Barriers and Facilitators to Work Success for Veterans in Supported Employment: A Nationwide Provider Survey

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Abstract

Objective: Veterans with mental illness are at serious risk for poor work outcomes and career stagnation. Supported employment (SE) is an evidence based model of vocational services that assists persons with mental illness to obtain competitive employment. The purpose of this study was to gain a rich understanding of barriers and facilitators to competitive work success from the perspective of a nationwide sample of Department of Veteran Affairs SE staff, supervisors, and managers. Methods: This study utilized a mixed methods approach in which 114 SE personnel completed an online questionnaire consisting of a survey of work barriers and facilitators; open ended questions elicited additional factors impacting the work success. Descriptive statistics characterized work factors, and an emergent open coding approach identified qualitative themes describing other key elements influencing employment. Results: The most prominent work facilitators were motivation, job match, the assistance of SE services, and self-confidence. The highest rated barriers were psychological stress and a range of health-related problems. Qualitative findings revealed additional areas impacting work success, notably, a lack of resources, the capacity of frontline staff to form strong relationships with Veterans and employers, the ability of staff to adapt and meet the multi-faceted demands of the SE job, and the need for additional staff and supervisor training. The impact of employer stigma was also emphasized. Conclusions: An array of elements influencing work success at the level of the Veteran, staff, SE program, and the employer were recognized, suggesting several implications for VA services.

Keywords: work, employment, barriers, facilitators, mental illness, Veterans

Introduction

Veterans with mental illness tend to have poor employment outcomes (1), posing a substantial threat to their wellbeing and financial stability over time. Supported employment (SE), an evidence-based practice involving the provision of individualized employment support, has been shown to improve the work success of these Veterans (2), although challenges persist. Two-thirds of Veterans remain unemployed even with the help of SE (3). Given the burgeoning number of Veterans experiencing mental illness and disruption in their functioning, understanding the barriers that hinder work success and career advancement is crucial.

Prior studies have examined factors related to vocational success; however, only one specifically has addressed Veterans with mental illness. Approaching the question from the vantage point of Veterans, Kukla and colleagues (4) found that motivation and efficacy beliefs, health and cognitive problems, and interpersonal relationships on the job most impacted achievement in the civilian workplace. Furthermore, studies of non-veteran employment success have typically examined barriers and facilitators from the perspective of SE staff. Specifically, a handful of community studies have recognized elements at the client-level (e.g., motivation, fear of work, self-stigma), on the part of the vocational worker (e.g., competencies, provision of general support), and factors at the program level that are consistent with the IPS SE model (e.g., rapid job development, follow-along support) (5-9).

While these findings provide some insight regarding factors influencing work in non-Veterans receiving services in the community, the state of knowledge is incomplete. No published studies have conducted an assessment of SE personnel perspectives on work barriers and facilitators in the Department of Veteran Affairs (VA). VA SE personnel offer unique and important insights, given their daily experience working directly with a vast array of Veterans;

they also have key insights regarding the impact of the nature of SE services, core personnel competencies, and employer perspectives on hiring and retaining Veterans with mental illness. Furthermore, past community studies in this area have been small in scope, carried out in one agency or state with a limited number of staff and/or related stakeholders. Studies have almost exclusively considered non-Veterans with SMI, such as psychotic disorders and bipolar disorders. Veterans with other mental health disorders, most notably, post-traumatic stress disorder (PTSD), are increasingly in need of individualized vocational services (10); these Veterans often have complex comorbidities, such as physical health ailments, cognitive problems, and substance use disorders (11) that further complicate their vocational pursuits (12). In addition, Veterans of recent Gulf War conflicts are tasked with simultaneously managing multiple, complex life transitions (e.g., work, family, community, etc.), as they reintegrate into the civilian world after extended periods of combat deployments and active duty military involvement (13). Taken together, these circumstances suggest the need to further consider influences that may be distinctly salient to Veteran work success.

Recognizing this growing issue, the VA has placed a high priority on improving the economic security of these vulnerable Veterans (14). In light of this national priority and gaps in the literature, this study utilized a mixed methods approach to investigating the barriers and facilitators to competitive work in Veterans with mental health disorders through the lens of a nationwide sample of VA supported employment staff persons and supervisors.

Methods

Sampling

Participants were eligible if they were employed in the VA and were involved in the provision of SE services according to the Individual Placement and Support Model (IPS). VA

personnel in the homeless veterans supported employment program were excluded due to incongruity with the IPS SE model. Frontline staff persons as well as SE supervisors, managers, and service line chiefs were included in the study. Out of 175 SE personnel, 114 (65.1%) completed the survey.

Procedure

The VA Office of Therapeutic and Supported Employment Services leadership, which oversees the operation of vocational programs across the VA, distributed the link to the online survey via email to all SE staff persons, supervisors, managers, and service line chiefs at all SE sites and encouraged participation. After providing written informed consent, participants provided background information and completed the survey. Data were collected November and December 2013. All procedures were approved by the Institutional Review Boards at [XXX] university and at the VAMC.

Measures

The survey was comprised of 26 items scored on a Likert scale and was based on an employment survey used in a sample of Veterans with mental illness (4). For each item, participants were asked to respond to "indicate to what extent they (the factors) play a helpful/harmful role in the overall employment success of the Veterans with whom you work." The scale ranged from 1 = "does not play a role" to 5 = "plays a very large role." Participants first responded to the degree to which each factor acted as a facilitator and then the degree to which each acted as a barrier. Finally, participants responded to the following open-ended questions probing additional factors not covered by the survey: 1. "Are there other key factors not previously listed that impact the ability of the Veterans with whom you work to obtain jobs?" 2. "Are there other key factors not previously listed that impact the ability of the Veterans with

whom you work to keep jobs long term?" In the original study, the quantitative items had good

internal consistency (Cronbach's alpha=.83) and convergent validity (4).

Data Analyses

A convergent parallel mixed methods design was used (15), in which complementary

qualitative and quantitative data were collected and synthesized, providing depth to the

understanding of work barriers and facilitators in Veterans with mental illness.

Quantitative analyses were conducted in SPSS 20. Descriptive statistics were generated

to characterize SE personnel background characteristics, barriers and facilitators to work, as well

as rank orders of work elements impacting Veterans with PTSD and Veterans with SMI.

Qualitative analyses of open-ended questions were conducted using a conventional

content analysis (16). First, three coders read the responses and independently identified themes

using an inductive approach (17). Coders then met and discussed emerging themes in the data

and resolved discrepancies. During the ongoing coding process, the coders wrote memos,

resulting in continued revision of codes and a final a set of focused codes. Focused coding was

then used to code the remainder of the responses.

<div align="center">Results</div>

Quantitative Findings

Participant Descriptives. Of the 114 participants, 84 were frontline SE staff, 10 had a

combined position, providing direct services and supervising SE staff at their site, 29 were SE

supervisors, 16 were SE program managers and directors, and two were service line chiefs

(missing=2). Participants represented 78 different SE programs across all 21 Veteran Integrated

Service Network (VISN) regions. Participants had worked a mean of 10.3 years (SD=8.7) in the

vocational rehabilitation field. Frontline staff had a mean caseload size of 26.4 Veterans

(SD=23.2); the majority of caseloads consisted of Veterans with SMI (M=15.0, SD=10.0),

whereas most VA SE providers reported serving relatively few Veterans with PTSD (M=7.3, SD=11.2). Sixty nine participants (61.1%) reported currently providing services to five or fewer Veterans with PTSD and 17% (N=19) of participants reported providing services to no Veterans with PTSD.

Employment Facilitators and Barriers. As shown in Table 1, the highest rated facilitators to competitive work success were Veteran motivation, a good match between the Veteran and the job, the assistance of VA SE services, and the Veteran self-confidence related to work. As shown in Table 2, the highest rated barriers to competitive work success were all Veteran-related factors: substance use, psychological stress, mental health, cognitive functioning, and physical health. Mean scores were general higher on facilitators (range from 2.9 to 4.6) than barriers (range from 2.2 to 3.9).

Qualitative Findings

Participants commented on additional factors influencing competitive work. Thirteen codes were identified in regard to these areas. The most prominent codes were resources at the level of the Veteran and the SE program (39 responses), staffing (38 responses), and role of the employer (28 responses).

Resources. Several participants noted the lack of available transportation options as a work barrier. For example, one staff person commented, "If a veteran lives in a rural area where there is no public transportation, it is difficult to get to work. The price of paying for a taxi sometimes costs more than the income." In a related vein, many suggested the need for SE programs to have available bus passes and other means to help arrange for transportation. Furthermore, several staff and supervisors mentioned the need for available computer labs to help bolster Veterans skills in this area; for instance, one supervisor noted, "I feel that some

computer training would help Veterans since so many applications are completed online and they need so much help." Another often mentioned program level resource was transportation for frontline staff; one participant stated, "We need adequate tools. Two cars for five VRSs [staff] in supported employment doesn't work."

Staffing. Three themes emerged in the area of staffing. First, staff competencies and approach to SE services were frequently mentioned as highly influential on work success. For instance, one participant commented on the importance of "motivation and experience of assigned job developer." Other participants emphasized the "[vocational rehabilitation specialist's] relationship with the employers," "ability to create natural supports on the job," and the key role of providing tailored and individualized follow along support to bolster job maintenance. An SE supervisor commented, "…just keeping support available and getting Veterans to talk about concerns and problems that are occurring daily as well as positive things that are occurring." Further, a staff person commented on the multi-faceted and complex nature involved with the provision of SE services, stating, "A case-load of 25 can be extremely challenging at times…There will be months where the SE counselor will be job developing for a few earnest and motivated veterans, while attending to crisis intervention and related job maintenance support that can be time consuming…SE counselors are also 'sales people' in one regard." Additional elements of SE service provision highlighted included the development of a strong rapport and working alliance with Veterans, for instance, "Veterans seeing true empathy and advocacy from their vocational counselors." Another participant commented on the benefits of "…support and building confidence that they can be successful…positive reinforcement to help them see what they have achieved…taking small steps and rewarding those accomplishments."

Second, several participants remarked on the need for additional training in the tenets of SE, for both frontline staff and supervisors. For instance, one staff person commented on the need for training specifically in the area of job development: "We need ideas for effective advertising, marketing, and sponsorship with major employers. This should ensure successful communication with gatekeepers." With regard to those overseeing SE programs at the site level, a participant noted, "I would like to see more training geared for the supervisor/CWT program manager. This may help each site to enhance its program." Similarly, the need for more supervision was also highlighted, "We need closer coordination with VACO/VISN mentors to ensure follow up training and support..."

Third, numerous suggestions were made regarding staffing structure, particularly the need for more staff to serve a larger number of Veterans. In addition, a number of staff and supervisors commented on the need for staff solely assigned to job development, in recognition of the unique skills and competencies required to effectively develop jobs; one supervisor stated, "The one thing that would be helpful is for the VA to specifically hire job developers with a business background whose sole job is to develop employer relationships." A few participants also recognized a need for staff specifically focused on "job coaching," or assisting Veterans who have greater needs to learn duties at the job site.

Role of the employer. SE personnel noted the impact of employers on the success of Veterans in the civilian workplace. Concerns were raised regarding stigma reducing the likelihood of hiring Veterans; participants noted the importance of "educating business owners…many think a person with mental illness issues will impact their service" and "showing them [employers] that people with these challenges can be productive and loyal employees." Another commented, "I had employers requesting training to understand what it means to hire an

employee with SMI and the types of accommodations needed." A staff person also commented on "employers willingness to work with [Veterans] and buy into the supported employment model" as a prominent factor involved in maintaining employment. Pertaining to the role of frontline SE staff persons interfacing with employers in the community, several participants commented on the importance of forming strong "relationships" and "partnerships." Highlighting an example of this in daily practice, one participant stated, "If an employer is not aware that the Veteran is in SE…they may not contact the [vocational rehabilitation specialist] when there is a problem on the job. It is important that the [vocational rehabilitation specialist] has an opportunity to intervene if there is a problem to sustain employment."

Discussion

The current study is the first of its kind to provide a comprehensive overview of SE personnel perspectives on the barriers and facilitators to employment in Veterans with mental illness. A nationwide sample of frontline SE staff, supervisors, and upper level managers provided a rich picture of factors impacting work success; some factors converged with findings examining Veterans' perspectives on elements of employment success (4), notably personal motivation and work-related confidence. These findings suggest that interventions augmenting SE, such as motivational interviewing and cognitive behavioral therapy, may be useful to bolster vocational functioning (e.g., 18, 19, 20), particularly during the job search phase (21). In addition, quantitative results recognized the influence of health, encompassing mental, physical, and cognitive domains, in agreement with the conclusions drawn from a recent study examining the viewpoints of Veterans (4); these findings highlight the burden that complex co-morbidities experienced by Veterans have on vocational functioning. These findings also underscore the necessity of integrating SE services with mental health, a core component of the evidence-based

SE model (22); high degrees of vocational and mental health treatment integration have been linked with significantly enhanced employment rates (23).

Areas of divergence between SE personnel and Veterans also emerged, notably, substance use; SE personnel emphasized the harmful role of substance use to a greater extent than Veterans in a past study (4); while it's possible that the Veterans comprising that sample did not experience disrupting substance use, it is also possible that these contrasting views are meaningful. Perhaps Veterans lack insight regarding the impact of substance use on their work achievement or perhaps SE providers over-emphasize this impact or have a tendency to recall those Veterans with the most troubling substance use that hindered work success. Future research should seek to better understand this issue and its implications for Veterans and VA services.

Qualitative findings broaden our understanding of factors that influence the work success of Veterans with mental illness. As expected, SE personnel emphasized the overall benefit of SE services on employment outcomes in several areas, particularly the ability of frontline staff to frequently adapt, in accordance with the multi-faceted nature of the SE position. Specifically, participants recognized that SE services involve a heterogeneous set of skills, abilities, and tasks (24), with higher confidence in some areas, such as forming relationships with Veterans, compared to others, particularly being a "sales person" and successfully developing jobs. Accordingly, both frontline staff and supervisors noted the need for additional training, particularly in job development. This finding is noteworthy given that job development has been demonstrated to be the most critical component of SE services (25) and is associated with better employment outcomes over time (26). In addition, several SE personnel acknowledged the benefits of a staff person solely allocated toward job development to increase the number of available jobs for Veterans. Consistent with these qualitative findings, a strong match between

the Veteran and the job was a top rated facilitator relative to other factors, aligned with the existing literature linking a better job fit with longer job tenure for non-Veterans receiving SE services (27).

Central to the process of job development is the task of forming relationships and partnerships with employer (28), a heavily emphasized element impacting the work success of Veterans. These findings suggest that guiding employers through the process of providing appropriate accommodations for Veterans with mental illness is a critical role for SE staff. Furthermore, previous research has illustrated the complex relationship between behavioral perceptions of people with mental illness (e.g., dangerousness), public stigma, and decisions surrounding the employment of this group (29). SE personnel should strive to educate employers about mental illness and highlight the successes of these Veterans in the working world in the context of strong rapport and an ongoing relationship; this is also of utmost importance to combat stigma and ensure long-lasting job placements.

In conclusion, this study offers an in-depth understanding of the range of factors impacting the work success of Veterans with mental illness. In alignment with a recovery-oriented stance, SE personnel rated facilitators as more influential to work success compared with barriers. Fortunately, many of these barriers are malleable and can be improved by changes such as increased access to resources (e.g., computer training, transportation), targeted staff training, strong integration with VA mental health services, and vigorous efforts to form relationships with community employers. While this study adds much richness and depth our understanding of the factors most prominent to work success in Veterans with mental illness, limitations exist. This study was observational and based on self-report; linking barriers with objective data regarding work outcomes in Veterans with mental illness will provide important

information and guidance regarding the allocation of limited federal resources toward the most significant barriers. In addition, while a unique aspect of this study is the heterogeneity of Veterans served in SE, including across diagnoses, many SE personnel acknowledged that they serve relatively few Veterans with PTSD. SE services tailored for Veterans with PTSD is still in its infancy (30) and penetration of SE for this group is low (10); further research is needed to better understand this implementation gap and more fully capture the distinct service needs of these Veterans as they seek employment and progress towards fruitful careers.

Table 1: Facilitators to work success

Item[1]	Staff	Supervisors & managers	All participants
	M (SD)	M (SD)	M (SD)
Personal Motivation	4.6 (0.7)	4.6 (0.6)	4.6 (0.7)
Job match	4.5 (0.8)	4.6 (0.6)	4.5 (0.8)
VA SE services	4.5 (0.7)	4.3 (0.7)	4.4 (0.7)
Veteran Self Confidence	4.3 (0.7)	4.4 (0.7)	4.3 (0.7)
Relationships with job supervisors	4.2 (0.8)	4.4 (0.7)	4.3 (0.8)
Mental health treatment services	4.2 (0.7)	4.3 (0.8)	4.2 (0.7)
Personal traits and values	4.2 (0.9)	4.3 (0.5)	4.2 (0.8)
Mental health medication services	4.2 (0.8)	4.1 (0.7)	4.2 (0.7)
Interesting job tasks	4.0 (1.0)	4.2 (0.7)	4.0 (0.9)
Relationships with co-workers	3.9 (0.9)	4.0 (0.8)	3.9 (0.9)
Veterans personal financial situations	3.8 (1.1)	4.0 (0.8)	3.8 (1.0)
Social support	3.7 (1.0)	3.9 (0.9)	3.7 (1.0)
Disability benefits	3.7 (1.1)	3.6 (1.0)	3.7 (1.1)
Economic climate	3.7 (1.1)	3.6 (1.0)	3.7 (1.1)
Level of work skills	3.6 (1.0)	3.3 (0.9)	3.5 (1.0)
Veteran status	3.5 (1.0)	3.5 (0.7)	3.5 (0.9)
Challenging job tasks	3.2 (1.1)	3.3 (0.8)	3.3 (1.0)
Professional network	3.1 (1.2)	3.1 (1.0)	3.1 (1.1)
Current education level	2.9 (1.0)	2.9 (0.8)	2.9 (0.9)

[1]The item means did not significantly differ at the p<.05 level.

Table 2: Barriers to work success

Item[1]	Staff	Supervisor & managers	All participants
	M (SD)	M (SD)	M (SD)
Substance use	3.8 (1.2)	4.2 (1.0)	3.9 (1.2)
Psychological stress	3.6 (1.0)	3.6 (1.1)	3.6 (1.0)
Mental health	3.6 (1.2)	3.4 (1.1)	3.5 (1.1)
Cognitive functioning	3.4 (1.1)	3.4 (1.0)	3.4 (1.1)
Physical health	3.4 (1.2)	3.3 (1.2)	3.4 (1.2)
Medication side effects	3.3 (1.3)	3.1 (1.0)	3.2 (1.2)
Mental illness label	3.1 (1.3)	3.4 (1.1)	3.2 (1.2)
Economic climate	3.2 (1.2)	2.9 (1.1)	3.1 (1.2)
Personal motivation	3.1 (1.6)	3.1 (1.6)	3.1 (1.5)
Veterans personal financial situations	3.0 (1.2)	3.0 (1.2)	3.0 (1.2)
Level of work skills	3.1 (1.0)	2.9 (0.9)	3.0 (1.0)
Personal traits and values	3.0 (1.2)	3.2 (1.3)	3.0 (1.2)
Relationship with job supervisors	3.0 (1.2)	3.0 (1.3)	3.0 (1.2)
Relationships with co-workers	2.96 (1.1)	2.9 (1.1)	2.9 (1.1)
Disability benefits	2.9 (1.2)	2.7 (1.1)	2.9 (1.2)
Mental health medication services	2.8 (1.4)	2.8 (1.3)	2.8 (1.4)
Challenging job tasks	2.8 (1.2)	2.2 (0.9)	2.6 (1.1)
Mental health treatment services	2.6 (1.4)	2.6 (1.3)	2.6 (1.4)
Current education level	2.6 (1.0)	2.4 (0.9)	2.5 (1.0)
Professional network	2.3 (1.3)	1.9 (0.8)	2.2 (1.2)
Veteran status	2.2 (1.1)	2.0 (0.8)	2.2 (1.1)

[1]The item means did not significantly differ at the $p<.05$ level.

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