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Causes and Solutions for High Direct Care Staff Turnover

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Causes and Solutions for High Direct Care Staff Turnover

MSW Clinical Research Paper
Submitted by Heather Micke
May, 2015

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This Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publically present their findings. This project is neither a Master's thesis nor a dissertation.

Abstract

This quantitative research project explores the reasons and solutions for the high rates of direct care staff turnover. Emails were sent out to social service agency supervisors asking for their approval to allow their employees to participate in an online survey about direct care staff turnover. Agencies that agreed to participate were then emailed a script and a consent form with instructions to email both the script and the consent form to their employees. The ten question online survey explored the direct care staff's opinions on topics such as compensation, support and training. Additionally, there was a qualitative question at the end of the survey asking for direct care staff's input as to possible solutions to reduce direct care staff turnover. Twenty-six individuals participated in the survey. Answers were analyzed and entered into SPSS in order to find correlations in the data. Themes were identified amongst the responses to the qualitative question. A majority of the respondents did not feel they received adequate support from their supervisor or adequate compensation for the work that they do. Answers showed that direct care staff who participated in the survey attributed inadequate compensation as the largest contributor to the high rates of direct care staff turnover. The answers revealed no statistically significant data however, some correlations approached statistical significance. Results from this quantitative research project were consistent with pre-existing literature.

Acknowledgements

I would first like to thank Colin Hollidge, Ph.D. who served as my research chair for this project. He was always available for guidance and to help me with any questions I had regarding my research project. I would also like to thank my committee members Anna Ruschmeyer-Bowe, MSW, LICSW and Katie Jenson, BA. Thank you so much for taking the time out of your busy lives to help me improve my research project. They were such a great help and I valued all of their feedback tremendously.

Additionally, I would like to thank the companies who allowed their direct care staff to participate in my research project. Thank you to all of the direct care staff who took the time to participate in my survey. I would also like to thank the University of St. Thomas for allowing me to conduct this research project and present on my findings. Finally, I would like to thank my friends and family for being so supportive of me throughout my educational endeavors.

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Introduction and Purpose Statement

This is a quantitative research project that explores the question, “What are the Causes and Solutions for High Direct Care Staff Turnover?” A ten question survey was administered to direct care staff via surveymonkey.com. Twenty-six direct care staff participated in this survey. Correlations amongst the answers and conclusions about reasons for the high turnover rate were found amongst the data collected. In addition, respondents were asked to identify possible solutions to reduce direct care staff turnover. Gathered data was then compared to existing literature to determine if it was consistent with preexisting research regarding reasons for direct care staff turnover.

The purpose of this research is to identify why the turnover rate amongst direct care staff is so high. Existing literature makes the argument that direct care staff turnover is a growing problem. This paper illustrates the negative effects the high turnover rate has on the vulnerable populations that these workers serve. By identifying the causes of staff turnover, this survey is also identifying areas where improvements can be made in order to reduce the turnover rate and increase the rate of direct care staff retention. In addition, survey participants made suggestions as to ways they believe the turnover rate could be reduced. The goal of this paper is to establish the significance of the problem of high direct care staff turnover, identify reasons for this problem and identify ways to fix this area of concern in order to improve the lives of the clients served by direct care staff. Throughout this paper direct care staff (DCS), direct care worker (DCW), direct support staff (DSS) and direct support professional (DSP) are used interchangeably.

Literature Review

Literature Review Introduction

According to a 2010 study by Barbarotta, "Direct care workers—nursing assistants or nurse aides, home health aides, home care aides and personal care workers and personal service attendants—form the centerpiece of the formal long-term care system." These direct care staff members provide care to the elderly and adults with disabilities in nursing homes, assisted living residences, group homes and in private homes. Also according to the 2010 study by Barbarotta, "Direct care workers provide eight out of every 10 hours of paid care received by a long-term care consumer."

The low retention rate of DSWs is becoming an increasing concern as the number of individuals needing long term care increases as the baby boomers age. "The number of Americans estimated to need long term services and supports is expected to more than double, from 12 million in 2010 to 27 million in 2050. Meanwhile, demand for DSWs is expected to increase by 48 percent in the next decade." (ANCHOR, 2014) In 2008 the national vacancy range or unfilled positions for DSWs was 10-11% (Taylor, 2008). Literature attributes many factors to the high rate of turnover for direct care workers (DCWs) including lack of support and appreciation, insufficient training, inadequate pay and the difficulties of the work performed.

Lack of Support/ Appreciation

Lack of supervisory support was one theme found throughout the extensive research on the turnover rate of direct support workers. Many DSWs cited lack of supervisory support as one of their main motives for resigning from their jobs (Lewis Group, 2008). One explanation for the lack of supervisory support is the lack of appropriate supervisory training for program managers.

Supervisors are often not trained on how to provide quality support and feedback and thus, they are unaware of how to provide the supportive function to the staff members that they oversee (Lewis Group, 2008). Many supervisors are previous DSWs who have not been given formal supervisory training or educated on how to serve the supervisory function (National Direct Service Workforce Resource Center, 2008).

It is becoming increasingly common for DSWs not to work in close proximity to their supervisors and as a result they rarely see their supervisors (National Direct Service Workforce Resource Center, 2008). Due to the absence of their supervisors they have to seek out support and supervision when needed and may not be receiving the guidance that they need to accurately perform their jobs. Not only are these DSWs lacking on support, they are also lacking on appreciation. Without their supervisors present, much of the great work these DSWs do goes unrewarded and unnoticed. In addition, the clients that they support are not always able to verbalize or express their appreciation due to physical and psychological limitations.

Insufficient Training

Although DSWs spend more time with clients than other professionals who also work with these clients, they receive the least amount of training. Few state laws governing specific training programs for direct care workers exist and as a result most employers are left to their own devices to generate their own training curriculum. Training staff is a costly expense and the demand for DSWs is often immediate and abundant. Thus, most employers attempt to expedite the training process in order to fill open shifts and to keep training costs to a minimum (Lewis Group, 2008).

“Training typically consists of between one and five days of classroom training on topics such as an introduction to developmental disabilities, emergency procedures, blood borne

pathogens, consumer rights, CPR, and first aid." (Paraprofessional Healthcare Institute, 2005) There are only a few states that have statewide training criteria including California, Kansas, New Mexico, North Dakota and Oklahoma. Some states have specific topics that must be encompassed in training curriculums for DSWs, others require a certain number of training hours and other states simply specify only that DSWs must be trained within a certain amount of time after their start date (Paraprofessional Healthcare Institute, 2005). Often DSW's have to complete tasks not listed in their job description or covered in their training programs such as managing conflict, setting limits, making ethical decisions, helping individuals grieve and supporting other members of the caregiving team (Paraprofessional Healthcare Institute, 2005).

Due to the high cost for employers to train these new employees, new employees are not always compensated for attending trainings or are compensated at a lower wage for trainings (National Direct Service Workforce Resource Center, 2008). Due to the inadequate training provided to DSWs, many quit within the first few months of hire because the training they received did not adequately prepare them for the tasks they had to perform on the job (Paraprofessional Healthcare Institute, 2005).

Inadequate Pay

The literature that was reviewed continually cited the inadequate pay as the number one reason for the high rate of turnover in direct care workers. Many direct care positions offer at or near the minimum wage and often these individuals are not offered benefits. "In 2006, just about a quarter of DSWs employed in home health care services lived in families with incomes under the federal poverty level." (Lewin Group, 2008) "About 45 percent of direct-care workers live in households earning below 200 percent of the federal poverty level income, making them eligible for most state and federal public assistance programs… Nearly half of all direct-care workers (46

percent) live in households that receive one or more public benefits such as food stamps; Medicaid; or housing, child care, or energy assistance." (Paraprofessional Healthcare, 2011)

Careers in the direct support profession do not provide a livable wage. Often these staff are forced to leave the direct care workforce to find a more livable income. According to Angela King, senior vice president for aging and disability services at Volunteers of America in a 2012 report by Wallace, "At that wage level [$10.80] you're up against the fast-food industry. You're asking someone to provide compassionate, intensive personal care for the lady in the nursing home at the same rate that you're asking somebody to take your order at the drive-through."

In 2005 the annual salary for a nursing home aide was approximately $22,000 a year; home health aides averaged $19,500, and personal and home care aides received an average annual salary of $17,700. Nearly one in five home care aides and 16% of nursing home aides live below the poverty level. One in three single parent direct care workers received food stamps in 2005 (Sloen, 2009). In 2009, the median hourly wage for all direct-care workers was $10.58 as compared to the median wage for all U.S. workers which was $15.95 an hour (Paraprofessional Healthcare, 2011). In a 2007 study by the Lewin Group results showed that 43.1% of direct care workers did not have insurance in 2006. In 2009, an estimated 900,000 direct care workers did not have any health coverage. Many of the insurance plans offered to these DSWs come with high deductibles and costly co-pays that they are unable to afford due to their already unlivable incomes (Paraprofessional Healthcare, 2011).

Difficulties of the Work

"There are high levels of societal stigma associated with mental illnesses, addictions, intellectual and developmental disabilities, disabilities in general, and aging, so working with such individuals is too often stigmatized as well." (National Direct Service Workforce Resource

Center, 2008) Due to stigmas of the direct support workforce, many people believe these positions to be low skill, dead end jobs (National Direct Service Workforce Resource Center, 2008). ”People in these positions change diapers, give baths, socialize with residents and work as a liaison between the residents, the families, nurses, and doctors…It is very physical and emotional work. People who enter into these jobs are a very self-selected group, yet there is almost a stereotype that they are uneducated and couldn't get any other kind of work” (Kemper, 2014).

Negative Results of the High turnover Rate

In 2011 the Iowa Department of Human Services estimated that it costs a company $3,749 in direct expenses to replace a direct support worker. The high cost of turnover can be attributed to many different factors. These factors include: the expenses of separating with an employee, the cost of paying current staff overtime to cover open shifts, training and orientating new staff and the cost of interviewing, recruiting, advertising, screening and completing criminal background tests for new employees (Iowa Department of Human Services, 2011).

A high turnover rate in direct care employees clearly adds up to a great cost for providers in terms of money. Not only do they lose out from the direct cost related to hiring and training a new employee, they also lose out by: lost productivity until a new worker is trained, lost client revenues and or reimbursement, increase in worker injuries, client’s emotional and physical stress and deterioration of working conditions which ultimately could lead to more turnover (Barbarotta, 2010).

Many clients and their families build strong relationships with the staff they work with. When these staff members are frequently resigning and being replaced by new, inexperienced staff, the company often loses the trust of the client and the families they serve. Often these clients

grieve the loss of some of their closest staff members and as a result have difficulties establishing trusting relationships with the new staff members. According to a 2009 study by Mukamel, "High turnover rates could be detrimental to residents' mental health and well-being because continuity of care and personal relationships with the staff which tend to be important for this population, are disrupted. Having an overall sicker resident population in the nursing home increases costs, as they require more care. Thus the impact of turnover on quality may lead to increased costs of care as well." (Mukamel, 2009)

Studies have shown that the high turnover rate leads to increased injury rates for both clients and direct support staff. New staff members may not initially know how to do things correctly. It takes several months to learn how to properly transfer and work with each person's unique needs (Seavey, 2004). In a 2006 study by Botstick results found that high turnover rates correlated with greater use of physical restraints, catheters and psychoactive drugs, as well as more contractures, pressure ulcers and quality of care deficiencies (Barbarotta, 2010). High turnover rates cause gaps in service delivery and also a discontinuity in care for the individuals served by these DSWs (Taylor, 2008).

According to a 2010 study completed by the National Institute of Health, "In some cases, the pool of workers is inadequate to handle the current client demand, coupled with inadequate training and work stress which can diminish the effectiveness of care delivered." This 2010 study by the National Institute of Health indicates that due to the increasing support for more community based alternatives for individuals with disabilities, the duties of the direct support workers have expanded and the need for them has increased. Tasks now encompass motivating clients on skill development, assisting clients with vocational goals, providing personal cares, medication administration and personal grooming (NIH, 2010).

Ways to Improve Employee Retention

Much of the literature reviewed cited increasing pay and offering better insurance as two crucial necessities to increasing retention rates of direct care employees. A 2004 study by Duffey found that frontline care workers enrolled in employer health insurance plans have more than twice the tenure of those without employee coverage (Barbarotta, 2010). In a 2008 study by Howry, results showed that when the wages of direct care workers were doubled, the retention rates of workers increased from 39 to 74 percent (Barbarotta, 2010). Literature reviewed indicates a growing need for direct support workers as a result of baby boomers needing home based services and assistance.

In Texas, the Home and Community Based Workforce Advisory Council (HCBWAC) wrote a letter of recommendation to solve this growing dilemma to the Commissioner of Health and Human Services (HCBWAC, 2010). The conclusions drawn by the research of the HCBWAC is that insufficient wages is the most important factor influencing employee recruitment and retention and thus, their recommendations are based on this finding (HCBWAC, 2010). Their first recommendation to increase employee retention was to implement rate setting methodologies that strive for wage parity among direct support workers. Their second recommendation was to increase the wages for direct support employees to ten dollars an hour. The last recommendation was to design, create, and implement a health benefit buy-in project for uninsured direct support workers (HCBWAC, 2010). These three wage-based recommendations could be applied broadly to increase the retention rate of direct support employees across the nation.

Another recommendation of the HCBWAC which would be beneficial to reduce the rate of turnover amongst direct support workers was to administer an annual or biannual survey to the

direct care staff to facilitate the planning of future retention efforts (HCBWAC, 2010). An additional idea created by the HCBWAC was to create a standardized direct support worker training system that could be used voluntarily to train direct support workers across the state. Lastly, the HCBWAC suggested hiring one full time worker to address and manage direct support worker issues and to work on implementing ideas to increase employee retention (HCBWAC, 2010).

Other research supports an idea of hiring a retention specialist. A study by Pillemer (2008) showed reduced turnover rates in facilities that had specially trained retention specialists who took a comprehensive approach to addressing the problem. This 2008 study tested the effects of training a retention specialist in nursing homes to deal with facility related problems that lead to staff turnover (Pillemer, 2008). In this study 15 different nursing homes selected a current staff member to be trained as a retention specialist. The duties performed by each of the various retention specialists was tracked to see how this intervention carried out its function. To evaluate the effectiveness of the retention specialists, all of the staff at these facilities were given questionnaires to fill out. Results from this study indicated that this intervention took twelve months to take full effect. Results showed that DSW turnover rates in the preceding 6 months in treatment facilities decreased between baseline and the 12-month assessment by 10.54%,whereas the rate in control facilities only decreased by 2.64%. Thus, implementing retention specialists was effective in reducing the rate of employee turnover (Pillemer, 2008).

Another report by National Direct Service Workforce Resource Center (2008) suggests providing better access for DSWs to obtain high quality educational experiences such as in service training and higher education. This report also suggests strengthening the working relationships and partnerships between DSWs, self-advocates, and other consumer groups and

families as another way to reduce employee turnover amongst DSWs (NDSWRC, 2008). This report additionally recommends implementing a voluntary DSW accrediting program to increase DSW skills and reputation as highly skilled and valued workers (NDSWRC, 2008).

Another suggested solution to increase employee retention is to offer a clear path for career advancement. If there is a clear career goal for a DSW, they will be more likely to stay with the same company and in their same position in order to move up the ladder (National Direct Service Workforce Resource Center, 2008). Training and technical assistance should be provided to states and employers on effective evidence based recruitment, retention and training interventions for DSWs (National Direct Service Workforce Resource Center, 2008).

Studies show that lecturing and watching videos is not the most effective way to teach skills to individuals as a large majority of people are hands on learners. One report suggests creating statewide training curriculum that includes role-plays, case studies, small group discussions and other interactive learning techniques (Paraprofessional Healthcare Institute, 2005). This report also suggests on-the-job continuous training such as supervision and creating a peer mentoring program to assist in answering questions and providing hands on training (Paraprofessional Healthcare Institute, 2005).

Strengths and Limitations of the Literature

One strength of the literature is that common themes were very evident amongst the literature reviewed. The literature made it apparent that there is a substantial problem regarding the high turnover rates of direct support employees and why this problem exists. One limitation of the literature is that there was no consensus in the literature regarding a realistic solution to the workforce crisis. There were very few evidence-based studies showing proven effective methods to reduce direct care staff turnover. Another limitation is that much of the literature

reviewed was outdated and very few current articles regarding the wages of direct support staff could be found from reputable sources.

Conceptual Framework

The framework used to guide this research project is the systems and eco-systems theory. Systems theory, "Describes human behavior in terms of complex systems. It is premised on the idea that an effective system is based on individual needs, rewards, expectations, and attributes of the people living in the system." (Simmons Staff, 2014) Social workers began to adapt this theory from engineers in the 1960s as they shifted from a psychiatric model to a more environmental model. In systems theory rules and roles serve to maintain system stability.

This idea can be applied to the direct care staff system. They have rules and regulations that they must abide by in accordance with their agency. In the systems perspective the idea of roles is very important in order to maintain balance and order. Role "refers to the usual behaviors of persons occupying a particular social position" (Hutchison, 2014). Direct care staff play the role of supervisees listening to their superior, the supervisor, whose role is to oversee their work. These two systems work hand in hand with one another in order to maintain balance in the workplace. If one of them is not functioning properly, the whole system is affected. For example, if supervisors are not providing adequate support, which is one of their functions as a supervisor, the direct care staff may not feel appreciated and in turn may not be satisfied with their job. This could potentially lead to direct care staff turnover.

Ecosystems theory, which is an augmentation of systems theory, is also useful as a conceptual framework in this research paper. Ecosystems theory is much less abstract than systems theory yet both look at a person in their environment. In Ecosystems theory "both person and environment can be fully understood only in terms of their relationship, in which each continually influences the other within a particular context. Hence, all concepts derived from the ecological metaphor refer not to environment alone or person alone; rather, each concept

expresses a particular person: environment relationship, whether it is positive, negative, or neutral" (Germain, 2000). This theory focuses on how to modify maladaptive exchanges between different systems. In using this theory to consider reasons for the high direct care turnover rate it appears that a lack of adequate compensation, training and support elicit direct care workers to feel unappreciated and burned out. This causes them to not stay at their job as a direct care staff which increases the rates of direct care staff turnover. In turn this can lead to negative effects on the consumers served by direct care staff.

Methods

Introduction

The purpose of this paper was to explore the question, "What are the Causes and Solutions of High Direct Care Staff Turnover?" A ten question online survey was administered to assist in answering this question. The sample was twenty-six direct care staff who answered this online survey. The data was collected by reaching out to supervisors at agencies who employ direct care staff. Supervisors who wrote letters agreeing to allow their staff to participate in the survey were then emailed a script with a link to the online survey and an attachment with the consent form. These supervisors then forwarded this email to their staff members.

Sample

There were 26 respondents total. There were 8 male respondents (30%) and 18 female respondents (70%). Four respondents (15%) identified as African American or black. Twenty respondents (76%) identified as white and 2 respondents (8%) identified as other. Zero direct care staff had some high school, no diploma. Three respondents (12%) had their high school diploma or GED. Two respondents (8%) had some college courses but no degree. Four respondents (15%) had an associate's degree. Ten respondents (38%) had bachelor's degrees. Two respondents (8%) had master's degree and none had doctorate degrees.

The population used for this research design was direct care staff working in adult corporate foster care systems. "Adult family foster care is a licensed, living arrangement that provides food, lodging, supervision, and household services. They may also provide personal care and medication assistance. Adult foster care providers may be licensed to serve up to four adults or five adults if all foster care residents are age 55 or older, have a serious or persistent mental illness or any developmental disability." (Minnesota Department of Human Services,

2013) There are two types of adult foster cares, family and corporate. The population used for this research project are staff who work in corporate foster care homes. Corporate foster care "is an adult foster care home licensed by the Minnesota Department of Human Services that does not meet the definition of Family Adult Foster Care because the license holder does not live in the home and is not the primary caregiver. Instead, trained and hired staff generally provide services" (Minnesota Department of Human Services, 2013).

The sample is composed of adult male and females who currently work as direct support staff in the state of Minnesota. The sample size is twenty-six staff as this is the number of respondents the email elicited. The sample was obtained from two companies who employ staff to work at their corporate foster care homes who agreed to allow their staff to participate in this survey.

The eligibility criterion is that the participants must be currently employed as a direct care staff. Also, participants need to be at least 18 years of age. This particular population was sought out as these particular staff are working with individuals with developmental disabilities and severe and persistent mental illnesses, which are both challenging populations to work with. In working with these populations, the negative effect of high turnover rate of the staff members on these vulnerable populations is presumed to be enormous. The sampling design is purposive sampling.

Data Collection

Prior to data collection, approval was received from the research committee which was comprised of three professionals: Colin Hollidge, Ph. D., Katie Jenson, BA and Anna Ruschmeyer Bowe, MSW, LICSW. Once approval was obtained from the committee, the proposal was subsequently submitted to the Institutional Review Board (IRB). Once approval

was obtained from the IRB, approval was then requested by the supervisors of the Corporate Foster Care prior to administering the surveys. After approval was obtained from the committee, IRB and supervisors, data collection began. To collect data the researcher emailed the script (Appendix C) and an attachment with the consent form (Appendix A) to the supervisors who agreed to allow their staff to participate. The supervisors were given the instruction to email their direct care staff members the script along with the consent form attached to the email. Data collection began in December of 2014.

Measurement

The data was gathered by a ten question online survey (Appendix B). Themes centered on demographics, addressing the various reasons that there is a high turnover rate and possible solutions to reduce the high rate of direct care staff turnover. The questions were multiple choice, Likert Scales and one open-ended question. The questions were created with the intent to assist in answering the research question, “What are the Causes and Solutions of High Direct Care Staff Turnover?”

Protection of Human Subjects

There were a few potential risks for those who participated in the survey. Participants could worry that their supervisor would see their responses and that they may face some sort of backlash. To combat this the researcher reassured staff that their supervisor will not be viewing the surveys via the informed consent document (Appendix A). The staff were able to fill out these surveys in private, away from their coworkers and supervisors at any computer they had available to them. The researcher reminded participants that filling out the survey is optional, that they may choose to skip questions and that they are able to stop taking the survey at any

time. The anonymity of the survey was stressed in the email script (Appendix C) and in the informed consent document (Appendix A).

The researcher reassured staff that the completion of the survey or lack thereof will have no bearing on their relationship with the University of St. Thomas or St. Catherine's University. Another possible risk is that this survey could resurface hardships these staff members have faced during their jobs. To prevent this, the informed consent (Appendix A) was emailed along with the script (Appendix C) asking them to complete the survey so that these staff members knew what to expect prior to completing the survey. Staff were informed that these surveys will only be viewed by the researcher and accessible through a password protected computer. Participants were informed that these surveys will be destroyed no later than May 29th, 2015 via the informed consent document (Appendix A).

Data Analysis

The quantitative surveys were thoroughly read by the researcher. The ground theory technique was applied when analyzing this data set. The interpreter had no pre-existing coding scheme identified prior to coding the findings. The theory evolved through interplay between data collection and data analysis (Strauss & Corbin, 1990). The interpreter then added up answers to the Likert Scale questions and multiple choice questions. Themes were found amongst the open-ended questions. After themes were established the interpreter re-reviewed the online surveys and added any data that fit the identified themes.

Results/ Findings

Recoding/ Respondents

Twenty-six direct care staff took the ten question survey and thus, not quite enough individuals responded to make the findings statistically significant. In order to enter in the data from the ten question survey into SPSS the data had to be recoded. Due to the small sample size I recoded the data so that there were fewer cells with 0 people. I recoded 1 as 1, 2 as 1, 3 as 2 and 4 and 5 as 3. Additionally, I grouped strongly disagree and disagree in one group, agree and strongly agree in one group, and neutral was grouped in its own category.

Table 1- Compensation

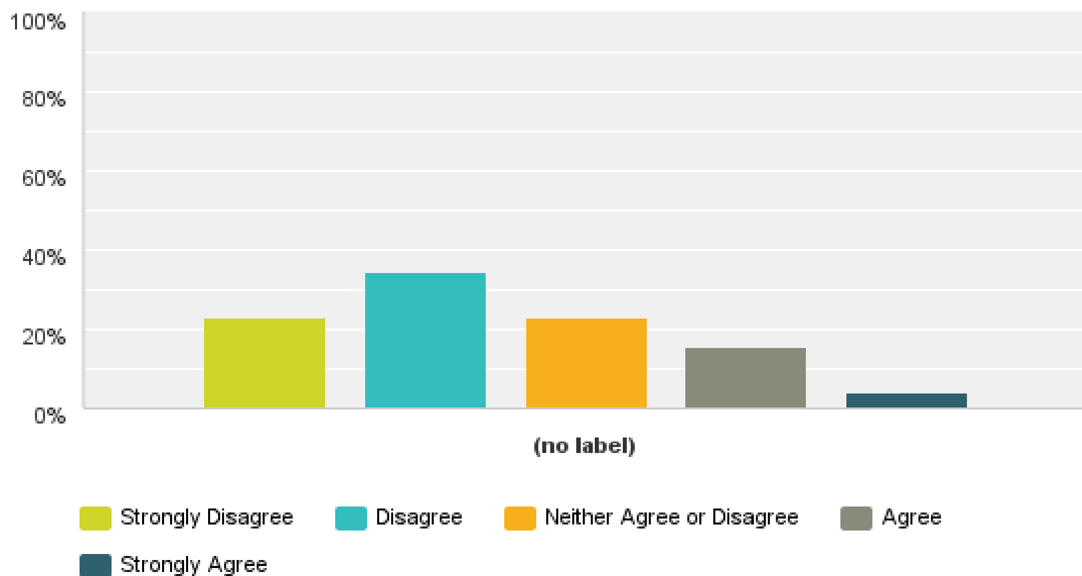


Table 1 shows that 6 respondents (23%) strongly disagreed that they were adequately compensated for the work that they do. The majority of respondents (35%) disagreed that they are adequately compensated for the work that they do.   Six respondents (23%) were neutral, 4 respondents (15%) agreed and one respondent (4%) strongly agreed that they were adequately compensated for their work.

Table 2- Support

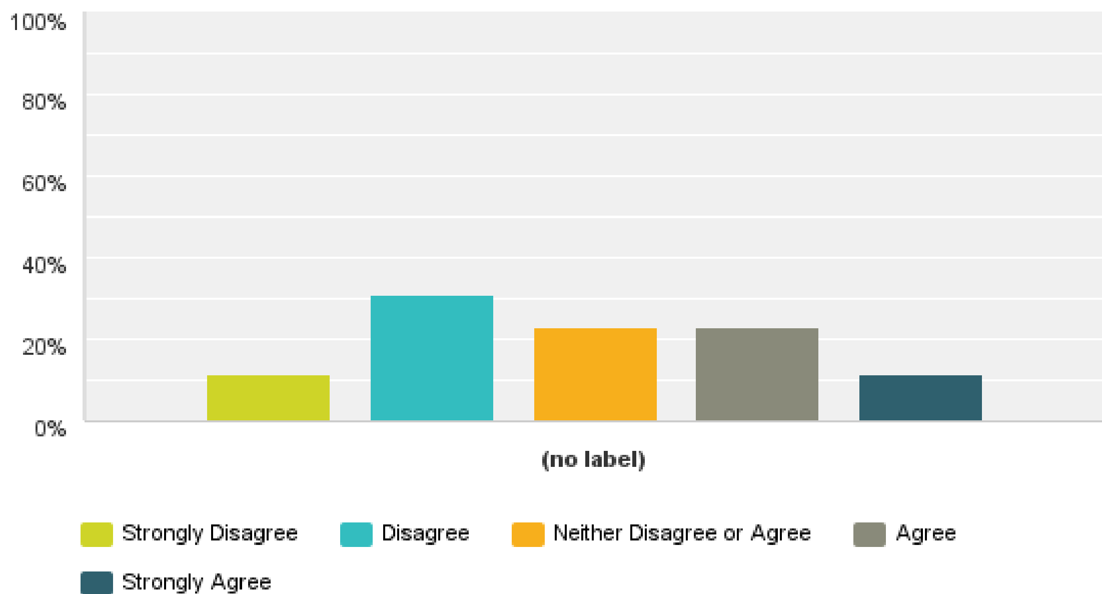


Table 2 shows that 3 respondents (12%) strongly disagreed that they felt they received enough support from their supervisor. The majority of the respondents (31%) disagreed that they received enough support from their supervisor. Six respondents (23%) felt neutral, six respondents (23%) agreed and 3 respondents (12%) strongly agreed with the statement, “I feel that I receive sufficient support from my supervisor.”

Chart 3- Training

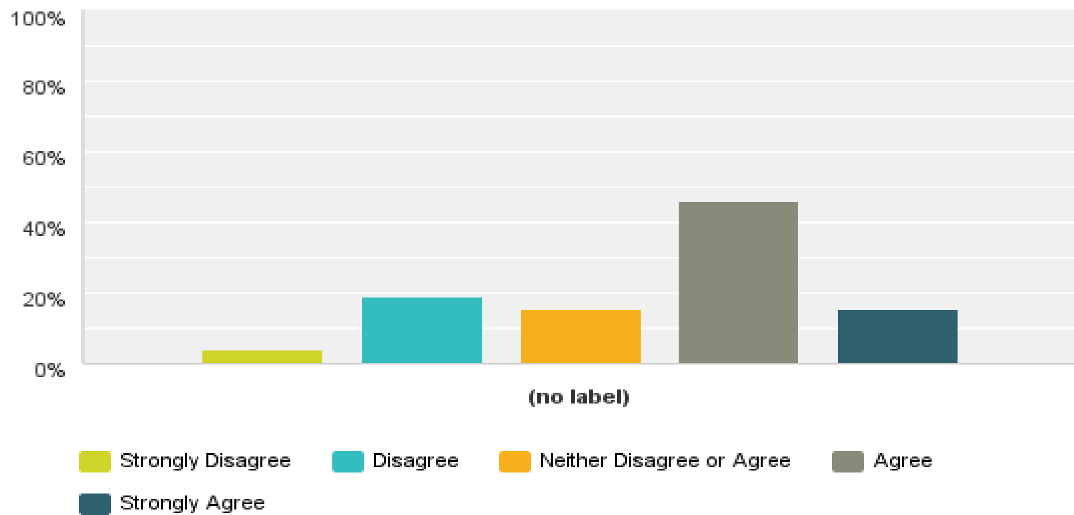


Chart 3 shows that one respondent (4%) strongly disagreed that they received enough training prior to working independently as a DCW. Five respondents (19%) disagreed with this statement and 4 respondents (15%) felt neutral. The majority of the respondents (46%) agreed and 4 respondents (15%) strongly agreed with the statement, "I received enough training prior to working independently as a direct care worker (DCW)."

Table 4- Gender and Compensation Cross Tabulation Chart

			Compensation			Total
			Disagree	Neutral	Agree	
Gender	Male	Count	3	3	2	8
		% of Total	11.5%	11.5%	7.7%	30.8%
	Female	Count	12	3	3	18
		% of Total	46.2%	11.5%	11.5%	69.2%
Total		Count	15	6	5	26
		% of Total	57.7%	23.1%	19.2%	100.0%

Table 4 shows us that gender had no effect on the respondent's views of whether or not they felt they are adequately compensated. The findings are not statistically significant (p= .357) when comparing gender with views on whether or not the respondents felt adequately compensated.

Table 5- Gender and Support Cross Tabulation Chart

			Support			Total
			1.00	2.00	3.00	
Gender	1 Male	Count	3	0	5	8
		% of Total	11.5%	0.0%	19.2%	30.8%
	2 Female	Count	8	6	4	18
		% of Total	30.8%	23.1%	15.4%	69.2%
Total		Count	11	6	9	26
		% of Total	42.3%	23.1%	34.6%	100.0%

Table 5 shows us that men and women disagree on whether or not they felt that they received adequate support. Men agreed that they felt they received adequate support while women tended to disagree that they received adequate support. This answer approaches statistical significance (p=.070).

Results show that respondent's level of education is weakly negatively correlated to their belief that they receive adequate compensation. These results are moderately statistically significant (p= -.041). This means that the higher the respondents' education level the more they disagreed that they felt that they were adequately compensated. Results shows that the more years of experience the respondent has the more they disagreed that they felt they are adequately compensated. This response approaches statistical significance (p=.060). Results also show a weak correlation that respondents who felt that they were adequately compensated also felt that they received enough support. This is not statistically significant (p=.167). Results also show

weak correlation (p=.182) that individuals who had more training tended to agree that they received sufficient training. Results also showed a weak correlation (p=.253) that the higher the respondent's education level, the more they felt that they received sufficient training. Results also showed that individuals who have more experience tended to feel that they had sufficient training. This is weakly statistically significant (p=.227).

The ninth question was "Of the following, which do you think most contributes to the high turnover rate? Please rank the following from 1-5, (One being the largest contributor and 5 being the smallest)." The following graphs are based on the findings of this question.

Table 6- Insufficient Wages

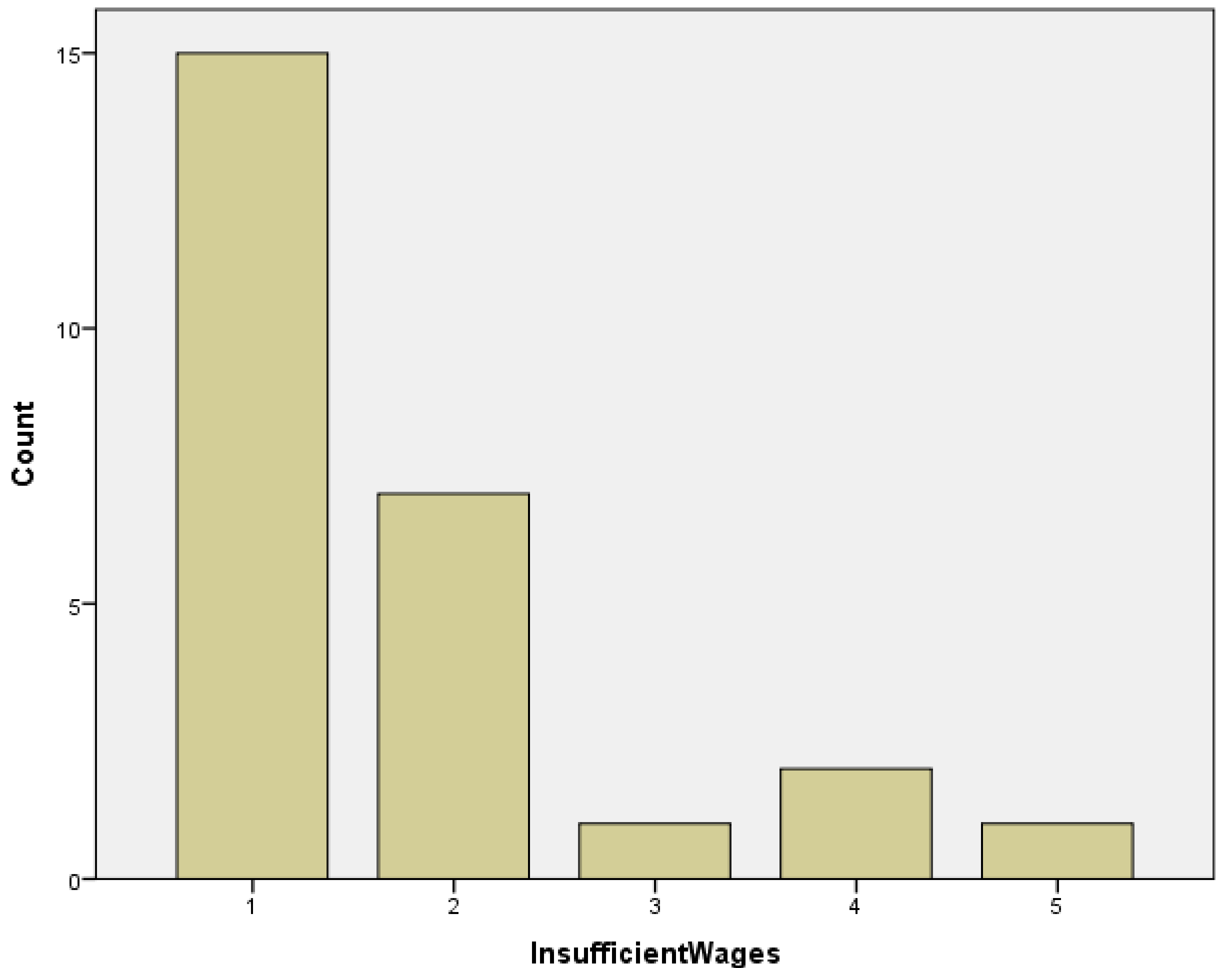


Table 6 illustrates that 15 out of the 26 respondents (58%) cited insufficient wages as the largest contributing factor to the high turnover rate of direct care staff. Seven respondents ranked insufficient wages as the second largest contributing factor, 1 rated it the third, 2 people rated it the fourth largest contributing factor and one person ranked it the 5th largest contributing factor to the turnover rate of direct care staff. According to respondents, out of these categories of factors that contribute to the turnover rate of direct care staff, insufficient wages is the largest contributor.

Table 7- Lack of Supervision

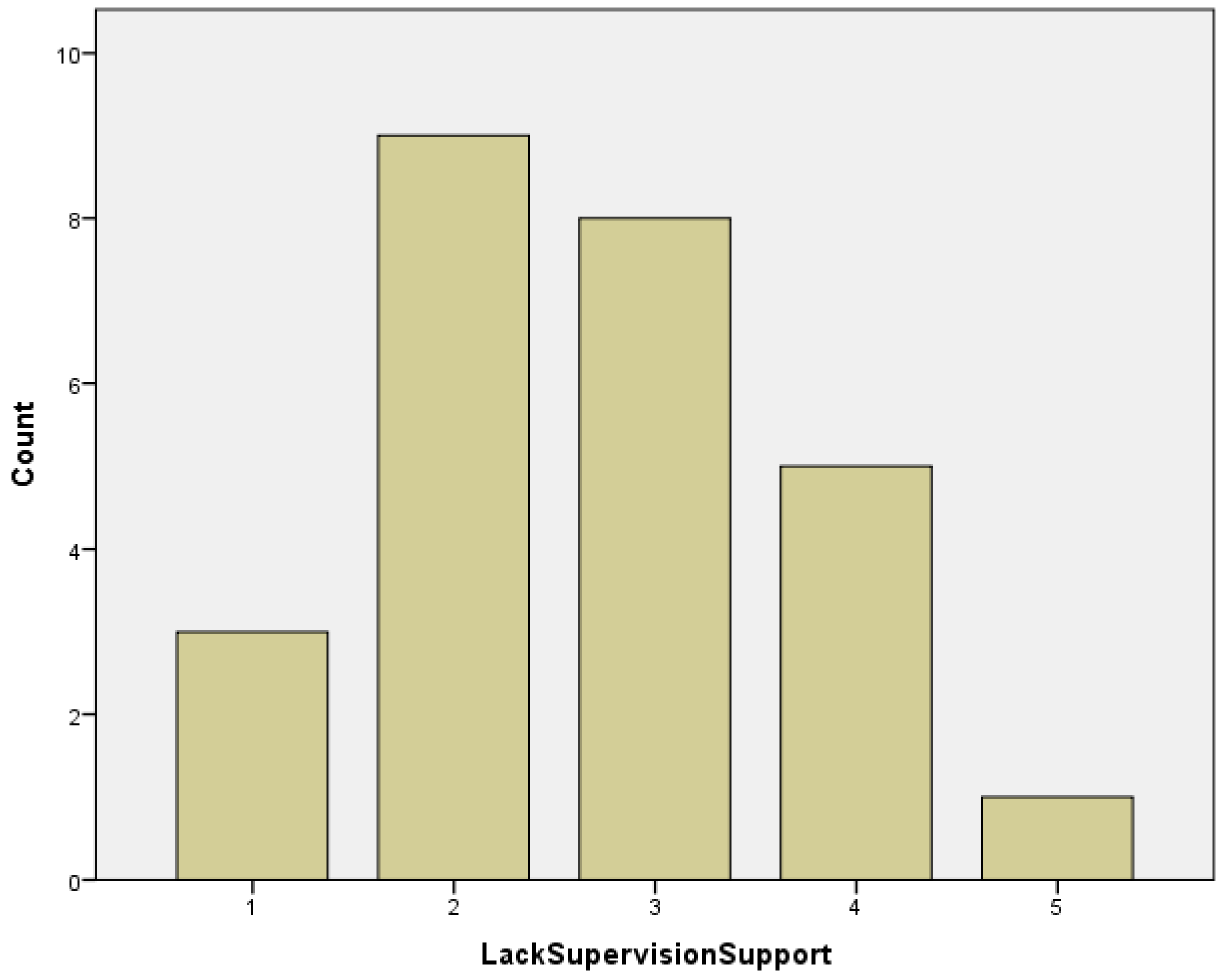
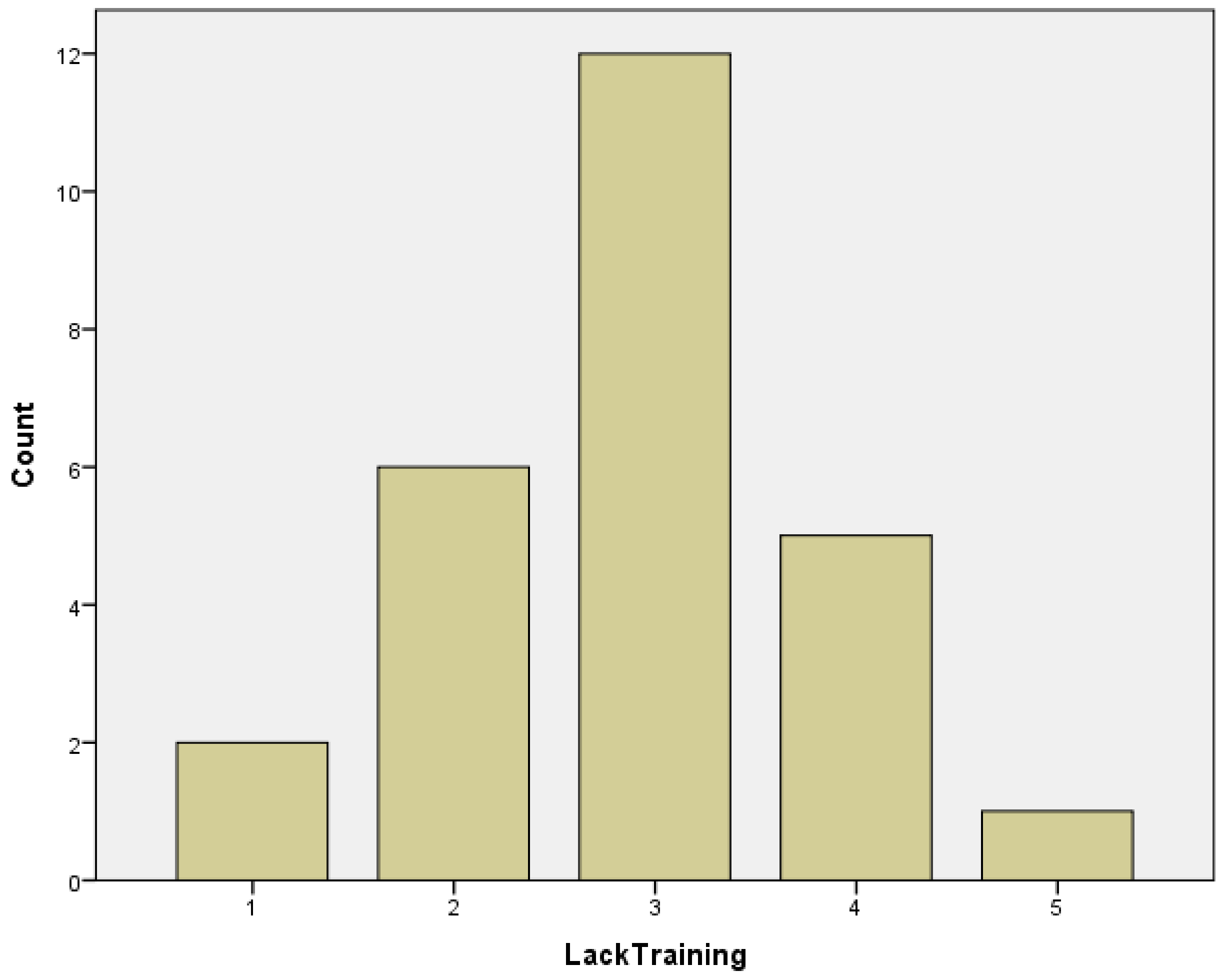


Table 7 shows that out of these five categories respondents rated lack of supervision and support the second largest contributing factor to the turnover rate. Three respondents rated it as the largest contributing factor, 9 respondents ranked it as the second largest contributing factor, 8 respondents rated it as the third largest, 5 rated it as the fourth largest and 1 respondent rated it as the fifth largest contributing factor to the high turnover rate.

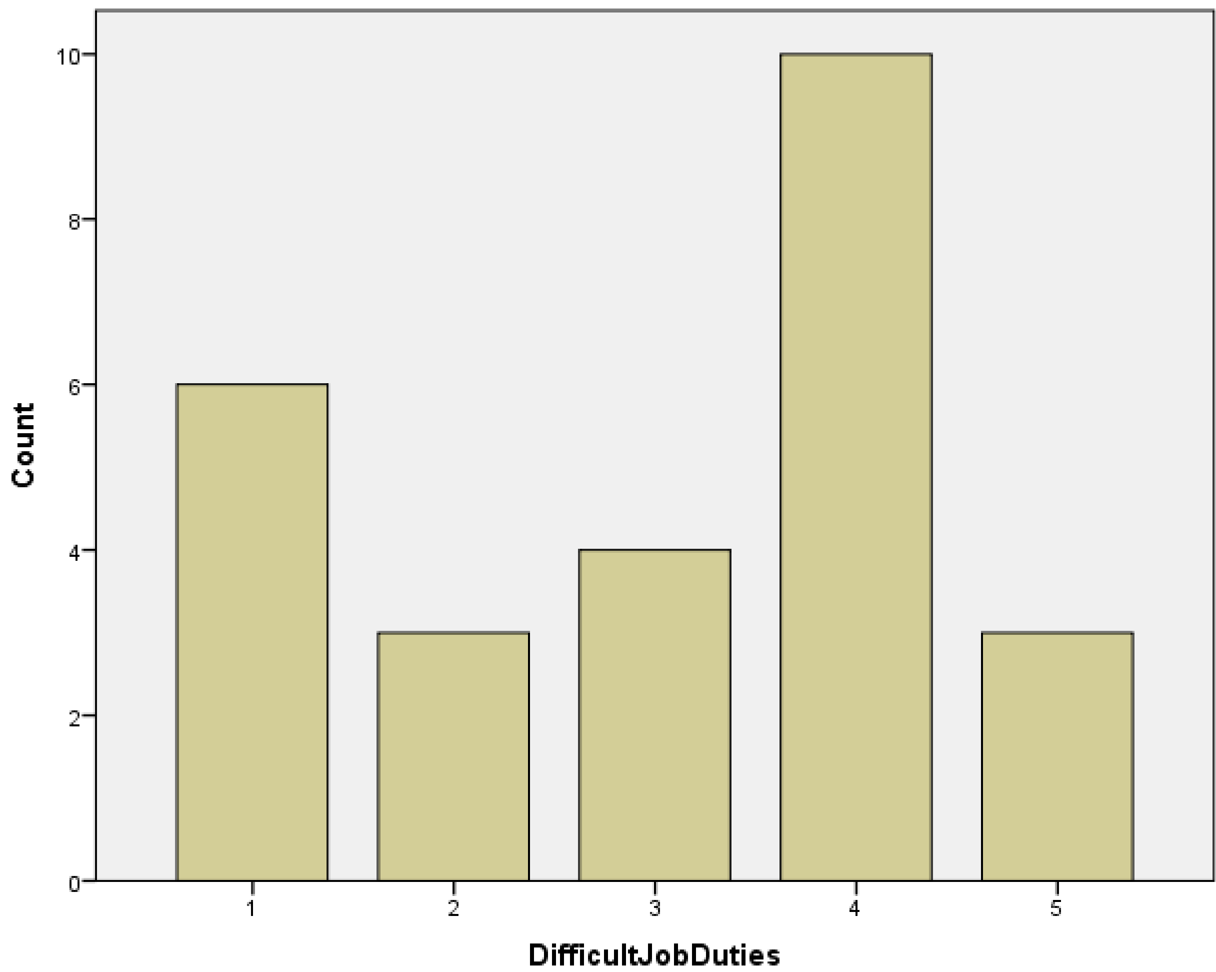
Table 8- Lack of Training



According to the survey respondents, overall the lack of adequate training is the third largest contributing factor to the turnover rate of direct care staff out of the five categories. Two

respondents ranked inadequate training as the largest contributing factor, 6 ranked it as the second largest, 12 said that it was the third largest, 5 answered that it was the fourth largest and 1 respondent ranked the lack of training the fifth largest contributing factor to the inadequate training.

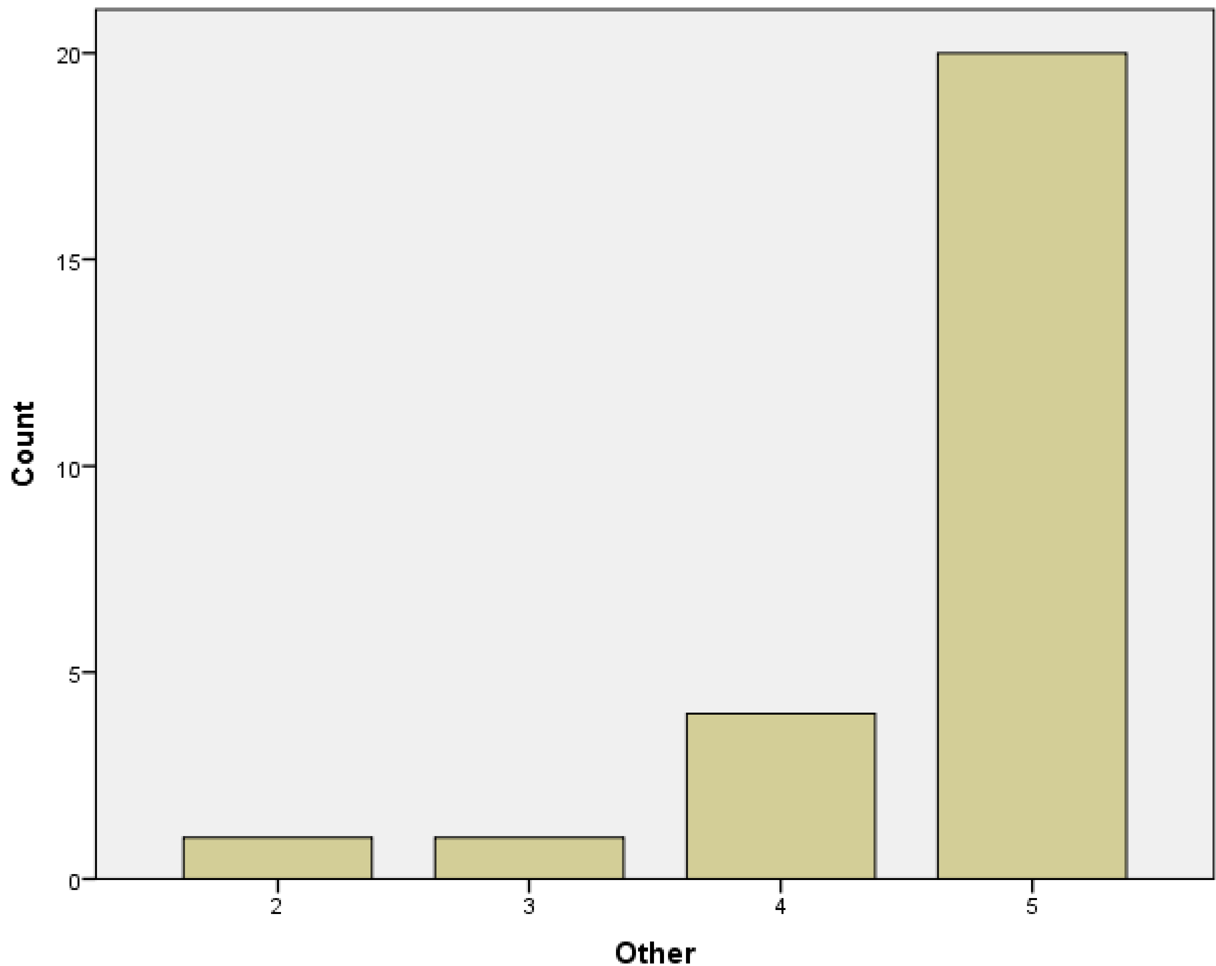
Table 9- Difficult Job Duties



According to survey respondents the difficult jobs duties is the fourth leading causing of direct care staff turnover amongst the five categories. Six respondents ranked this as the number one contributing factor, 3 ranked it as the number two, 3 ranked it as the number 4, 10 ranked it

as the fourth largest and 3 respondents answered that the difficult job duties is the fifth largest contributing factor to the turnover rate of direct care staff.

Table 10- Other



According to survey respondents, “other” is the fifth leading cause of direct care staff turnover. Staff did not have the option of filling in the blank. None of the respondents believed that there was an additional number one leading cause for direct care staff turnover other than insufficient wages, lack of support, lack of training and difficult job duties. One respondent thought that “other” was the second largest contributor, 1 thought that it was the third leading cause, 4 respondents stated that it was the fourth leading causing and 20 respondents thought that

other contributing factors besides insufficient wages, lack of support, lack of training and difficult job duties was the fifth leading cause of direct care staff turnover.

Qualitative Analysis

The respondents were asked to answer the qualitative question, "What changes could be made to reduce the high burnout rate amongst direct care workers (DCWs)?" The respondents could choose not to answer this qualitative question. Themes that were identified throughout these responses were to increase compensation, to increase training, to provide better benefits and to increase support/ appreciation. There were other miscellaneous suggestions that did not fit into these themes. One miscellaneous suggestion was to, "Hire more staff so that when people take vacation or quit the staff that cover for these people do not get burned out. Often staff have to work more than 40 hours a week due to not having enough staff to cover open shifts. This is what leads to staff burn out." Out of the 26 survey respondents, 19 (73%) provided answers to this question. Of the 19 individuals who answered this question, 13 (68%) mentioned raising the pay for direct care staff as a way to reduce the high rate of direct care staff. Six of the 19 respondents (32%) suggested providing more support as a possible way to reduce the burnout rate.

Summary of Results

None of the results found were statistically significant but some of the results approached statistical significance. Gender had no effect on whether or not the respondents felt that they were adequately compensated. Gender did affect their views on whether or not they felt they received adequate support. Males tended to respond that they felt they received adequate support while females tended to respond that they did not feel they received adequate support. Respondent's education levels and years of experience affected their beliefs on whether or not

they felt they were adequately compensated. Respondents listed insufficient wages as their belief as to the largest contributor of the high turnover rate of direct care workers. Respondents suggested raising wages and providing more support as possible solutions to the high rates of direct care worker turnover rate.

Discussion

Findings in Comparison to Preexisting Literature

The findings of this quantitative research are similar to findings found in the literature review. Most of the literature cited low wages as the largest contributor to high direct care staff turnover rates. Survey participants validated this literature by identifying insufficient compensation as the number one reason for direct care staff turnover. The direct care staff who participated in this survey definitely solidified that in general, direct care staff do not feel that they are adequately compensated, trained, supported or appreciated for the work that they do. In addition, many of the participant's responses to the qualitative question "What changes could be made to reduce the high burnout rate amongst direct care workers (DCWs)?" were similar to suggestions found in literature on ways to reduce direct care staff burnout.

Sixty-eight percent of survey participants suggested paying direct care staff higher wages, offering them better benefits and training them better as ways to reduce turnover amongst direct care staff. This was congruent with suggestions to reduce the turnover rate found in the literature review. Literature suggested implementing a statewide training program to train direct care staff to ensure that all staff are being adequately trained throughout different companies. In addition, literature suggested increasing wages and offering insurance to direct care staff as possible ways to increase direct care staff retention.

Strengths and Limitations of the Research

One strength of this research is that the researcher had no prior relationship with either the supervisors who distributed the survey or the survey participants who chose to complete the survey. The researcher had no direct involvement or contact with the individuals who took the survey and thus, the researcher did not sway the participants in any direction or skew the data.

Another strength of this quantitative study is that the answers are numerical and not the result of a person's verbal responses. In addition, when doing quantitative research connections can be made by utilizing cross tabulations and levels of statistical significance can be found. As a result, the data can be identified as either statistically significant or not.

One limitation of this research is the limited number of respondents. Typically for a quantitative research projects the suggested number of participants is 30-40. Only 26 individuals participated in this survey. Ideally, there would be more respondents so that the information gathered would be more statistically significant and more generalizable to the entire direct support staff population. Another limitation of this research is that the respondents are from a select few agencies. The results again could be better generalized for the entire population if more individuals at various agencies took the survey. Due to only a few agencies' staff participating, some of the findings could be due to the specific agency rather than the direct care staff's job in general.

Contribution to Social Work

Reasons and solutions for the high rates of direct care staff turnover are important to the field of social work because it directly impacts the populations social workers serve. Literature reveals numerous negative impacts high rates of direct care staff turnover has on the vulnerable populations that these staff work with. Clients become attached to the direct care staff workers that work with them and due to staff turnover they are constantly having to get to know new staff. In addition, if these staff are not being adequately trained or supported they will not be able to do a good job taking care of the clients they are working with. Finding solutions to this problem is imperative to better the lives of the clients served by these direct care staff members.

This survey assists in determining causes of high turnover such as inadequate compensation and supervisory support. It also assists in identifying possible solutions to this growing issue.

Suggested Further Research

This survey is congruent with the literature on direct care staff turnover. It solidifies that there is indeed a problem with the rates of recidivism in direct care staff positions. Further research should be conducted to gather more evidence from a wide range of agencies to further show evidence that the high rates of direct care staff turnover is indeed an enormous problem that needs to be fixed. Research should also be conducted regarding possible solutions to this problem. Once possible solutions are identified, researchers could make attempts to implement these ideas. Researchers should then gather empirical evidence to show what methods are most effective at alleviating this problem.

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Appendix A

Online Consent Form

Project Name: Direct Care Worker Turnover
Researcher Name: Heather Micke
Advisor Name: Colin Hollidge
IRB Tracking Number: 693673-1

Introduction:
Heather Micke is the creator of the research project. She is in the masters of social work program at the University of St. Thomas in St.Paul, Minnesota. She is in her final year of graduate school and is working on her 682 research project. The advisor and chair for this project is Professor Colin Hollidge.

Project Overview:
The research project is on direct care staff turnover. Heather Micke has previously worked as a program manager of group homes and has worked as a direct care staff so she has had first-hand experience on the impacts of high direct care staff turnover and is very interested in this topic. This is a quantitative research project to explore the reasons for direct care staff turnover. To gather information, an online survey has been created at https://www.surveymonkey.com/s/2C27WMK for direct care staff to take. Supervisory approval has been obtained from your agency for your to take this survey. Once data is collected, it will be analyzed using quantitative analysis and then it will be presented at research day to Heather's peers and other observers. Data will then be destroyed once it is presented on, or by May 29th 2015.

Participation
Survey participants will be asked to follow the link, https://www.surveymonkey.com/s/2C27WMK and take the ten question survey. Approval has been obtained previously by the Vice President of Operations at STAR Services for you to participate in the survey. The anticipated time it will take to fill out this survey is 5-10 minutes. You must be eighteen years or older to participate in this survey. By taking this survey you are confirming that you are over the age of eighteen.

Risks and Benefits
There are no risks and no benefits to taking this survey.

Confidentiality
You will not be asked your name in the survey and you will not be asked any questions that could identify who you are. The only individual who will have direct access to this survey is the principal investigator, Heather Micke. These surveys will be kept online at https://www.surveymonkey.com/s/2C27WMK which is a password protected website. Once

data is gathered and presented on, the surveys will be destoryed. These surveys will be destroyed no later than May 29th, 2015.

Voluntary Nature
You are not required to take this survey. You do not have to answer every question and you can close out of the survey at any time. It is your decision whether or not to participate in the survey. Whether or not you participate in the survey will have no impact on your relationship with STAR Services or the University of St. Thomas. You can withdraw from the study any time up to the point in which you submit the survey online.

Contacts
If you have any questions regarding this survey please contact:

The Principal Investigator:
Heather Micke
920-810-3069
Mick1625@stthomas.edu

Research Advisor:
651-962-5818
Colin Hollidge
cfhollidge@stthomas.edu

University of St. Thomas IRB:
651-962-6038

Statement of Consent
By taking this survey I am consenting to allow my answers to be a part of this quantitative data.

If you want a copy of this consent for your records, you can print it from the screen.

Sincerely,
Heather Micke
University of St Thomas- Social Work
Mick1625@stthomas.edu
910-810-3069

Appendix B

Direct Care Staff Turnover Survey

Hello Direct Care Staff! I would greatly appreciate it if you could take the time to complete the 10 quesiton survey exploring reasons for direct care staff turnover. In order to take the survey you must be employed either full time or part time as a direct care staff. The survey is anonymous and you will not be asked any questions that could identify who you are. You can skip questions if you do not want to answer them and you may exit the survey at any time. Thank you in advance for participating in my survey!

1. What is your gender?

What is your gender?

2. What is your ethnicity?

What is your ethnicity?

3. What is the highest degree or level of school you have completed?

- [ ] What is the highest degree or level of school you have completed? Some high school, no diploma
- [ ] High school graduate, diploma or the equivalent (for example: GED)
- [ ] Some college credit, no degree
- [ ] Associate degree
- [ ] Bachelor's degree
- [ ] Master's degree
- [ ] Doctorate degree

4. How many years/ months of experience do you have as a direct care worker (DCW)?

How many years/ months of experience do you have as a direct care worker (DCW)?

5. I am adequately compensated for the work that I do.

Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
*I am	Disagree	Neither Agree	Agree	Strongly

Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
adequately compensated for the work that I do. Strongly Disagree		or Disagree		Agree

6. I feel that I receive sufficient support from my supervisor.

Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
*I feel that I receive sufficient support from my supervisor. Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree

7. I received enough training prior to working independently as a direct care worker (DCW)?

Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
*I received enough training prior to working independently as a direct care worker (DCW)? Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree

8. How many hour of formal (in classroom and shadow) training did you receive prior to independently working?

How many hour of formal (in classroom and shadow) training did you receive prior to independently working? 0-20 hours

20-40 hours

40-60 hours

60-80 hours

80+ hours

9. Of the following, which do you think most contributes to the high turnover rate? Please rank the following from 1-5, (One being the largest contributor and 5 being the smallest)

Insufficient Wages

Lack of adequate supervisory support/appreciation

Inadequate training

Difficult job duties/population

Other

10. What changes could be made to reduce the high burnout rate amongst direct care workers (DCWs)?

What changes could be made to reduce the high burnout rate amongst direct care workers (DCWs)?

Submit

Appendix C

Email Script:

Hello Direct Care Staff! My name is Heather Micke and I am a masters student at the University of St Thomas. I am conducting a researach project on the turnover rate of direct care staff. I am looking for direct care staff to take my online survey to help me in learning more about the reasons for direct care staff turnover! I would greatly appreciate it if you could take the time to follow my link and take the ten question survey to assist me with my project. To take the survey you must either be employed full-time or part time as a direct care staff. Your participation in the survey is entirely voluntary. You decision whether or not to participate in the survey will have no impact on your relations with the University of St. Thomas. The survey is anonymous and does not ask any identifying questions. There are no risks to taking this survey. The survey should take about ten minutes to complete. The survey is not about the company you work for but about your experience as a direct care staff in general.

Thank you in advance!

The link to take the survey is:

https://www.surveymonkey.com/s/2C27WMKUniversity of St. Thomas- Social Work