Strategies for Improving DSW Recruitment, Retention, and Quality:
What We Know about What Works, What Doesn't, and Research Gaps

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As states develop plans to address direct service workforce (DSW) issues, many states are interested in examples of efforts that have demonstrated positive impacts on recruitment, retention, and quality of services. The DSW Resource Center developed this resource in response to requests for information on what works, what doesn't, and research gaps. It summarizes key findings from several national studies that reviewed the research on efforts to strengthen the direct service workforce.

We found that many effective solutions exist that are supported by research. Other states may benefit from using or adapting these effective strategies. Although some of the studies focused on one segment of the workforce, the findings are useful to other sectors.

ENHANCING EDUCATION & TRAINING

► *Current training is inadequate* in terms of the number of hours and topics covered. Areas where training content is lacking include: geriatric specific content, cultural competency, palliative care, and soft skills training (IOM 2008).

► *Poor training contributes to poor quality* care, abuse and neglect, decline in resident health and functioning, and institutionalization (IOM 2008). Adequate training has a positive effect on recruitment and retention and care quality (IOM 2008).

► Several studies have found a *link between training and retention/turnover*. In the Partners in Caregiving program, providing staff training on communication and conflict resolution resulted in lower reported likelihood of quitting. In the Iowa caregivers Association CNA Recruitment and Retention Project, nursing facilities that provided CNA training in work skills and clinical skills, a CNA mentoring program, and CNA support group activities experienced significantly longer retention than the comparison facilities (ASPE 2004). ASPE noted that the Iowa project appeared promising but could benefit from further evaluation.

► Research supports *competency-based training*, which is based on specific outcomes that have been verified as essential for successful employment. Competency-based models require learners to perform each task proficiently (Larson & Hewitt 2005).

► *Realistic Orientation Programs* for new Employee Stress (ROPES) is a research-based approach to supporting new employees by helping reduce job stress (Larson & Hewitt 20005).

► Research indicates that DSPs who are *supported by their co-workers* are more likely to stay than those who are not (Larson & Hewitt 2005).

► *Mentoring* programs have been found effective in reducing turnover and preventing burnout (Larson & Hewitt 2005). One study found a significant 18-point increase in retention among DSWs who were mentored compared to no significant difference in the comparison group (ASPE 2004).

ASPE (2004) reported that the "Growing Strong Roots" *peer mentoring* for CNAs program had positive effects and seemed appropriate for further replication.

► *Continuing education.* The WIN A STEP UP continuing education program led to modest reductions in turnover, improved job performance, and improved quality of teamwork (BJBC 2008).

► Site-specific *cultural competency training* improved perceived workplace cultural competency in some facilities, which was associated with higher levels of job satisfaction (BJBC, 2008).

> **Research Gaps—Education & Training:**
> "More research is needed on what specific competencies are needed by different types of DSWs to provide high quality care, as well as how different levels and types of training affect quality of care"
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> —IOM 2008
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> "Until a thoughtful and comprehensive analysis is completed across sectors, it is not possible to fully understand the common core competencies. Once these are identified, career pathways that build from the core competencies could be developed and implemented."
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> —Hewitt et al, 2008

IMPROVING WAGES AND BENEFITS

▶ *Higher wages* lead to lower turnover (IOM, 2008). Low wages contribute to high vacancy rates (UMN, 2006). Health insurance is another critical factor that affects recruitment and retention (UMN, 2006). Some studies suggest that modest increases in compensation could help attract low-wage workers to direct care work (ASPE 2004). Higher wages and better benefits significantly reduced turnover and increased job satisfaction and intent to stay in several Better Jobs Better Care demonstration sites (BJBC 2008).

▶ *Methods of increasing pay* in state Medicaid programs include: wage pass-throughs, setting wage floors, establishing minimum percentages of service rates directed to direct labor costs (IOM 2008, Hewitt et al. 2008). Other approaches lift wages for a broader group of workers, for example indexing the state minimum wage to inflation or passing living wage laws (Hewitt et al. 2008).

▶ Evaluation data for *wage pass-throughs* are limited and show mixed results. However, the evidence that is available indicates that the wage increases were often too small, were unreliable from year to year, lacked accountability mechanisms, and were time consuming and expensive to implement (IOM 2008).

▶ *Health benefits* are another important factor related to finding and keeping DSWs and also need to be improved (IOM 2008, Hewitt et al 2008). State strategies for improving health insurance include subsidizing employer-sponsored insurance, designing employer-based insurance packages, including workers in a state health coverage plan, health insurance pass-throughs, and creating insurance purchasing pools (IOM 2008, Hewitt et al. 2008). Research indicates some guidance for pursuing health coverage programs: the premiums should be affordable to employers and workers, limited benefit products can help with health care expenses when a comprehensive plan is not available but they may not offer adequate coverage for many workers, and it can be helpful to conduct outreach to DSWs so they understand their options and receive assistance with enrollment as needed (Hewitt et al. 2008).

▶ The part-time, inconsistent nature of many direct care jobs is a related problem for many workers. The *Guaranteed Hours Program* by Cooperative Home Care Associates in New York City guaranteed 30 paid hours a week. The program has not been evaluated in isolation but is part of a set of interventions that has been documented to significantly reduce turnover (IOM 2008).

▶ *Targeted wage increases.* Some research with CNAs suggests that wage increases may need to be targeted to those who stay longer or as rewards for providing good care (ASPE 2004).

▶ *Wage increases linked to training.* The WIN A STEP UP (Workforce Improvement for Nursing Assistants: Supporting, Training, Education, and Payment for Upgrading Performance) program in North Carolina resulted in significantly lower turnover compared to the matched comparison group.

Research Gaps—Recruitment & Retention:
ASPE (2004) suggested that additional research was needed to determine how best to target wage increases and the feasibility of this strategy in light of state budget cuts and tight Medicaid budgets.

—ASPE, 2004

Work is also needed to 1) evaluate promising practices that have not yet been evaluated, 2) replicate interventions that have been shown to work in a particular setting or facility, and 3) determine whether interventions found effective in one setting are transferable to other settings.

—ASPE 2004

A challenge in developed evidence-based workforce strategies is the lack of consistent measures, such as turnover. This challenge suggests a need for a resource of high quality measures that can be used within and across evaluation studies.

—ASPE, 2004

More research is needed on the appropriate use of immigrants, including information on both the benefits and the unintended consequences.

—IOM, 2008

IMPROVING THE WORK ENVIRONMENT

▶ *Job satisfaction and organizational culture change* can increase commitment to an organization and intent to stay (IOM 2008, Hewitt et al 2008). A variety of approaches, including mentoring, use of self-directed work teams, and career ladders have been closely linked to employee satisfaction (IOM 2008).

▶ *Culture change.* Both the LEAP (Learn, Empower, Achieve, and Produce) and Wellspring models provide promising evidence of positive effects on DSW retention of multi-faceted "culture change" initiatives, such as enhanced training, changes in management practices, and career ladders (ASPE 2004). ASPE (2004) noted that Wellspring had a robust evaluation design, while LEAP could benefit from further evaluation.

▶ *Relationship with supervisors.* The relationship between supervisors and DSWs plays a significant role in job satisfaction and intent to stay (IOM 2008, Hewitt

et al. 2008, Larson & Hewitt 2005, BJBC 2008). Positive (as opposed to punitive) supervision can greatly increase DSWs' sense of value, job satisfaction, and intent to stay (IOM 2008). Coaching supervision training for supervisors provided a key element to the success of WIN A STEP UP, leading to improved teamwork and positive changes in management practices (BJBC 2008).

▶ Perceived *support by supervisors* can decrease job-related stress.

▶ *Key attributes of an effective supervisor* also include: 1) the ability to listen attentively in order to understand the perspective of the worker when a problem arises, 2) the ability to constructively present and address problems, 3) the capacity to help workers develop problem-solving skills, and 4) the ability to build relationships with supervisees (Hewitt et al. 2008).

▶ *Fourteen broad competency areas for supervisors* emerged from a national study (Hewitt et al 2008): 1) enhancing staff relations, 2) providing and modeling direct support, 3) facilitating and supporting consumer support networks, 4) planning and monitoring programs, 5) managing personnel, 6) leading training and staff development activities, 7) promoting public relations, 8) maintaining homes, vehicles, and property, 9) protecting health and safety, 10) managing finances, 11) maintaining staff schedules and payroll, 12) coordinating vocational supports, 13) coordinating policies, procedures, and rule compliance, and 14) performing general office work.

▶ *Retention specialists.* A retention specialist program significantly reduced turnover in nursing homes (BJBC 2008).

▶ *Increasing recognition / involvement in decision-making.* Efforts to increase the involvement of DSWs in decision-making (e.g., care planning) have been linked to increased job satisfaction and decreased turnover (IOM 2008, Hewitt et al. 2008). DSWs have the most direct knowledge about the preferences of care recipients and as a result are often in the best position to make decisions relating to day-to-day care. A pilot of self-managed work teams found that the teams improved interpersonal relations among CNAs, improved communication between CNAs and nursing home leadership, and improved understanding of nursing home policies among CNAs (ASPE 2004).

▶ *Creating career lattices or ladders.* There have been many efforts to improve career lattices, notably DOL Registered Apprenticeship (IOM 2008). An evaluation of the Extended Care Career Ladders Initiative (ECCLI) found preliminary evidence to suggest these activities

had an impact (ASPE 2004). Of those who wanted to leave direct care work, almost half wanted to advance up the career ladder by becoming nurses, showing the importance of career enhancements (BJBC 2008).

▶ *Creating new jobs and delegating responsibilities.* Efficient use of the long-term care workforce will require more delegation (IOM 2008). Delegation also provides opportunity for DSWs to assume more responsibilities and can improve job satisfaction. Examples range from models that greatly broaden the DSW role (e.g., Green House) to delegation of specific tasks (e.g., medication administration) to DSWs delegating some of their tasks to other workers (e.g., feeding assistants). The use of feeding assistants has been controversial, but a preliminary analysis found that the quality of feeding done by feeding assistants was comparable to the quality of feeding by CNAs and that facilities did not decrease CNA hours in response.

▶ *Using technology* can improve the efficiency of the workforce, improve coordination of care, and enhance communication among caregivers (IOM 2008). Assistive technology can also help individuals be more independent and reduce their need for personal care assistance. Technology may also reduce worker injuries.

▶ *Improving safety.* A number of other efforts have also been undertaken to prevent injuries among DSWs (IOM 2008). In 2008, OSHA published guidelines for preventing musculoskeletal disorders among nursing home workers. In 2002, OSHA announced a new National Emphasis Program for nursing and personal care facilities to address ergonomics, exposures to health risks, and slip-and-fall injuries. OSHA also provides Safety and Health Achievement Recognition Program (SHARP) designations to small employers who exemplify high standards fo safety and health management.

▶ *Job characteristics associated with DSW turnover* across sectors (BH=behavioral health; A/PD = aging and physical disability; IDD = intellectual and developmental disability) (Hewitt et al, 2008):

   ■ Full-time hours if desired with stable work schedules, balanced workloads, and no mandatory overtime (A/PD)

   ■ Wages (A/PD, IDD)

   ■ Health insurance and other family-supportive benefits (BH, A/PD, IDD)

   ■ Excellent training that helps workers develop and hone skills (A/PD, IDD)

   ■ Participation in decision-making (BH, A/PD, IDD)

   ■ Non-financial incentives such as positive performance reviews and recognition (BH,IDD)

- Pleasant physical work environment (BH)
- Informal support from co-workers (IDD)
- Career advancement opportunities, professional challenge (BH, A/PD)
- Flexible work schedules (BH)

▶ *Additional facility and area characteristics* (Hewitt et al. 2008)*:*

- Owners and managers willing to lead a participative, ongoing "quality improvement" management system—strengthening the core support relationship between consumers and DSWs (A/PD)
- Linkages to organizational community services and public benefits (A/PD)
- Supervisors who set clear expectations and require accountability, and at the same time encourage, support, and guide each DSW (BH, A/PD, IDD)
- Staff-to-consumer ratios (IDD, A/PD)
- Date program opened – longer the site was opened the lower the turnover (IDD)
- Size of program site (smaller program sites had higher turnover rates (IDD)
- Geographic location (urban areas tended to have higher rates of turnover (IDD, A/PD)
- Needs of people supported – organizations and sites that serve people with more intensive needs have higher turnover rates (IDD)
- Live-in status – settings employing live-in workers had lower turnover (IDD)
- Union status (IDD)
- Unemployment rates – areas with lower unemployment tended to have higher turnover rates (IDD, A/PD)

RECRUITMENT AND SELECTION

▶ *Recruitment strategies* include newspaper ads, internet job sites, word of mouth, job fairs, employment or referral agencies, and television and radio ads. These strategies very in their effectiveness (UMN 2006).

▶ Effective recruitment provides applicants with *realistic expectations* about the job for which they have applied (UMN 2006).

Realistic Job Previews (RJPs) can also improve the outcome of the hiring process (UMN 2006). RJPs give potential employees clear expectations about the positive and negative aspects of job for which they are applying that they would be unlikely to know otherwise. Several studies have reported that providing realistic job previews can be effective in reducing turnover. RJPs are most effective when conducted after a job

offer as been made, but before an applicant accepts a position (Larson & Hewitt 2005). RFPs that include an opportunity for the applicant to ask questions are the most effective. Written and videotaped RFPs, while not as effective, can also aid in reducing turnover.

▶ Employees *hired from inside sources* stay on the job longer than those hired from outside sources. Inside sources often provide information that is not available to persons outside the employer, which is associated with lower turnover (UMN 2006; Larson and Hewitt 2005). Inside sources include rehires, referrals from existing employees, and in-house job postings. Referral bonuses can be used to motivate current employees to refer people.

▶ *Selection* is the process of choosing the best qualified applicant for a job opening (UMN 2006). Improving selection practices can reduce turnover due to selection errors.

▶ Several studies have examined the *relative merits of various selection practices* (UMN 2006). Structured interviews and cognitive ability tests are good predictors of future job performance (Larson and Hewitt 2005).

TARGETED RECRUITMENT

A number of opportunities exist for broadening the pool of DSWs, including recruiting from currently underutilized sources. Groups that might be recruited to enter the DSW workforce include (IOM 2008):

▶ *Men*. Given that the number of women is expected to remain level in coming years and the need for DSWs will increase, more men may need to be recruited. This may require a culture change to accept male workers in an occupation that is currently dominated by women.

▶ *Immigrants*. Immigrants are already a significant part of the direct service workforce. However, few programs exist specifically to prepare immigrants for these roles. Successfully training models will need to provide not only instruction in technical skills but also in language skills and cultural competence and to help trainees navigate immigration systems, seek housing, and prepare for higher education. Limited experience shows that with the proper training and support, immigrant workers may be an effective source of DSWs. Without proper support, however, their presence may exacerbate existing cycles of low pay and high turnover.

▶ *Older workers*. As the current workforce ages, there will be a need to recruit new workers and retain older workers. Strategies for recruiting older workers include giving them increased access to education and

training, providing them with tax deductions for continuing to work, and offering them opportunities for phased retirement and flexible schedules. In a survey of low-income workers over age 55, 43% expressed interest in direct care work. However, recruiting and retaining older workers may require creating positions with fewer physical demands (IOM 2008, Hewitt et al 2008). Emerging technologies may assist in this regard. BJBC (2008) found that workers 55+ re interested in direct care and employers view older workers as more stable and better able to prove quality care than younger workers. Many older workers were more interested in jobs like activity aides or medication assistants than entry level direct care jobs.

► *Volunteers.* Workforce needs could be partially satisfied by increasing the use of volunteers. Older adults have the highest volunteerism rate of any age group. In "village" models such as Beacon Hill Village in Boston, older adults in the community pay dues to receive support such as transportation, delivery of meals, and assistance with errands, and volunteers provide many of the basic services.

► *Family caregivers.* BJBC (2008) found that almost half of family caregivers were interested in caring for people who were not family when they were no longer caring for their family member.

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