# Omega Graduate School

# Dissertation Research Prospectus (Pre-Proposal)

Richard Nti

# Problem Statement

The problem is psychological health issues among direct support professionals (DSPs). Various work demands and caseloads, limited support and instruction, locus of control and role confusion contribute to DSPs work stress and, mental health problems (Ford & Honnor, 2000)

# Purpose Statement

The purpose of this study is to examine the relationship between direct support professionals’ psychological health and psychological resilience.

# Background of the Problem (1-2 pages)

That Direct support professionals (DSPs) are essential in the continuum of care for adults with intellectual/developmental and mental health disabilities cannot be overstated. They provide a wide range of support including but not limited to, household management, adaptive skills, community integration and above all health and safety. Existing literature has revealed that DSPs face various psychological health issues such as anxiety and depression, yet little attention is paid to them. In 2020, the Azriel Adult Neurodevelopmental Centre at the Centre for Addiction and Mental Health (CAMH) surveyed the mental health of direct support professionals (DSPs) throughout Ontario, Canada and found that 69% reported feeling increased stress at work, while 25% reported moderate to severe distress resulting from work demands (CAMH, 2022). By 2022, a follow-up study identified that 35% of DSPs were experiencing moderate to severe distress (CAMH, 2022). Interestingly, both studies identified self-care (psychological health) among their recommendations to reverse the trend.

With the emergence of positive psychology, researchers are advocating for psychological resilience to enable DSPs to recover and maintain adaptive behavior in the face of adversity and stressful events.

To address the research gap mentioned above, I will be examining the relationship between psychological health and psychological resilience and the positive role of psychological resilience in promoting mental health on the basis of understanding the psychological health status of DSPs.

# Significance

This study will contribute to the gap in research by giving special attention to identifying social support systems, proactive measures and other interventions that will help manage psychological health of DSPs. The study also seeks to examine the variables that help DSPs to cope and adapt in the face of challenges associated with their role.

# Research Question

RQ1: What relationship exists, if any, between the psychological health and psychological resilience of direct support professionals.

# Research Methodology

This study will utilize a correlational research methodology because hypotheses derived from the research question will be tested using Pearson Product Moment Correlation to examine the relationship, if any, exists between psychological health and psychological resilience.

# Theoretical/Conceptual Framework

This study will be guided by a conceptual framework that has been inspired by the theory of resilience. Resilience originates from the Latin word *resiliens,* which refersto the pliant or elastic quality of a substance (R.R. Greene et al., 2002). Masten (2005) defines resilience as a class of phenomena characterized by good outcomes in spite of serious threats to adaptation of development. Rutter (1987), a psychiatrist risk researcher, states that the term is used to describe the positive tone of individual differences in people’s response to stress and adversity. Janas (2002) identified the term as the ability to bounce back from adversity, frustration, and misfortune. Perry (2002) defines resilience as the capacity to face stressors without significant negative disruption in functioning. In developmental literature, resilience is typically discussed in terms of protective psychological risk factors that foster the development of positive outcomes and healthy personality characteristics (Bonanno, 2004). Resilience is also used interchangeably with positive coping, adaptation, and persistence (R.R. Greene et al., 2002).

In a nutshell, resilience researchers agree that resilience is concerned with individual variations in response to risk. While some individuals give in to stress and adversity, others survive and respond well to the challenges associated with life’s hazards (Rutter, 1987)

# Instrumentation

This study will utilize two tools to collect data on the variables of interest. The first tool is the psychological resilience scale which consists of 64 items in three subscales, that is, the sense of control, the sense of relationship, and emotional response (see appendix A for permission letter). The control subscale includes optimism, self-efficacy, and adaptability factors; the relationship subscale includes interpersonal trust, social support, interpersonal comfort, and tolerance factors; and the emotional response subscale includes emotional sensitivity, emotional recovery, and emotional destructive factors (This was compiled by Sandra Prince-Embury in 2006)

The second tool Depression Anxiety Stress Scale (DASS-21) was developed by (Henry & Crawford, 2005). It includes statements that measure different dimensions of psychological health i.e., measuring the negative emotional states of depression, anxiety, and stress.

# Research Design

Quantitative research methods will be used to gather and test data via Pearson’s r bivariate correlation. The Pearson’s r bivariate correlation will be used to examine if a relationship exists between DSPs’ psychological health, measured by DASS-21, and psychological resilience, measured by the psychological resilience scale.

# Population and Sampling

The target population for this study will be direct support professionals who serve adults with intellectual/developmental and mental health disabilities working with Community-Based Organizations from the seven metro counties in Minnesota. The minimum required sample size will be calculated using the Slovin’s formula. The level of precision that would be chosen for the study will be 5%. Following is the formula; n= N/(1+Ne2), where n represents the sample size, N is the total population, and e is the margin of error. Convenience sampling technique will be used to collect the data.

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# Hypotheses

Ho: A statistically significant relationship exists between a DSPs’ self-assessed psychological health and self-assessed psychological resilience.

Ha: No statistically significant relationship exists between a DSPs’ self-assessed psychological health and self-assessed psychological resilience.

# Data Analysis Plan

This study will test data for normality and relevant assumptions of appropriate statistical procedures. If data do not meet assumptions for parametric procedures nonparametric procedures will be utilized.

This study will utilize Pearson’s Product Moment of Correlation, if parametric, or Spearman’s Rank Correlation, if nonparametric to test the hypotheses for statistically significant relationships.

**Appendix A**

**Permission Letter**

October 14, 2023

Sandra Prince-Embury

Managing Director at Resiliency Institute of Allenhurst

United States

Subject: Seeking permission to use your instrument

Dear Embury,

I am Richard Nti, a doctoral student at the Omega Graduate School completing a dissertation in social research methods. I am writing to request permission to use your instrument psychological resilience scale in my research study. The purpose of the study is to examine the relationship between direct support professionals’ psychological health and psychological resilience. The research is being supervised by Dr. Sean Taladay who is also my dissertation chair.

I plan to use the entire content of the instrument. When you give me your approval and consent, the instrument will be emailed to research participants for them to complete. The research will take place in Minnesota. Sample size of approximately three hundred direct support professionals is being anticipated.

I would also be grateful receiving copies of supplemental material that will help in the administering the test and analyze the results; for example, the test questionnaire, the standard instructions for administering the test, and scoring procedures or rubrics.

In addition to using the instrument, I also request your permission to reproduce it in my dissertation appendix.

Let me say that the instrument will be used under the following conditions.

* The instrument will only be used for my research study and will not sell or use it for any other purposes.
* Statement of attribution and copyright will be included on all copies of the instrument. If you have a specific statement of attribution that you would like me to include, please provide it in your response.
* At your request, I will make a copy of my completed research study available to you upon completion of the study.

If the above terms and conditions are acceptable, please indicate so by replying through [richard.nti@vikohs.com](mailto:richard.nti@vikohs.com) or rnti@ego.thechicagoschool.edu

Looking forward to hearing from you.

Sincerely,

Richard Nti