialists (n = 86) examined workplace integration indicators. Results suggest that supervisor's understanding of the peer specialist job role has a significant impact on job satisfaction. Better workforce integration may be achieved through targeted efforts to educate supervisors about peer specialist job roles.

Keywords Peer support · Certified peer specialist · Recovery · Workplace integration

Introduction

Mental health provider workforce shortages, inadequate service provision (Health Resources and Services Administration 2013; Honberg et al. 2011) and a focus on symptom management in the public mental health system present profound systemic barriers to recipients advancing beyond services and into meaningful lives in their communities. A body of research demonstrates that trained peer support providers, or peer specialists, offer an innovative solution to these limitations through recovery-promoting support services that lead to improved client outcomes (Cook et al. 2009; Druss et al. 2010; Lucksted et al. 2009; Travis et al., 2010). Peer specialists have lived experience of mental health issues, are in recovery, and are willing to disclose their experience to assist others in earlier stages of recovery (Davidson et al. 2006; Hebert et al. 2008). Peer specialists are often employed in mental health service settings, providing peer support, a form of mental health care based on the unique power of the experiential knowledge of peers sharing the same experiences of those they are supporting (Davidson et al. 2006).

Effective workplace integration and job satisfaction are critical to the success and longevity of the peer provider workforce (Grant et al. 2012). However, the nature of the peer role in its mutuality with clients presents challenges to fitting in at an organization dominated by traditional providers as the peer balances the natural supportive peer relationship role with the clinical standards of confidentiality and boundaries of traditional providers (Davidson et al. 2006). Thus, it is particularly important that the peer specialist is able to maintain the uniquely peer role while also becoming an integral part of the more traditional service environment. Recent research suggests that mutable workplace factors are predictive of job satisfaction for peer providers working in community-based mental health agencies. Davis (2013) surveyed members of the National Association of Peer Specialists who were employed on professional treatment teams at community based behavioral health agencies regarding their job satisfaction and workplace factors that may affect it, including role clarity,

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supervisory alliance, coworker support, inclusion and exclusion in organizational processes, and psychological empowerment. Results indicated that only psychological empowerment, a guiding principle of recovery (Sheedy and Whitter 2009), and job role clarity predicted job satisfaction for these employees. This is consistent with research on the job satisfaction of social workers suggesting that role clarity and other predictors of job satisfaction (e.g., social support from supervisor and co-workers; Acker 2004) may be utilized as markers of successful workplace integration for peer workers, including both technical and cultural aspects of integration (Moll et al. 2009). Both such formal (e.g., orientation) and informal (e.g., staff interactions and norms) processes of workplace integration are important to integration of new employees (Grant and Dziadkowiec 2012). Peer specialists that are integrated into their workplaces enjoy acceptance by non-peer staff, a well-defined job role that capitalizes on their skills and experiences, and value by their organization in the form of adequate pay and career advancement opportunities (Moll et al. 2009). By the same token, role confusion, lack of support, lack of networking opportunities, and poorly defined job roles have been identified as hindrances to integration (Gates and Akabas 2007).

Because national level support of and funding for the peer workforce has only emerged in the last decade (Department of Health and Human Services 2003), little is known about how workplace integration indicators affect the job satisfaction of peer specialists in mental health service settings. The purpose of this study was to examine workplace integration indicators that predict job satisfaction for peer specialists employed in a variety of behavioral health settings.

Method

Participants

Researchers sent all trainees who completed the state of Texas recognized Certified Peer Specialist Training Program between March 2010 and July 2012 (n = 309) an email invitation and link to an online survey, and 111 (35.9 %) responded to the survey, indicating an above-average response rate for an online survey (Nulty 2008; Shih and Fan 2008). Some respondents indicated working outside of the mental health field or not in a peer specialist capacity. Only those who met inclusion criteria of working in a peer specialist capacity at the time of the survey were included in analyses (n = 86).

The majority of respondents were female (n = 52; 60.5 %) and over the age of 40 (n = 66; 79.8 %). Nearly half had some post-high school training (n = 40; 46.5 %) and nearly one-fifth had a 4-year college degree (n = 16; 18.6 %). Most were White or Caucasian (n = 65; 75.6 %) with the second largest racial group being Black or African American (n = 13; 15.1 %). A minority were Hispanic (n = 11; 13.1 %). For hourly-paid employees, the average pay was $13.52 (SD = $6.19). For the salaried employees, the average pay was $2,733.17 per month (SD = $1,630.98). For purpose of comparison, the state's minimum wage during the study period was $7.25 per hour.

Measures

Survey items measured job satisfaction (1 item), workplace integration (4 items measuring collaboration, support (supervisor and non-peer staff), and supervision; Table 1), time since training (1 item), and organizational job description (1 item). A single item (i.e., How satisfied are you with your overall job experience?) derived from (Salzer et al. 2009) was chosen to represent job satisfaction. Research suggests that single-item measures of job satisfaction have demonstrated adequate reliability and validity and have comparable findings to scale measures of job satisfaction (Dolbier et al. 2005; Kunin 1955; Wanous et al. 1997). Surveys were administered over a 4 week period in October–November 2012 and took approximately 20 min for participants to complete.

Design and Analyses

This study utilized a cross-sectional survey design. Descriptive analyses were used to examine the workplace integration of peer specialists and multiple regression analysis was conducted to determine the extent to which the four indicators of workplace integration predict job satisfaction for peer specialists. The four indicators and the outcome chosen for this model were developed based on a review of the literature (Acker 2004; Davis 2013; Grant et al. 2012). Standardized beta weights (β) were assessed to evaluate the contribution of each predictor to the model.

Workplace integration indicators included (1) supervisor's understanding of peer specialist job role, (2) support of co-workers, (3) support of supervisor(s), and (4) working on treatment teams. Control variables were selected to account for differences in the experiences among peer specialist respondents and included time since training and whether the peer specialists' organization had a job description for his/her role. It was expected that the length of time that peer specialists had been working since receiving training may have co-varied with the level of support that they received from their coworkers. It was also expected that whether or not the organization had a job description for the peer specialist may have co-varied along with the supervisor's understanding of the job role. While it was

Table 1 Job satisfaction and workplace integration items (n = 86)

Construct	Item	Mean	SD
Job satisfaction	I am satisfied with my overall job experience (scale of 1–5)	4.29	0.79
Workplace integration			
Supervision	How would you rate your supervisor's overall understanding of your job role as a peer specialist? (scale of 1–10)	8.02	2.67
Support	How would you rate your supervisor's overall level of supportiveness? (scale of 1–10)	8.48	2.42
	How would you rate the overall level of supportiveness of other non-peer staff? (scale of 1–10)	7.29	2.45
Collaboration	Working on a treatment team (yes/no)	Yes (n = 29; 33.7 %)	–

expected that the model would predict job satisfaction, the enter method was selected for both control and independent variables as the current literature revealed no theoretical basis regarding the relative influence of each variable (Acker 2004; Davis 2013).

Participants' informed consent was obtained prior to completing the survey. The survey consent form as well as the e-mail invitation to the survey assured participants that their responses were anonymous and that results would only be reported in aggregate. The Office of Research Support and the Institutional Review Board of the University of Texas at Austin and the Texas Department of State Health Services Institutional Review Board approved this study.

Results

Shapiro–Wilks tests of normal distribution for all interval variables were significant, indicating potential issues with non-normal distribution of the independent variables on the dependent variable. However, skew and kurtosis values were within acceptable limits (Fabrigar 1999), and thus non-transformed variables were used for analyses. Examination of Levene's tests for homogeneity of variance for the two dichotomous variables indicated equal variance for the job description variable and unequal variance for the variable assessing collaboration on treatment teams. All regression variables met assumptions of linearity and homoscedasticity. There were no statistically significant outliers.

Overall, peer specialists reported high job satisfaction ($M = 4.29$ out of 5). Regarding workplace integration, one-third (33.7 %) reported collaborating on treatment teams as well as a high degree of support from other staff ($M = 7.29$ out of 10) and supervisors ($M = 8.48$ out of 10). Respondents also reported that supervisor's understanding of their peer specialist job role was very good ($M = 8.02$ out of 10). Regression analysis revealed that the overall model was significant [$F(6, 68) = 6.26$, $p < .001$], with a combination of the four predictor variables explaining 30 % of the variance in job satisfaction ($R^2 = .36$, Adjusted $R^2 = .30$). The control variables (time since training and having a job description) were not significantly related to job satisfaction. Of the four integration indicators, supervisor's understanding of peer specialist job role was the only significant predictor of job satisfaction when controlling for time since training and having a job description (Table 2).

Discussion

The purpose of this study was to determine if and explore how the various indicators of workplace integration predicted job satisfaction for peer specialists. Results of this study indicate that the single most important workplace integration indicator influencing peer specialist satisfaction at work is the perception that one's supervisor understands his/her job role. This is consistent with previous research, which indicates that role clarity is a significant predictor of peer specialist job satisfaction (Davis 2013). For peer specialists, role clarity is especially important because of the complex nature of their roles that balance mutuality with their peers and organizational demands, and the dual identities of professional and person in recovery (Carlson et al. 2001). Clear responsibilities and expectations allow peer specialists to claim an entirely new identity (Davis 2013). Previous research has viewed role clarity from the perspective of the individual (i.e., how well does the individual understand his/her own role; Davis 2013), however, this study adds something unique to the literature in its focus on a relational facet of role clarity (i.e., how well does the individual think that his/her supervisor understands the peer specialist's unique role?). The supervisor brokers the relationship between the organization and the

Table 2 Multiple regression results for predicting job satisfaction of peer specialists (n = 75)

Measure	Beta	Std. error	β	t
(Constant)	2.51	.35		7.27*
Time since training	.01	.01	.11	1.07
Have job description	.08	.26	.03	.29
Supervisor's understanding job role	.14	.04	.47	3.26*
Supervisor's support	−.01	.05	−.03	−.19
Non-peer staff's support	.06	.04	.19	1.67
Collaborate on treatment teams	.25	.17	.15	1.48

$R^2 = .36$, adjusted $R^2 = .30$, $p < .01$ (adjusted for time since training and having a job description)

* Significant at the $p < .01$ level

employee, interpreting his/her meaningful role in the larger organization. The supervisor also brokers the relationship between the peer specialist and his/her coworkers, mediating conflict or confusion that arises as roles intertwine. Supervisor's understanding of the peer specialist job role is one workplace integration indicator that is highly amenable to brief and cost-effective intervention. For example, in Texas, a 1-day training targeted at supervisors of peer specialists that provides an understanding of peer job roles and functions costs approximately $135 per person to attend (D. Bach, personal communication, December 11, 2013; Via Hope 2013).

The other three workplace integration indicators examined including support of non-peer coworkers, support of supervisor, and working collaboratively on treatment team were not significant predictors of job satisfaction. These findings are consistent with previous research indicating that factors including inclusion in key organizational processes (i.e., working on a treatment team), supervisory alliance (i.e., supervisor support), and co-worker support are not significant predictors of peer specialist job satisfaction (Davis 2013). A potential interpretation for the finding that support of co-workers/supervisors does not significantly impact job satisfaction could be that, going into a job, peer specialists are expecting to meet resistance and feel that they are pioneering a role that is not yet fully accepted in the mental health field; because the expectation is not challenged, neither is the outlook. Another potential interpretation is that, while it is important, emotional support alone cannot sustain a satisfactory work experience at a job that is lacking in technical support (i.e., a job in which one does not have the concrete resources needed to fulfill the appropriate job role). The finding that collaboration on treatment teams was not a significant predictor of job satisfaction may simply indicate that some peer specialists are fulfilling wholly appropriate roles that would not require nor be enhanced by collaborating on clinical treatment teams, for example, a peer specialist navigator role that assists clients with locating and accessing the services they need within the system.

The major limitation of this study is limited generalizability due to the small sample size and respondents only representing one state. The sample size of this study may not have been adequate to show a real relationship between job satisfaction and the model variables that were non-significant. Additionally, only one-third of survey respondents reported working on treatment teams, a job role essential to integrating into the workplace (Chinman et al. 2008). A potential sampling bias may have existed in that peer specialists who had limited access to email, either because of the nature of their job roles or limited personal resources, may be underrepresented, potentially limiting generalizability of results. In addition, job satisfaction was measured via a single-item. Single-item measures have been effectively used to assess this construct (Dolbier et al. 2005; Kunin 1955; Wanous et al. 1997), but the validity and reliability of this measure should be further examined.

This study explored the predictive relationship of four indicators of workplace integration to the job satisfaction of peer specialists employed in various mental health service settings. Supervisor understanding of the peer specialist job role was significantly predictive of job satisfaction. However, more research utilizing a larger sample of peer specialists is needed to corroborate these findings.

Conclusions

Peer specialists should, wherever possible, be performing job roles that support collegial integration into their organization of employment. Peer workers should not be viewed as "extra" help to perform job functions that others do not want to do (Chinman et al. 2008), or otherwise not contributing meaningfully to individuals' care. Peers in advocacy or support roles related to individuals' treatment should

be included as an equal in treatment team meetings and planning activities. Peer staff should be informed about individual recovery goals and the overall recovery plan in order to avoid conflict and confusion between peer and non-peer staff regarding the individual's care (Gates and Akabas 2007). Although only one-third of survey respondents reported collaborating on treatment teams and results of regression analysis did not show a relationship between this integration indicator and job satisfaction, collaboration on treatment teams is nonetheless an indicator of workplace integration that requires further study. Gates and Akabas (2007) list participating in meetings as a job role that complements the roles of non-peer staff; however, it is only when both groups clearly understand their concurrent job roles that leads to integration rather than confusion or resentment.

The supervisor's understanding of the peer specialist job role likely impacts satisfaction more than other variables because of its influence on the relational attributes of the job. The supervisor acts as a broker of the individual employee's relationship with the broader organization, other co-workers, and clients served. Considering this far-reaching influence, targeted technical assistance provided to organizations regarding supervisor's understanding of peer specialist job role may be of substantial benefit in the process of integrating peer specialists. To ensure efficacy, success, and retention of the peer workforce, policy makers should incentivize or otherwise support training for supervisors of peer specialists, which promotes understanding of the peer specialist job role, functions, and skills.

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