Direct Service Workforce Final Summary Grant Report

North Carolina – August 2007

Title of Grant	Caregivers are Professionals, Too (CAPT)
Grantee Affiliation	Pathways for the Future, Inc., Center for Independent Living
Grant Number	95-P-92214/4-01
CMS Project Officer	Kate King
Project Director	Linda Kendall Fields

Final Summary for Entire Grant Period

Describe your primary goals in undertaking this demonstration, including your hypothesis and expected outcomes.

The "Caregivers Are Professionals, Too!" (CAPT) Project was a demonstration project designed to test the hypothesis that until and unless direct service workers receive adequate compensation, recognition and opportunity for advancement, their recruitment and retention will continue to be problematic. The original hypothesis included the statement "that direct service workers do not generally consider themselves to be "professionals" (i.e., on a career path that is based on a body of knowledge, has opportunities for advancement, and provides adequate compensation and recognition as being valuable to society) and therefore feel little loyalty to their jobs." This hypothesis was to be tested via surveys of 500+ direct service workers in the Western North Carolina region.

The research objective for the demonstration was to investigate the impact of three DSW job enhancements (interventions) on DSW employee satisfaction and turnover, as well as new DSW employee recruitment. The three interventions included subsidized health insurance, career ladder (later renamed "professional development") and merit-based recognition. In Appendix Five of the original grant proposal submitted to CMS entitled, "Workforce Demonstration Evaluation Worksheet", expected outcomes were listed as follows:

> 1) "The CAPT project will actively involve 500+ direct service workers to determine what factors influence recruitment and retention..."
>
> 2) "The goals of the CAPT project are to recruit and retain direct service workers at the 80% level over the three year project. Retention rates will be at or above 80%; job satisfaction will be at or above 80%; interest in caregiving as a profession will be at or above 50%."

A critical point of the original proposal was that active involvement in the grant by these 500 DSWs would bring about changes that would be "truly meaningful and will serve to attract others into the caregiving profession." When the grant design was revised in Spring, 2004, the following goal was added to the project: "During the three year project, 300 eligible DSWs will be given the opportunity to receive their respective employer's health insurance with minimal financial burden for their portion of the premium."

Summarize your project's major accomplishments, addressing each of the following questions:

• What goals did you meet and accomplish?

All goals were met and accomplished. Instead of "actively involving 500+ DSWs," the project actually involved over 1,500 DSWs! Three categories of interventions were successfully developed and implemented during the three year grant period including the following: 1) Provision of affordable health insurance through subsidized employee premiums for all eligible direct service workers (330 DSWs). 2) Implementation of a professional development program, including continuing education and opportunities for enhanced identification with the field (1106 DSWs). 3) Implementation of a merit-based recognition program, including cash bonuses and service awards (581 DSWs).

In addition to these interventions, research methods were successfully completed, including a total of ten focus groups and four surveys sent to all participating DSWs. Research findings successfully addressed the project hypothesis that "until and unless direct service workers receive adequate compensation, recognition and opportunity for advancement, their recruitment and retention will continue to be problematic" and the added hypothesis that "workers feel little loyalty to their jobs." In essence, the findings disputed the hypothesis by suggesting that DSWS in fact have a great deal of loyalty to the profession and intend to recommend others to the field. Clearly, low compensation plays a major role in the problems of recruitment and retention, but it is not the only factor. The CAPT demonstration illustrated the powerful impact that home care agencies have by providing an array of benefits and experiences that communicate the message to their workforce that they are valuable. More information about the research outcomes is available in the Evaluation section of this final report.

• What strategies and factors contributed to your success?

The following strategies and factors were employed throughout the grant to create or enhance the likelihood of success:

1) Agency partnerships were strengthened through strong, consistent group leadership, regular meeting times and a philosophy of participative decision making. The four agencies arrived as competitors in the field of home care, but developed a sense of professional camaraderie and collective problem solving. The equitable distribution of grant funding and the opportunity for each partner to have a say in the selection and implementation of interventions built trust and positive involvement.

2) A major commitment of project leaders was to gain input and feedback from DSWs every step of the way. Over 1500 DSWs were invited to participate in grant interventions during the three years and eight months of the demonstration. In addition to the four written surveys, DSWs "tested" the initial survey, responded to a survey specifically about educational topics of interest, were queried by each agency about interventions and implementation, including desirable service award items and educational group session and participated in ten focus groups held by grant staff members.

3) CAPT grant leaders also requested information and technical assistance from PHI, The Lewin Group and other grantees with whom sharing was made possible through conference

calls and during the NFI conference each spring. Prior to the development and implementation of the second intervention - "Career Ladders" - two consultants from PHI made a visit to the CAPT grant site, conducted focus groups with agency directors and DSWs, presented information from the field, and sent written recommendations to CAPT leaders for the development and implementation of this intervention, which was then entitled, "Professional Development."

4) Evaluation strategies to encourage DSW involvement included communication and coordination with agency management to get the word out and to enroll participants in such activities as the focus groups. During the third round of the evaluation surveys, researchers employed the strategy of "cash door prizes" for those who returned surveys, fearing that participation rates may decrease. In fact, participation rates did increase (from 38% to 43%) and remained strong for the fourth (and final) survey.

Describe the interventions you implemented, including information about how they were chosen and designed.

As stated in the "Goals and Accomplishments" section of this report, three categories of interventions were successfully developed and implemented during the three year grant period including the following:

> 1) Provision of affordable health insurance through subsidized employee premiums for all eligible direct service workers.
>
> 2) Implementation of a professional development program, including continuing education and opportunities for enhanced identification with the field.
>
> 3) Implementation of a merit-based recognition program, including cash bonuses and service awards.

A major tenet of the demonstration from the beginning was the provision of health insurance. This intervention was included because it was of special interest to the funder and had long been identified as a barrier/opportunity to increased recruitment and retention. The initial grant proposal spelled out a plan that would "pool" participating agencies to reduce risk and offer more affordable insurance to employees. This strategy proved to be impossible as the State of North Carolina had recently made association "pooling" illegal, at least for the first five years. With the guidance of insurance professionals, agency directors and CMS contracted technical assistance, CAPT grant leaders designed the insurance intervention around each agency's health insurance program, paying a substantial portion of the employee contribution.

Professional Development, initially called "Career Ladders" was chosen as an intervention to address the hypothesis "that direct service workers do not generally consider themselves to be "professionals" (i.e., on a career path that is based on a body of knowledge, has opportunities for advancement, and provides adequate compensation and recognition as being valuable to society) and therefore feel little loyalty to their jobs." This intervention was designed in partnership with DSWs, agency directors and PHI consultants. Ultimately, grant leaders changed the title of this intervention from "career ladders," which implies a lock-step progression with increased compensation to "professional development," which offers increased knowledge, community and professional development. In the present reimbursement environment, the agency directors and technical assistance consultants agreed that developing a career ladder with commensurate pay was not immediately possible. However, such concepts as

"peer mentors" were introduced to agencies during this period and may be implemented in the future. In addition to "In-the-Know" self-study and group study programs, DSWs were provided membership to the state Direct Care Workers Association, an employee assistance program and membership in the Association for Homes and Hospice Care.

The merit-based recognition intervention was developed with input from technical assistance consultants, agency directors and the DSWs, who both created and revised the details of the interventions. The first recognition award was given to DSWs who had maintained a 90% or better attendance record AND had worked with the agency for at least one year. This award amounted to a cash bonus of $125.00 (post-tax amount). The second recognition intervention was a multi-tiered service award, which recognized seniority. During the first year, DSWs received a tote-bag for one year's service and a fleece jacket for two or more years of service. Each item had the agency logo on it. Following input from DSWs during focus groups, CAPT partners altered the awards so that a different award was given for each year - 1 through 9. In addition to the items, DSWs were recognized through agency newsletters, flyers and special receptions or banquets.

Do you believe the interventions you implemented will be sustained? Please describe what changes you think will endure, what interventions you think will be sustained and through what means or mechanisms.

We believe that many of the interventions will be sustained in the years following the CAPT demonstration. Agency partners have been greatly influenced by the new information, research findings, and personal experiences witnessed through the three (plus) years of the grant. Queried regularly about sustainability, agencies have answered that they are most likely to continue the interventions that have proven to be most valuable to DSWs AND which can be financially sustained by their agency budgets. Unfortunately, health care insurance seems to be in the category of "valuable" and "expensive," so most agencies have changed to less expensive plans and/or have reduced the level of the employee subsidy. The professional development intervention is solidly ingrained within each of the four agencies. A complete set of the "In-the Know" curriculum has been cataloged and units are being distributed to DSWs each month.

Additionally, DSWs may still elect to join the state's Direct Care Worker's Association and agencies are committed to staying involved in the North Carolina Association for Home and Hospice Care. The employee assistance program will not be sustained, as it was dropped from the grant interventions after one year due to infrequent use. The merit based recognition interventions (i.e., cash bonuses and service awards) were highly valued by DSWs and very visible to everyone in the agency setting. To date, each of the four agencies plan to continue providing service awards with accompanying banquets/receptions but are uncertain whether their budgets will allow for the $125 cash bonuses. This intervention, like the others, will be sustained through the commitment of agency directors, who recognize the positive impact on staff retention and the means for these interventions will come through individual agency resources.

Describe any challenges you faced in designing or implementing your interventions.

Many challenges that were faced in designing and implementing the interventions have already been described under the first question in this "Interventions" section. The initial health

insurance challenge was overcome by implementing an employee subsidy at the individual agency level. The "career ladder" concept was changed to "professional development" in light of budgetary constraints, technical assistance recommendations, DSW input and agency partner preferences. Also, the employee assistance program, launched with great expectation in the second year, proved to be used so infrequently that it was discontinued. CAPT partners surmised that the DSW worker population was not used to requesting professional support and agency directors continued a "hands-on," personally accessible approach with their employees - even attending family events and yard sales "off hours." Once the CAPT partnership was in place and trust was established in the early months of the grant, there were few challenges in designing and implementing the interventions. There was always a plan agreed upon by the CAPT partners and some way of disseminating information about the interventions from the CAPT project leaders through the agency directors and ultimately to the DSWs. Of course, there was variability in the timing and communication within each agency, so that CAPT leaders had to always stay on top of the implementation of interventions and encourage agencies to stay on schedule.

Summarize the major findings of your site-specific evaluation, addressing each of the following questions:

• Did your interventions impact recruitment or retention? To what extent?

Yes, we believe that the interventions did impact recruitment. The focus of the CAPT project was on reducing voluntary turnover, thus increasing DSW retention. Each quarter, agencies completed a form which reflected quarterly turnover and retention data. The first quarter for which the data were collected was January through March, 2005. The average tenure for a DSW employed during this quarter was 19.4 months. This average steadily increased over the course of the project, ending at 25.5 months for the second quarter of 2007. These data are based on third party average tenure data.

• Did your interventions impact other outcomes of interest, such as turnover, job satisfaction, workers' skills and competencies, workers' intent to stay, supervisor skills and competencies, or consumer satisfaction?

The outcomes of interest for the CAPT project were turnover, job satisfaction, DSWs' intent to stay in the field, and willingness to recommend. All of the findings are based on results of the written surveys that were administered to DSWs throughout the CAPT project.

Turnover: Turnover data collected from the participating agencies during each quarter from January 2005 to May 2007. Historical turnover data were also collected to establish a baseline. The turnover rate was 30% for the 2002-03 fiscal year and 29.5% for the 2003-04 fiscal year. The voluntary turnover rate during the first quarter of the CAPT project was 14%, less than half of what it was before the project. This rate decreased to 12% during the second quarter of 2007. Overall, the turnover decreased by 18 percentage points since the beginning of the turnover data collection in 2005.

Job Satisfaction: For each intervention, DSWs were asked to report the extent to which that intervention had increased their job satisfaction. Those participating in the health insurance reported that their job satisfaction had increased to a greater extent than for those who were not participating in health insurance. Similarly, the recipients of merit-based bonuses reported

greater increases than those DSWs who had not received a bonus. This was also the case for those participating in the developmental workshops and recipients of service awards. All of the differences in job satisfaction increases were statistically significant. Lastly, overall job satisfaction scores were found to be very high.

Intent to Stay: Intent to stay was measured by three items asking the likelihood that the DSW intended to stay in the field for one, two, and five years. The response scale was a 4-point Likert scale (ranging from *very likely* to *not at all likely*) For statistical analyses purposes, the responses were recategorized to a dichotomous scale so that the *Very likely* response was considered a positive response and the *Somewhat likely*, *Not at all likely*, and *Don't know* responses were considered to be a negative response. Discriminant function analyses were then conducted to see which interventions were predictors of a positive response. The resulting discriminant function indicated that 1) health insurance; 2) merit bonuses 3) professional development; and 4) service awards benefits were all predictors of intent to stay in the field. This is a very valuable finding in that all of the major interventions were found to be influential on one's intent to stay in the field. DSWs were asked specifically about the impact of the health insurance on their likelihood to remain a DSW. Approximately 68% of the survey participants who were health insurance participants agreed that they were more likely to remain a DSW because of the availability of health insurance.

Willing to Recommend: Approximately 95% of DSWs reported that they would *definitely* or *probably* recommend caregiving to a family of friend. No significant differences were found based on intervention participation because all DSWs reported to be willing to recommend caregiving.

• Which interventions appear to have the most impact?

Based on the results of turnover analysis and survey responses, the health insurance intervention appears to have had the greatest impact on turnover and job satisfaction, and developmental workshops had the greatest impact on intent to stay. During 2005, health insurance participants had a turnover rate of 6.4%, as compared to 18.4% of non-participants. These turnover rates were found to be significantly different ($p<.001$). Similar comparisons could not be made for 2006 and 2007 due to changes in CMS reporting. In terms of job satisfaction, health insurance participants indicated that their job satisfaction was increased to a greater extent than non-participants. When asked to rank the interventions offered by the CAPT project, DSWs reported that the health insurance was the most important followed by merit-bonuses, service awards, and professional development. Interestingly, the developmental workshops had the greatest statistical impact on the intent to stay variable. The professional development benefit explains 60.8%, 44.9%, and 38.4% of the variability in intent to stay after one, two, and five years, respectively.

• Which interventions appear to have the most value to workers, agencies and/or consumers?

Based on the analysis of both the survey results and the two rounds of DSW focus groups that were conducted over the term of the grant, the DSWs placed particularly high value on the health insurance, merit bonuses, personal/professional development, and service awards. It was clear from the focus group comments that having insurance coverage was of enormous value to the DSWs. Some even stated that they had come to work for their particular caregiving agency specifically because of the health insurance benefit. Sadly, several also commented that they

had very much wanted to participate in the health insurance program but simply could not afford even the subsidized monthly premium expense. Given this reality, it is not surprising that the DSWs placed extremely very high value on even the relatively modest cash merit bonuses ($125) many received as part of the grant. Focus group interviews also clearly revealed that these caregivers are committed professionals who want to grow in their competency and place high value on personal and professional development opportunities. They also found great satisfaction in being recognized as professionals and for the work they do for their agency and the consumers through the service award intervention. DSWs shared numerous stories in the focus groups about how they proudly wore or displayed their service award item bearing their caregiving agency's logo.

Describe any major changes you made to your original demonstration design and what led to these changes.

All major changes made to the original demonstration design have already been described under the "Interventions" section of this report. The following is a reiteration of these changes: A major tenet of the original demonstration design was the provision of health insurance. This intervention was included because it was of special interest to the funder and had long been identified as a barrier/opportunity to increased recruitment and retention. The initial grant proposal spelled out a plan that would "pool" participating agencies to reduce risk and offer more affordable insurance to employees. This strategy proved to be impossible as the State of North Carolina had recently made association "pooling" illegal, at least for the first five years. With the guidance of insurance professionals, agency directors and CMS contracted technical assistance, CAPT grant leaders designed the insurance intervention around each agency's health insurance program, paying a substantial portion of the employee contribution. Professional Development, initially called "Career Ladders" in the original demonstration design was chosen as an intervention to address the hypothesis "that direct service workers do not generally consider themselves to be "professionals" (i.e., on a career path that is based on a body of knowledge, has opportunities for advancement, and provides adequate compensation and recognition as being valuable to society) and therefore feel little loyalty to their jobs." This intervention was ultimately re-designed in partnership with DSWs, agency directors and PHI consultants. Grant leaders changed the title of this intervention from "career ladders," which implies a lock-step progression with increased compensation to "professional development," which offers increased knowledge as well as community and professional development. In the present reimbursement environment, the agency directors and technical assistance consultants agreed that developing a career ladder with commensurate pay was not immediately possible. However, concepts such as "peer mentors" were introduced to agencies during this period and may be implemented in the future. In addition to "In-the-Know" self-study and group study programs, DSWs were provided membership to the state Direct Care Workers Association, an employee assistance program and finally, membership in the North Carolina Association for Homes and Hospice Care.

Describe any lessons you learned or recommendations you might make to other states or organizations who are interested in implementing similar interventions.

Recommendations that might be made to other states and/or organizations are based on the lessons learned during the CAPT demonstration project. These recommendations include the

following:

1) Early in the process, gain understanding of state and federal initiatives and priorities in which to "plug in" the interventions you wish to implement. By having a clear sense of the policy and political "terrain," chances for success and sustainability are greatly increased. An example of this might be the health insurance initiative, which was highly valued by DSWs, but difficult to sustain because of the financial burden placed on agencies after completion of the grant. By working with other state officials and organizations concerned with the issues faced by direct service professionals, more leverage can used to advocate for increased reimbursement rates, "pass-through" legislation or other long range policy planning efforts.

2) Create an environment of trust and participative decision making. This recommendation is based on the CAPT experience of successful intervention development and implementation. Throughout the project, concepts and operational issues were decided upon in a facilitative style, which gave both agency leaders and DSWs a sense of ownership and pride in the outcome(s).

3) Offer DSWs maximum choice and flexibility within a clearly defined structure. One lesson learned was that while interventions were pre-determined at the time of the grant award, specific actions were sometimes adapted once utilization and DSW input were assessed. An example of this was the introduction and later, the revocation of the employee assistance program. In some cases, possible interventions had not even been mentioned in the original design. One such intervention identified by DSWs during focus groups was PTO,(paid time off) which had not been included in the original grant design, but would have been valuable to many DSWS if it had been included.

4) Provide opportunity for agency leaders to receive small business consultation to improve efficiency and effectiveness of operations. This recommendation is made by CAPT project leaders based on observations made of the "struggle" that small home care agency operators have to "stretch their dollar". By offering small business consultation to these agency operators, it may be possible to assist them in money management so that they are able to invest in the interventions that are most effective in recruiting and retaining good employees.

What would you change in state or federal policy to address continuing challenges in improving the direct service workforce? Please provide specific recommendations.

Recommendation for change in state and/or federal policy include:

1) Passage of the Direct Support Professionals Fairness and Security Act of 2007, (H.R. 1279) now before Congress, which will provide for reimbursement of states that undertake a long-term plan to increase wages for home-care aides.

2) Removal of North Carolina Department of Insurance Statute, Chapter 58-51080, which specifies that no association can offer group insurance to its members until it has been operating fully as a professional association for five years. In an environment of no unions and no state or federal universal health care plans, small business operators and low wage workers, such as DSWs have few options for health insurance that is affordable and comprehensive.

3) Passage of "Money Follows the Person" legislation and S 799 Community Choices Act of 2007, (formerly known as MiCASSA) which offer consumers the choice about where they wish to live, given certain financial parameters. Passage of this legislation will give more focus to the

community-based workforce and will allow for more consumer-directed hiring, which may give DSWs more negotiating power outside bureaucratic and organizational settings.

4) Passage of state mandatory reimbursement increases for home care agencies to allow for inflation and cost of living increases. At present, the North Carolina's reimbursement rate has increased only 20 cents an hour over the past five years.

Are there any state or federal policies not now in effect that you would recommend?

In addition to the recommendations made in the previous paragraphs, the CAPT demonstration program provided information to the following state initiatives for ongoing consideration:

1) During focus group interviews with ten groups of DSWs, CAPT project leaders identified a gap in training for DSWs working in the home setting. While a majority of home care aides in North Carolina have completed or intend to complete CNA training, (due to a new state policy for those working with consumers on waiver programs) this training is institutionally biased and includes field experience only in the nursing home environment. When aides (or DSWs) then apply their learning to the home care setting, they soon realize that several things are different (i.e., they are alone to handle clinical issues, emergencies; nutritional cooking and shopping are required; the consumer has particular interests or communication issues, etc.) As a result of this identified gap, CAPT leaders brought a recommendation to the State DHHS, which assisted in applying for a grant to create home care training. Unfortunately, the grant proposal was not funded, but ongoing efforts for funding continue and the goal remains on the Long Term Action Plan for DHHS Long Term Supports.

2) At the end of the CAPT grant period, CAPT project leaders presented the final analysis and data generated from the CAPT demonstration to the "Innovations in Workforce Development Group" in Raleigh. This group, operating under the newly acquired CMS Intensive Technical Assistance Grant, is working with leaders in the field (i.e., NC-Nova, University of Minnesota, PHI, Mental Health and Substance Abuse (Annapolis Coalition) to coordinate all the activities and efforts around DSW issues within the state. The goals for our discussion with this group were to a) share results and insights from the CAPT project for group consideration in future program/policy matters; and, b) explore potential for future funding in home care training, early turnover reduction and other areas of interest.

Cumulative Participation for Entire Grant Period

Total # DSW Participants: 1653

Full-time: 893

Part-time: 760

Other:

Unknown:

Total # Other Participants: 0

Supervisors:

Family members:

Job candidates:

Other:

Grantee Contact Information

Grantee

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Appendices

1) Survey Results Presentation – May 2007
2) CAPT Overview Presentation – July 2007
3) CAPT Press Release
4) 2006 Focus Group Interviews Summary
5) 2007 Focus Group Interviews Summary
6) DSW Survey Instrument (4th distribution)
7) Training Session Survey Instrument
8) Sherlock and Morgan Article - Employee Recognition Programs Benefit DSPs and their Employers
9) Sherlock and Morgan Article - Addressing a National Turnover Problem from an HRD Perspective: A Field Research Study of Direct Care Workers
10) Sherlock and Morgan Article - Training and Development of Low Income Workers: A Case Study of a Holistic Approach

CAPT Partner Meeting
Fourth Survey Data
May 17, 2007

Data Collection Summary

- 203 out of 474 surveys were returned
42.8% response rate
  - First survey response: 52.5%
  - Second survey response: 38.4%
  - Third survey response: 43.2%
- 33.7% were completing the survey for the first time
  - 31.6% had completed 2 surveys
  - 23.0% had completed 3 surveys
  - 11.7% had completed all 4 surveys

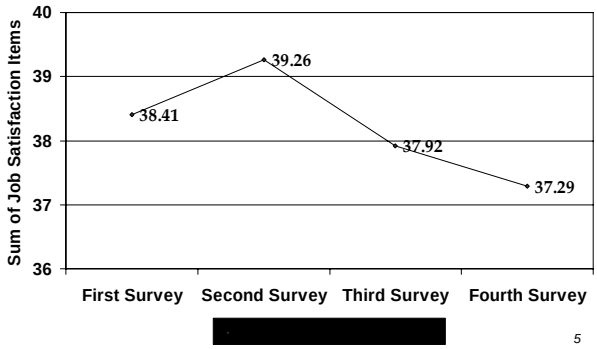
Demographic Comparisons

Descriptive statistics for participant employment variables				
	First survey (June-July 2004)	**Second Survey (March-April 2005)**	**Third Survey (April-May 2006)**	**Fourth Survey (March 2007)**
Years as a care provider (lifetime)	8.72	8.96	8.98	8.83
Years in current position	2.51	2.43	2.80	3.18
Hourly wage	$8.36	$8.40	$8.65	$9.21

A Note About Job Satisfaction Scores

- For the following slides on job satisfaction, the job satisfaction score is the sum of the answers to the nine job satisfaction questions
  - Possible scores range from 9 (DSWs reported “Very dissatisfied” on all 9 questions) to 45 (“Very satisfied” on all 9 questions)

Job Satisfaction Responses (All Respondents)



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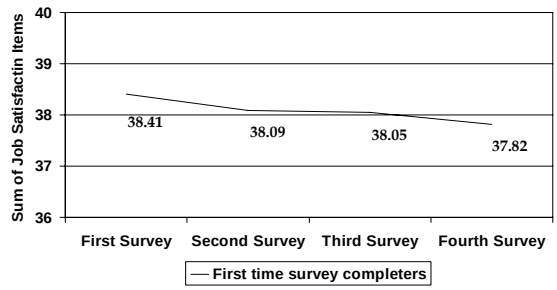
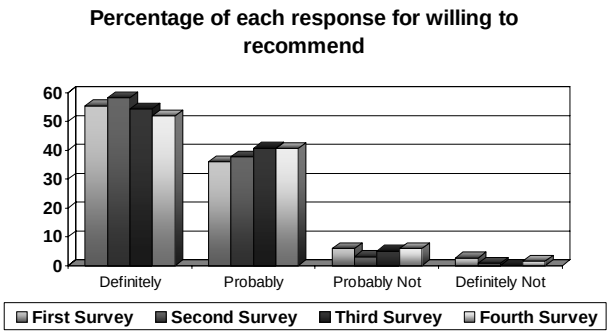
Job Satisfaction for First-time Survey Respondents



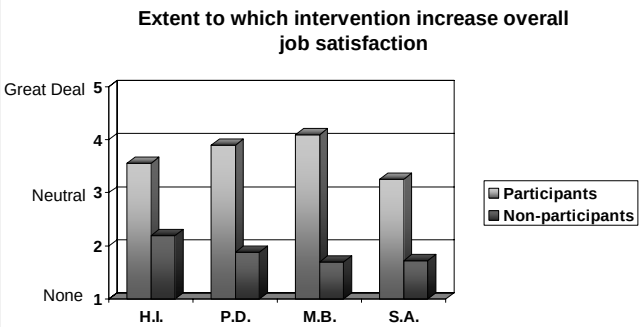
Are DSWs Willing to Recommend? Over 90% WOULD RECOMMEND!



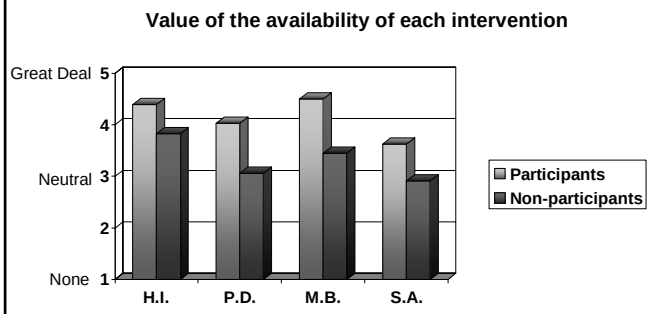
Participation Rates in Each Intervention

	Participation	Non-participation	Non-response
Health Insurance	33.0%	63.1%	3.9%
PD Workshops	20.2%	72.9%	6.9%
Merit Bonuses	32.5%	62.1%	5.4%
Service Awards	48.8%	47.8%	3.4%

Increased Job Satisfaction



Value of Each Intervention for Participants & Non-participants



Ranked Interventions (Weighted)

- Respondents were asked to rank each of the four interventions based on the importance of each to the respondent.
- Interventions were ranked in the following order:
  - 1 – Health Insurance (532)
  - 2 – Merit-based Cash Bonuses (492)
  - 3 – Service Awards (306)
  - 4 – Professional/Personal Development Workshops (290)

Benefits' Influence on Decision to Stay

- All benefits' influence on decision to stay
  - Fourth Survey - Somewhat positively (3.87 on 5-point scale)
- Likelihood to stay because of available health insurance
  - Second Survey – Neutral to Somewhat positive (3.47 out of 5)
  - Third Survey – Neutral (3.19 out of 5)
  - Fourth Survey - Neutral (3.09 out of 5)

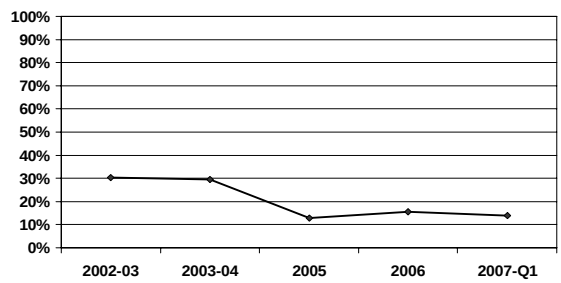
Health Insurance Participation

- Despite findings that health insurance had neutral impact of health insurance on likelihood to stay…
  - Health Insurance participants reported significantly higher levels of job satisfaction
  - No differences were found in job satisfaction scores for any other intervention participants and non-participants.

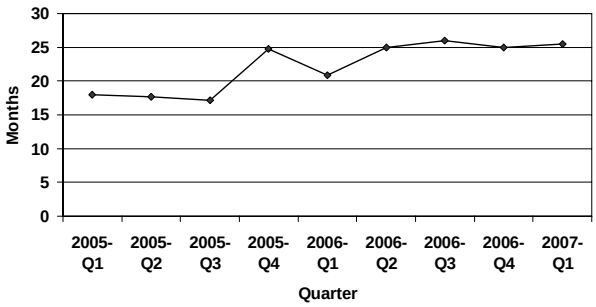
Job satisfaction scores based on the number of interventions in which DSWs are participating

Turnover & Retention

Longitudinal Turnover Analysis



Average Tenure (In months)



Summary

Take Aways

- Turnover for 2006 is still less than half of what it was prior to the CAPT grant
  - Turnover rate for 2007-Q1: 14%
- Average tenure for a DSW has gone from roughly 18 months to over 2 years.
- Job Satisfaction scores are higher for health insurance participants than non-participants

Take Aways (cont.)

- DSWs continue to report very high levels of job satisfaction, regardless of participation/non-participation
- DSWs who participate in at least one (1) intervention report significantly higher levels of job satisfaction than those who do not participate

Final Steps

- Final analysis across all four surveys
- Conduct focus groups and analyze data
- Prepare final report

Caregivers are Professional Too!

Demonstration to Improve the Direct Service Community Workforce

Dr. John Sherlock
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July 11, 2007

Caregivers are Professional Too!

A Demonstration to Improve the Direct Service Community Workforce

- 3-year quasi-experimental time series design
- Population of interest: Approx. 700 DCWs employed across 4 agencies in western part of NC
- Direct Service Worker (DSW) Survey
  - 4 survey administrations
  - Approx. 700 DSWs each administration
- Focus Groups
  - Conducted at each participating agency

Data Collection Timeline

- Four DSW Surveys
  - June – August, 2004 (52.5% response; n=418)
  - March – April, 2005 (38.4% response; n=261)
  - March – April, 2006 (43.2% response; n=349)
    - Respondents' names were entered for a chance to win 1 of 73 cash prizes ranging from $25 to $250
  - March – April, 2007 (42.8% response; n=203)
- Two sets of focus groups
  - First set included 6 focus groups – June, 2006
    - One at each small agency; Three at the largest agency
  - Second set included 4 focus groups – May, 2007
    - One at each agency
  - Each focus group was limited to 12 participants

Survey Development

- Original 58-item instrument developed collaboratively with grant coordinator, agency directors, and project evaluators
  - Sets of attitudinal items assessing various constructs related to job satisfaction (job satisfaction, supervisory relationships, job environment)
  - Demographic questions constructed for the study
  - Items that assessed the use and perception of each of the interventions offered
- Attitudinal items were taken from scales compiled by Harris-Kojetin *et al.* (2003)
- Surveys were updated for each survey administration to reflect changes in interventions

Purpose of Focus Groups

- First set of focus groups were conducted to provide additional insights into employee perceptions about the individual benefits offered and the overall grant initiative
- Second set of focus groups targeted two topics:
  - 1) Employee experience with the service award intervention
  - 2) Competencies needed to be effective as a home care professional and any related gaps that may exist in the current CNA training

Research Design

- Independent variables:
  - Dichotomous variables for each intervention:
    - Subsidized health insurance
    - Personal/Professional Development (workshops and at-home study)
    - Merit-based Recognition (Merit/tenure bonus & Years of service awards)
    - EAP Counseling*
    - Professional association membership*

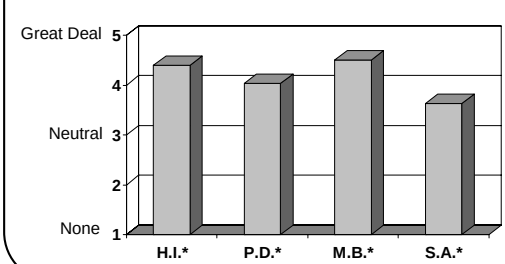
* Offered for a short period of time and then discontinued due to lack of support

Research Design

- Dependent variables:
  - Job satisfaction
  - Job environment
  - Intent to stay
  - Actual turnover
- Control variable: Supervisory Relationships

Value of Each Intervention for Participants

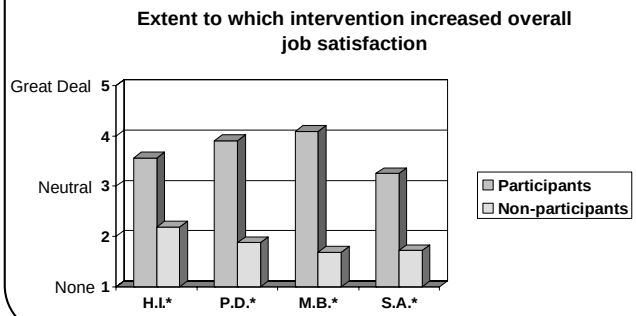
Value of the availability of each intervention



*All values are statistically higher (p<.01) than for non-participants

Based on results of fourth survey

Increase in Perceived Job Satisfaction



*All values are statistically higher (p<.01) than for non-participants

Based on results of fourth survey

Significant Findings

- Job Satisfaction
  - Health Insurance participants reported statistically higher overall job satisfaction scores than non-participants
- Job Environment
  - Recipients of subsidized health insurance and workshop participants had slightly higher mean Job Environment scores than non-participants

Based on results of fourth survey

Significant Findings

- Intent to Stay
  - A statistically significant relationship was found between number of interventions received and intent to remain in the field for one year (C = .20, p = .03).
  - Health Insurance, Merit Bonuses, Developmental Workshops, & Service Awards were predictors of DSWs' Intent to Stay
    - Based on canonical discriminant function

Willingness to Recommend

- Over 90% of DSWs reported being willing to recommend the field to others despite low pay
  - Suggests that employee benefits and work environment are important variables

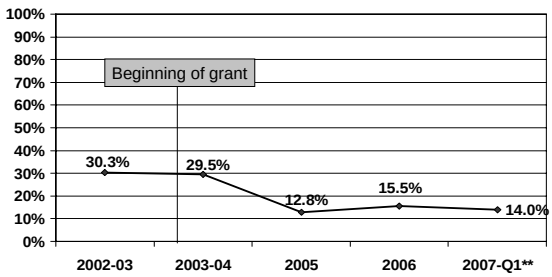
Focus Group Themes

- Health insurance is greatly appreciated, but many still cannot afford
- Interventions are appreciated regardless of participation
- Learning preferences vary (social vs. self-study)
- Strong desire for more hands-on training, especially for younger DSWs
- Service Awards (Recognition) highly valued
- Pride expressed by having tote bag, jacket, portfolio, pin with the agency logo
- Cash bonuses had "significant" financial impact

Focus Group Themes

- Service Award Themes
  - Recognition is highly valued
  - Sense of pride in wearing agency's logo
  - Desire for other forms of service awards (i.e. – cash, gift cards, vacation/PTO, etc.)
- Home Care Training Needs
  - Verbal and Non-verbal communication skills
  - Cooking skills
  - Housekeeping skills
  - Patience/Compassion
  - Activity planning
  - Basic caregiving clinical skills
  - Relationship building
  - Matching client with the right caregiver

Longitudinal Turnover Analysis



**Turnover is significantly lower than the beginning of the grant (p<.001)

Turnover Comparisons

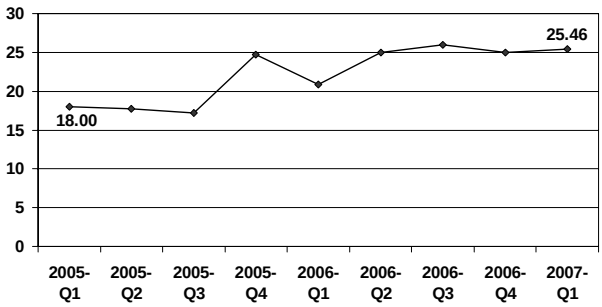
- 2005 Turnover – Health Insurance Comparison

Turnover Analysis for Health Insurance Participants vs. Non-participants					
	Q1	Q2	Q3	Q4	***Total***
Participants	5%	6.7%	7%	7.1%	***6.4%****
Non-Participants	18%	14.1%	25%	18%	***18.3%***

* p<.001, 95% CI(NP-P) = .119 ± .03136 or (8.8%, 15.0%)

- 2006 Turnover – Health Insurance Comparison
  - Out of 378 who left in 2006, only 60 (15.9%) were participating in health insurance (Percentage includes voluntary & involuntary turnover)
  - Changes in CMS reporting prevent the same analysis as 2005

Average Tenure (In months)



Dissemination of Research Findings

- Sherlock, J.J. & Morgan, G. (2007). Training and development of low-income workers: A case study of a holistic approach. Academy of Human Resource Development 2007 International Research Conference Proceedings (refereed).
- Sherlock, J.J., Morgan, G., & Karvonen, M. (2006). Addressing a national turnover problem from an HRD perspective: A field research study of direct care workers. Academy of Human Resource Development 2007 International Research Conference Proceedings (refereed).
- Morgan, G. & Sherlock, J.J. (2006, Oct.). "Evaluation Challenges in Organizational Field Research." Presented at the 2006 Conference of the American Evaluation Association, Portland, OR. (juried)
- Fields, L.K., Sherlock, J.J., & Burnette, R. (2006, May). "Direct Service Worker Employee Retention: A Case Study." Presented at the 2006 conference of the NC chapter of the American Home & Hospice Care Association, Raleigh, NC.
- Linkins, K, Sherlock, J.J., Brown, C., Richard, T., Smith, S., & Tremblay, T. (2006, April) "Determining and Measuring Outcomes and Impacts." Presented at the 2006 Community Access Conference of the National Academy of State Health Policy, Baltimore, MD. (juried)
- Sherlock, J.J. (2006, Feb.). "Addressing a National Turnover Problem from an HRD Perspective: A Field Research Study of Direct Care Workers." Presented at the 2006 International Research Conference, Academy of Human Resource Development, Columbus, OH. (juried)

Conclusions and Recommendations for Additional Research

- Majority of DSWs who participated in the interventions found them valuable and reported an increase in their overall job satisfaction
- Non-economic factors have important impact on job satisfaction perceptions
  - Even non-participants were positively influenced by benefit offering

Additional research is now needed to evaluate:

- The impact of home care training and credentialing
- The effectiveness of paid time off (PTO) benefit
- Methods for reducing early turnover
- The impact of small business management training for DSW agencies enhance their operations, human resource management, and financial performance

Thanks for the dialogue!

- Questions or Comments?

- For further information regarding this presentation, please contact:
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Caregivers are Professionals Too (CAPT) Grant
2006 Focus Group Interviews Summary
(9/26/2006)

Background: As part of the research effort to evaluate the impact of various benefit initiatives with direct service worker (DSW) employees, six (6) focus group interviews were conducted. The purpose of the focus groups was to supplement the written survey research being conducted by providing additional insight into employee perceptions about the individual benefits offered and the overall grant initiative. A total of thirty-five (35) DSWs participated in the focus group research effort, with focus group sizes ranging from two (2) to eleven (11). Each of the four (4) grant partner agencies held at least one (1) focus group for its DSW employees (the largest agency held three (3) focus groups). Agencies permitted up to twelve (12) employees to self-select to participate in each focus group (with no stipulations for participating except for the largest agency restricted one of their focus groups to those DSWs who were participating in the health insurance program). In general, the sample of DSWs participating was primarily female (reflecting the agency population) and represented a mix of age, experience levels in healthcare, tenure with the organization, and varying participation levels in the various benefits offered through the grant. The table below presents summary themes and excerpts from the interviews.

Benefit Initiative	**Theme(s) of Comments**	**Representative Excerpts**
Health Insurance	►Appreciate having health ins. benefits available—but still not affordable for many ►Considerable interest in life and disability insurance (some did get life w/health insurance)	" Well, I'd like to say that that's one of the reasons that I cam to work for xxx [agency name]…I checked all around and they were hiring and that's how I ended up in here." "I came over here because of the [insurance] benefits." "A few dollars is food out of my mouth." "…having a packet to better explain to us what our benefits are or what…" "But the premium for me was going to be $80 every two weeks. I couldn't afford it." "I'm with Mini-Med and it's small and it has limited benefits but I get my glasses paid for and my eye doctor. But I wonder what's going to happen to me if I really get sick. But I can't afford anything else right now." "The life insurance or short-term disability would be to our advantage because we don't know if we're going to go in there tomorrow and we go in

Health Ins. (cont.)		there and lift our patients and even if we thought we'd done it the right way, we might have done it the right way, our back could go snap and here we are. Like you said, who's going to pay our bills? Not the government." "If you work every day in a two week period you might bring home $370. So you can see why I keep mine [premium] low." "What I can't take is when it comes to a specialist. That's fifty dollars right there. That's a lot of money. I can't do it with my money I'm making. I don't have no more children home with me. I only have myself and I can't make it." "But we don't make enough to pay those kinds of premiums. I'd rather just have the money and pay them $20 a month than to pay for Major medical." "To me it wasn't worth it in the long run. Because you're still having to shell out major money." "In my first year, I didn't have any insurance. And I didn't know what to do . I ended up getting a hernia and I had to pay out of pocket for it. When something happens people need insurance to take care of themselves." "I thought it was very good because I thought it's easier to keep on working somewhere if they offer it [insurance]". "With mine I have to pay for my blood pressure medicine and it's $64 a month. An my insurance pays it but with the co-pay I still have to pay $47.

Personal/Prof. Development Workshops	►Development opportunities appreciated—even if not participating ►Learning preferences vary—some like the social gathering; others preferred the self-study. ►Some interest in there being more hands-on training [particularly for the younger workers—cooking, house cleaning, etc.]	"When you're as old as I am you have to prioritize and I'm diabetic and so I have to rest." [regarding the topics] "Taking care of yourself. You know, you can't go in and take care of an elderly person if you don't take care of yourself." "I'd rather get together. It's hard trying to find the time to study at work or to study at home." "And is [self-study materials] something you can go back through it." "If you're not in a nursing home then don't know how to do a lot of this stuff. We'd have to go every year and each one of us would have to get checked off on bed-bath and other stuff." "You know if you think about it it's a great benefit because it's learning how to deal with your credit cards and…" "I like doing those In the Know things. They were very good." "I like the fact that if you don't understand something you can go back and read it again. Having it on paper. Like say if you're studying February, and February is written down then you can call with any questions or concerns. And number ten, I disagree on all the way." "I like both [self-study and group workshops]". "I don't mind coming with a group if I can." "And cleaning. They [younger DSWs] don't know how to clean. They don't want to know too much…and they [clients] like certain food. They're used to fried potatoes, cornbread, chicken and dumplings. And these young girls, they cook hotdogs and they just don't know how to cook." "I mean they're good and they're real informative and I keep mine [In the Know Pamphlets].

Pers./Prof. Dev. (cont.)		"Well, they've [workshops] been real helpful to me. I've enjoyed them." "Oh, I enjoyed them thoroughly. And we did CPR and First Aid. It really helped me when I started in on my CNA." "They said in the information you don't have to come. You can do the self-study and give it back to them so that's what I did. It's easier." "Well I found that they were really useful myself and usually I would learn at least one or two things that I wasn't aware of before. She [workshop presenter] made it really interesting…[and] getting together with other workers and getting to know them better." "Yeah, we got to meet people. And then you meet people and you talk." "We don't get the chance to see each other that much except at meetings." "They're [In the Know pamphlets] very informative. Not just with my work with my clients but a lot of the information I can take and use in my home daily life too with other personal relationships." "I keep mine to go back and refer to."
DCWA	►Concept of association appreciated by some, but little value seen in DCWA	"I probably won't [renew the DCWA membership] because I just can't afford the $10." [regarding value of association for DCWs]--"Probably so. But what we do here is so important. Because all of our clients would most likely be in the nursing home." "Every month you'd get [from the association] a little thing." "So I don't care. I can't waste my time with something that isn't going to make a difference."

DCWA (cont.)		"I think it probably would be different if it did something." "Just make it important to each of us instead of out there and what they're doing and this and that. We hardly ever see anything local in it. There's nothing localized in it."
Cash bonuses	►Recognition is highly valued; had significant financial impact given DSWs' financial challenges	"I mean, the bonuses will help you if you get them to buy Christmas…the kids did not have nothin' unless I get the bonus." "Mine came the week I took off with my grandchildren." "I got mine. It was in my regular paycheck…" [regarding the bonus being taxed] "But it helped, now don't get me wrong"
Service Awards (tote/jacket)	►Recognition is highly valued; pride expressed by several carrying tote or wearing jacket.	"That was pretty nice. I mean, other places don't do that for you." "When somebody that you try to do something for…to help them…and they say thank you—'I really appreciate you doing that for me'—you know, that means something to you. More than money sometimes." "Yes, [looking forward to receiving service award] I mean, it's the little things." "The ones that were here for a year were supposed to get a tote bag and if it was two years you got a fleece jacket. The fleece jackets were beautiful, but I've never seen a tote bag." "The tote bag is very handy because we have to carry all of our papers."

Svc. Awards (cont.)		[Regarding how tote bag is useful]…"you have your blood pressure stuff, your gloves…" "…so we really like to see something with our name on it." "I got a tote bag the first time but this time I got a coat." "It's that we got recognized and it feels good."

Discussion/Implications:

The results of the focus group interviews both confirmed and added new meaning to the results of the survey research. The survey research indicated high levels of satisfaction with the benefits offered through the grant; this was true even for those who chose not to participate in the particular benefit program—DSWs saw value in the availability. Based on the comments in the focus groups, DSWs see the benefit availability as a symbol of the agency valuing them and the work they do. This was particularly evident in the comments about the service awards. In the written survey, a frequent reason indicated for not participating in the health insurance program was the expense. However, the focus group comments provided additional insight into the specifics of the financial challenges DSWs face and the financial strain to incur even a relatively modest reduction in their paycheck to participate in the health insurance program. However, for those who do participate in the insurance program, it is considered a very important benefit and one of the big reasons for working there.

It was clear from the comments in the focus groups that, in general, DSWs care deeply for their clients and want to stay in the field of home-care. From the stories that were shared, it was also clear that almost all DSWs struggle financially and that this produces considerable stress for them. In addition to pursuing ways to increase their pay, any initiatives that could help them better manage their finances and related stress would likely be well received.

DSWs really value being recognized for their work. Some of the more experienced DSWs questioned the lack of distinction in awards for those who had been with the agency far longer than the two years required to receive a fleece jacket. Similar comments were made concerning the cash bonus structure. What this suggests is that a service award program recognizing other milestones of service would likely be well received. Additionally, recognition in some form for having completed personal/professional development activity milestones would likely also be well-received and serve to increase participation rates.

While there was little interest in the Direct Care Workers Association, most agreed that a professional association was a good idea and would be empowering if the information and benefits were relevant and regionally based.

While it was already clearly understood that DSWs would like to receive higher pay for what they do, one comment stands out from the focus groups that may help frame future discussions with legislators about Medicaid reimbursement rates; at one of the focus groups, a DSW suggested [when prompted] that $10 would be an appropriate wage—and others in the room nodded heads in agreement. Additional mileage reimbursement and some paid time off were also mentioned in several of the focus group discussions. While it is understood that such compensation benefits may not be feasible within the current Medicaid reimbursement scheme, legislators may be more open to increasing reimbursement rates when presented with information that shows that DSW compensation desires appear quite reasonable vis-à-vis the value they deliver to society.

Future research: There is one additional written survey and one additional focus group series planned for this grant.

Caregivers are Professionals Too (CAPT) Grant
2007 Focus Group Interviews Summary
(6/21/2007)

Background: As part of the final research effort to understand and evaluate the impact of benefit initiatives with direct service worker (DSW) employees, four (4) focus group interviews were conducted. The purpose of these group interviews was to focus on two specific areas of interest: 1) The DSWs' experience with the service award benefit program; and 2) The DSWs' perceptions regarding the competencies needed to be effective as a home care professional and any related gaps that may exist in the current CNA training. A total of twenty-nine (29) DSWs participated in the focus group research effort, with focus group sizes ranging from four (4) to eleven (11). Each of the four (4) grant partner agencies held at one focus group for its DSW employees. Agencies permitted up to twelve (12) employees to self-select to participate in each focus group. In general, the sample of DSWs participating was primarily female (reflecting the agency population) and represented a mix of age, experience levels in healthcare, tenure with the organization, and varying participation in the service award program. The table below presents summary themes and excerpts from the interviews.

Benefit Initiative	**Theme(s) of Comments**	**Representative Excerpts**
Service Awards	►Recognition is highly valued; ►There is a genuine sense of pride in wearing the agency's logo. ►DSWs are aware of the service awards due to mailings, flyers, newsletters, etc. ►There is desire for other forms of service awards (i.e.-cash, gift cards, vacation/PTO,	"Well, I think it gives you that extra boost to get out of bed and go help these people because you know that there are people backing you up and giving support – that they appreciate you. I love my job and I love working for [agency name]. All the little extra things they do for us; makes me feel proud to work for them." "They are like a family" "I mean they helped us they recognized us really working for them hard because you know to please our patients. They showed us that they really appreciate me." "No, I'd rather have one with it on there it." [In speaking about whether or not the jackets and totes should have the agency logo] "I, yea, to wear it to work and everything…everyone knows you work for them."

	etc.) based on seniority.	"I've heard several of the ladies in the offices and things talking about how much they appreciated it." "Well, they came right in the winter time but what I like is having the logos of the agency on it so people could recognize who I was working for because I take my job real seriously because I'm out there helping people and it's very important for me to help people. I'd like to represent the company. And I think I'm getting scrubs this year so that will be pretty cool." "I got the fleece jacket this year. It is very nice, it is thick, and I'll stay real warm this winter. I have gotten two of the tote bags in the past." "Yeah, we are proud to wear them they are a good company to work for."
Service Awards (cont.)		"The fleece jackets I think we got last year or the year before, they were really nice. We got a kick out of those. My mother really loved hers." "That's what personal. When you have other people that are there who work just as hard as you do it's good to touch base every now and again." *Do you say I look forward to the day I get my pin?* - Oh yes. I think it is. You have accomplished something. You have been with them 5 years and that is something to be proud of. I can't wait to get mine. "They sent a paper out with the awards to let you know how many years of service and what you're going to get… The service announcement went up to 9 years and I go wait a minute, I've been here 10 years and I gotta have the tote bag, the cup and all this stuff but it didn't work out like that…It's appreciated.

		And you would say overall that the agency did a good job communicating about the program? - "Yes." - "Yes, I think so." - "Yes." - "They sent a paper out with the awards to let you know how many years of service and what you're going to get." *And was that helpful?* - "Yes." *Is this something you think they should continue doing? The Service Recognition?* - Yes, definitely, [I] appreciate it. "They had very nice speeches and they told us how much they appreciated us. They really made that known that they really appreciated what we did." *Is that [getting a pin] something you are looking forward to?* - Oh yes, yes. They have really been good to me. "More cash!" "And I liked the bonus. The money." "Those gift cards for Walmart were great at Christmas time." "I've actually suggested that the people who have been here longer – we all pretty much make the same amount of money and I think we should have extra vacation time. Because I get the same amount of vacation time as somebody who has been year and that bugs me." "I think most of the people who do this kind of work do it for the people and do it for their clients and in order to feel appreciated they ought to give somebody with seniority a little something more than somebody who is just starting out."

Home Care Training Needs	►Verbal and non-verbal communication skills ►Cooking skills ►Housekeeping skills ►Patience / Compassion ►Motivation / Attitude ►Activity planning ►Basic medical background knowledge	"…they love the one on one. They love the eye contact." "Yeah because you get some ornery people out there! It's a skill to have to learn to get along and communicate. There is a different level of communication than there is in a nursing home." "Some can't hear good and some can't see and you have to understand what they need when they can't do anything." "Body language. Because everybody's different and everybody wants something different and I think maybe some body language classes would help out... You know, their eyes, the way they react, their gestures." "Some people get up and they are down, just blue and they are down… by looking at them. And you know that's going to be your first priority is to cheer them up."
Home Care Training Needs (cont.)	►Relationship building ►Trust Building ►Matching client with the right caregiver	"…you ask them to cook and they say what? What do you want me to do?!?" [In speaking of less experienced DSWs] "Most of the time that is all she will get – what I cook for her." "They need to learn how to cook the way the client wants; younger people cook hotdogs…they don't know how to cook." [Speaking of younger, new DSWs] "I fix all three [breakfast, lunch, dinner]." "If I ran a company like this they would have to know how to cook. For diabetic or whatever…" "Not only a general cooking skill but special dietary [skills]."

Home Care Training Needs (cont.)		"You're reminding them to take their medicine, you need to cook and clean for them." "I just think that should be part of your game when you're in someone's home. It's just you and the other person and there's no one else to help so you have to be paying attention to every aspect. Like the batteries in the fire alarm. I mean who's going to check these things if you don't?" "Clean the couch and chairs. Water the flowers. Can the beans and peaches." "You gotta have the compassion. If you have the compassion you can learn." "Compassion. I don't know if you can teach compassion. A lot of people need compassion." "Anybody to me could do this work… but it takes that one person that wants to go and help somebody and that's when I think if you've got compassion you've got it made. Because you're going to try and hey if I don't know how to do that, I'm going to figure it out." "I think we came out of a generation where the mom stayed home and they taught us by, maybe by just us watching them. Where these girls that's coming in here they are living in a home where mom works, they don't know how to do anything." "There are things that we think of like quilting or looking at old cards – they love that...We look at picture albums, they love that. "I cut out quilt patterns and she appliqués. That occupies her mind and she doesn't get as bored or watch TV all the time. And she loves it and she is making all the kids quilts for Christmas." "You listen to your client. Like she was talking about that one flower. I helped plant a whole flower bed. I'd go out with her and she would look at her flowers. After her breakfast I'd take

Home Care Training Needs (cont.)		her outside on the ramp and she would say I can't get enough of these flowers." "I plan ahead. I take things with me from my home; I take things with me to entertain her with" "Mine wants to talk about how she was raised; how she used to be." "What I like to do to is I like to know everything about my client before I go into the home. And see a lot of these, you get sent out and you gotta go out and learn it. I think it's really important for you to know everything that the staff knows or the nurse knows before you step in there." "Yeah, you know what to tell her and what not to tell her!"[Speaking of specific knowledge for certain conditions (Alzheimer's, etc.) "I think we should have in services on depression." [Speaking of personal depression management] "…if she has a bruise, I know. Because I wash her, I bathe her; I have to pay attention to skin breakdown… You have to pay attention and if I don't pay attention she could get a wound that could potentially kill her." "Those classes that we had that was In the Know, I really enjoyed those myself. They were really informative." *It sounds like to be good at talking also means being good at listening…because you are the person that they will tell all kinds of things to?* - "Right!" "They trust you is what it is." "I think you have to care about the elderly, the handicapped. I think you have to care enough them to want to help them or you can't help them."

		"My daughter takes care of mentally handicapped people and I knew the first time I saw her I knew there was no way I could do that. I could not handle that. And I think you've got know within yourself that you want to do this." "It is very rewarding. I fall in love with every one of my people I keep. You can't help it. If you don't love old people you don't have a bit of business being in this industry" "I think you have to care about the elderly, the handicapped. I think you have to care enough them to want to help them or you can't help them." "And I love this. The elderly, you love to make them happy and to make it more pleasant for that."

Discussion/Implications:

The results of the focus group interviews supported the survey research findings that DSWs were very pleased with the service award program benefit. While the survey research indicated high levels of satisfaction with the service award benefit, the focus group interviews provided a depth of understanding of how the various service awards were perceived by participants/recipients and why the program was so highly valued. It is noteworthy that DSWs were very proud to wear their service award merchandise with the agency name name/logo on the item. DSWs commented how they often got questions from those noticing the logo on their merchandise and that they were pleased to provide information about their employer to those who asked. To have employees who want to be identified with their employer and want to share positive information about the organization to others is truly remarkable—and obviously, excellent advertising/visibility for the organizations. For this reason, as well as the very high employee satisfaction it generates, the service award program should be continued in some fashion in the agencies if at all possible.

In regard to the question about the competencies of home care professionals and any potential training gaps, the focus group participants initially did not perceive obvious gaps. However, upon further prompting, gaps did begin to emerge. It became clear that home care professionals must have a diverse set of competencies in order to be successful serving their client, and while the CNA training does address many of these competencies, there are important gaps. Unlike most institutional settings for direct care where there are dedicated staff for patient activities, meals/dietary, clinical care, family liaison, security, etc., the DSW working in the home must serve in all of these roles. Such a context produces unique challenges, and focus group participants were unanimous

in their support of a potential supplemental home care training and certification initiative should one be funded.

Future research: Data from these focus groups related to training/learning gaps for home care were incorporated into an initial grant application to the Robert Wood Johnson Foundation. If this grant is funded, additional research would be conducted to investigate home care training gaps of direct service workers and to evaluate the effectiveness of a training/certification initiative.

Prepared by: Dr. John J. Sherlock
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Caregivers Are Professionals, Too!

CMS Grant 2007 Employee Survey

Instructions: *Please complete the survey by bubbling in the circle below the answer that best represents your views.* Please pay attention to the scales in each question because they vary. When you complete the survey, please return it in the postage-paid envelope provided. Your individual responses will ONLY be seen by independent researchers at Western Carolina University who are assisting us on this grant research project. This survey is part of a federally funded grant that focuses specifically on the caregiving profession. It is aimed at enhancing the job satisfaction and career opportunities for Direct Service Workers. "Direct Service Worker", or DSW, includes Certified Nursing Assistants, In-Home Aides, Personal Care Assistants, Care Givers, etc. Since this is the last survey of the grant, your responses are very important. Thank you for your participation in this survey. Please be completely honest with all answers. **Please return this survey in the pre-stamped, pre-addressed envelope no later than March 31, 2007.**

Please bubble in your answers using a pen or pencil like the following:

Answer Selection: Correct = ● Incorrect = ☒ ✓ ⊖

Job Satisfaction (Bubble the response that best represents your views)

1) How satisfied are you with the overall working conditions here?

Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
○	○	○	○	○

2) How satisfied are you with your work schedule?

Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
○	○	○	○	○

3) How satisfied are you with the amount of responsibility you have?

Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
○	○	○	○	○

4) How satisfied are you with the way this agency is managed?

Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
○	○	○	○	○

5) How satisfied are you with the attention paid to suggestions you make?

Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
○	○	○	○	○

6) How satisfied are you with your job security?

Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
○	○	○	○	○

7) How satisfied are you with your job benefits?

Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
○	○	○	○	○

8) How satisfied are you with how clearly your job responsibilities are defined?

Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
○	○	○	○	○

9) Overall, how satisfied are you with your job as a direct service worker?

Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
○	○	○	○	○

Supervisory Relationships (Bubble the response that best represents your views)

10) My supervisor is open to new and different ideas, such as a better way of dealing with care.

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
○	○	○	○	○

11) My supervisor is available to answer questions or advice when I need help with my clients.

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
○	○	○	○	○

12) My supervisor listens to me when I am worried about a client's care.

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
○	○	○	○	○

13) My supervisor tells me when I am doing a good job.

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
○	○	○	○	○

14) My supervisor is responsive with problems that affect my job.

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
○	○	○	○	○

Job Environment (Bubble the response that best represents your views)

15) I am respected by the agency I currently work with.

Strongly Disagree	**Somewhat Disagree**	**Neutral**	**Somewhat Agree**	**Strongly Agree**
O	O	O	O	O

16) I am involved in challenging work.

Strongly Disagree	**Somewhat Disagree**	**Neutral**	**Somewhat Agree**	**Strongly Agree**
O	O	O	O	O

17) I have a chance to gain new skills and knowledge on the job.

Strongly Disagree	**Somewhat Disagree**	**Neutral**	**Somewhat Agree**	**Strongly Agree**
O	O	O	O	O

18) I am trusted to make basic activities of daily life client care decisions.

Strongly Disagree	**Somewhat Disagree**	**Neutral**	**Somewhat Agree**	**Strongly Agree**
O	O	O	O	O

Job Role (Bubble the response that best represents your views)

19) I feel I am valued at this agency.

Strongly Disagree	**Somewhat Disagree**	**Neutral**	**Somewhat Agree**	**Strongly Agree**
O	O	O	O	O

Intent to Stay (Bubble the response that best represents your views)

20) How long have you been a care provider in your lifetime?
Years _____ **Months _____**

21) How long have you worked in your current job as a direct service worker?
Years _____ **Months _____**

22) How likely is that you will still work as a DSW (Caregiver, In-home aide, etc.) for any agency **<u>1 year</u>** from now?

Not at all Likely	**Somewhat Likely**	**Very Likely**	**Don't Know**
O	O	O	O

23) How likely is that you will still work as a DSW (Caregiver, In-home aide, etc.) for any agency **<u>2 years</u>** from now?

Not at all Likely	**Somewhat Likely**	**Very Likely**	**Don't Know**
O	O	O	O

24) How likely is that you will still work as a DSW (Caregiver, In-home aide, etc.) for any agency **5 years** from now?

Not at all Likely	**Somewhat Likely**	**Very Likely**	**Don't Know**
○	○	○	○

25) I often think about quitting.

Strongly Disagree	**Somewhat Disagree**	**Neutral**	**Somewhat Agree**	**Strongly Agree**
○	○	○	○	○

26) How likely is it that you could find another employer with about the same pay and benefits you now have?

Very Unlikely	**Somewhat Unlikely**	**Neutral**	**Somewhat Likely**	**Very Likely**
○	○	○	○	○

27) If a friend or family member asked your advice about taking a caregiving job, would you:

○ **– Definitely recommend it**
○ **– Probably recommend it**
○ **– Probably not recommend it**
○ **– Definitely not recommend it**

Demographics (Bubble the response that best represents your views)

28) What is your age?

○ **- Under 21**
○ **- 21 to 34**
○ **- 35 to 44**
○ **- 45 to 54**
○ **- 55 or older**

29) What is your marital status?

○ **- Married**
○ **- Unmarried**
○ **- Divorced**
○ **- Widowed**

30) How many dependents under the age of 18 do you have?

○ **- None**
○ **- One**
○ **- Two**
○ **– Three or more**

31) What is the highest grade or year of school that you have completed? If you received a GED, choose the highest grade completed. (Bubble in only one)

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
O	O	O	O	O	O	O	O	O	O	O	O

Some College/Trade School			**College Graduate**	**Don't Know**
1 year	2 years	3 years		
O	O	O	O	O

32) What is your ethnic background?

- O **- White**
- O **- African American**
- O **- Asian**
- O **- Native American**
- O **- Hispanic**
- O **- Other _____**

33) What is your current wage or salary? **$_____ per hour/month/year**

34) What is <u>your</u> total before-tax annual income including overtime and bonuses?

- O **- Less than $10,000**
- O **- $10,000 to less than $20,000**
- O **- $20,000 to less than $30,000**
- O **- $30,000 to less than $40,000**
- O **- $40,000 to less than $50,000**
- O **- $50,000 or more**

35) Do you receive public subsidies?

- O **- Yes**
- O **- No**

36) What are the total hours for all your jobs?

_____ Hours per week

37) Do you want more hours?

- O **- Yes**
- O **- No**

Agency's Benefits (Bubble the response that best represents your views)

Health Insurance

38) If health insurance was offered to you, are you participating?

- ○ **– Yes (Go to Question #40)**
- ○ **- No (Go to Question #39**

39) If you are not participating in the health insurance, why not? (Choose the one best answer)

- ○ **- Spouse's Insurance**
- ○ **- Other Coverage**
- ○ **- Cannot afford/Too expensive**
- ○ **- Part-Time/Not enough hours**
- ○ **- Bad plan**
- ○ **- Other _____**

40) To what extent has the health insurance increased your overall job satisfaction?

None	**Very Little**	**Neutral**	**Somewhat**	**Great Deal**
○	○	○	○	○

41) How valuable is the availability of health insurance to you?

No value	**Little Value**	**Neutral**	**Somewhat Valuable**	**Very Valuable**
○	○	○	○	○

42) I am more likely to stay working as a DSW because of the availability of health insurance.

Strongly Disagree	**Somewhat Disagree**	**Neutral**	**Somewhat Agree**	**Strongly Agree**
○	○	○	○	○

Merit-based Cash Bonuses

43) Are you aware of the merit-based cash bonuses available to you?

- ○ **– Yes**
- ○ **– No**

44) Have you received a merit-based cash bonus?

- ○ **– Yes**
- ○ **– No**

45) To what extent have the merit-based cash bonuses increased your overall job satisfaction?

None	**Very Little**	**Neutral**	**Somewhat**	**Great Deal**
○	○	○	○	○

46) How valuable is the availability of merit-based bonuses to you?

No value	Little Value	Neutral	Somewhat Valuable	Very Valuable
○	○	○	○	○

Personal & Professional Development Workshops

47) Are you aware of the personal and professional development workshops (i.e., Stress Reduction, Alzheimer's, etc) made available to you?

○ **– Yes**
○ **– No**

48) Have you participated in any of the workshops offered?

○ **– Yes**
○ **– No**

49) To what extent have the workshops increased your overall job satisfaction?

None	Very Little	Neutral	Somewhat	Great Deal
○	○	○	○	○

50) How valuable is the availability of personal/professional development workshops to you?

No value	Little Value	Neutral	Somewhat Valuable	Very Valuable
○	○	○	○	○

Direct Care Worker Association

51) Did you personally renew your membership with the Direct Care Worker Association after the agency stopped funding it?

○ **– Yes**
○ **– No**
○ **– Not applicable**

Service Awards

52) Are you aware of the service award (tote bag or fleece jacket) available to you?

○ **– Yes**
○ **– No**

53) Have you received a free tote bag or fleece jacket as a service award?

○ **– Yes**
○ **– No**

54) To what extent has the service award (tote bag or fleece jacket) increased your overall job satisfaction?

None	**Very Little**	**Neutral**	**Somewhat**	**Great Deal**
○	○	○	○	○

55) How valuable is the service award (tote bag or fleece jacket) to you?

No value	**Little Value**	**Neutral**	**Somewhat Valuable**	**Very Valuable**
○	○	○	○	○

---

56) When you think about all of the benefits provided by your agency (health insurance, merit-based cash bonuses, professional/personal development workshops, and service awards), **how do these benefits influence your decision to stay in your current job**, even if you don't participate in all of them?

Very Negative	**Negative**	**No Influence**	**Positive**	**Very Positive**
○	○	○	○	○

57) Please rank the benefits provided by your agency in order of their value to you so that **1 is the most valuable and 4 is the least valuable**. (Please use each number only once)

___ **- Health Insurance**

___ **- Merit-Based Cash Bonus**

___ **- Professional/Personal Development Workshops**

___ **- Service Awards**

58) Including this survey, how many surveys like this one have you completed?

○ **- 1**
○ **- 2**
○ **- 3**
○ **- 4**

Thank you for your participation in this survey. **Please return this survey in the pre-stamped, pre-addressed envelope provided NO LATER than March 31, 2007.**

WNC Caregiver Workshop Topics Survey

INSTRUCTIONS: You are receiving this survey because you are an employee of one of the in-home care agencies participating in the Caregivers Are Professionals, Too! Grant. As a part of the grant project, we are developing a series of professional development workshops. We need your help with determining the topics and times of the meetings. Please complete the following survey as directed in each section to provide us with your views on workshop topics. When you have completed the survey, please return it in the postage-paid envelope provided. All answers are confidential and will ONLY be seen by independent researchers from Western Carolina University. Thank you for your participation in this survey and this project. ***Please return this survey by December 1st.***

1) Each workshop is estimated to last 2 hours (1 and 1/2hour for training, and ½ hour for discussion and support). Which of the following times would you most likely attend? ***Please circle ONLY one time.***

1 - Weekend afternoon (2:00 – 4:00 pm)
2 - Weekend morning (9:30 – 11:30 am)
3 - Weekday evening (5:00 – 7:00 pm)
4 - Other _____

2) If you would most likely attend a weekday evening session, on which day would you most likely attend? ***Please circle ONLY one day.***

1 – Monday
2 – Tuesday
3 – Wednesday
4 – Thursday
5 – Friday

3) How likely would you be to participate in non-mandatory, in-service training over the internet?

Not at all Likely	Somewhat Unlikely	Neutral	Somewhat Likely	Very Likely
1	2	3	4	5

4) Where would you prefer to access the information?

1 – Home
2 – Office
3 – Public facility
4 – Volunteer Group Study
5 – Other _____

Through the grant, we have an opportunity to offer both in-home caregiving AND personal development workshops. Please read the instructions for the personal development and in-home caregiving sections carefully.

First, please choose six (6) ***PERSONAL DEVELOPMENT*** topics in which you would most like to receive training. Write a "1" beside your first choice; "2" beside your second, etc. until you have selected your top six (6) choices.

PERSONAL DEVELOPMENT TOPICS			
	Time Management		Surviving Divorce
	Making Work Fun		Managing the Winter Blahs
	Cultural Diversity		Problem Solving
	Positive Parenting		Parenting Your Child Through Divorce
	Sexual Harassment		Violence in the Workplace
	Defusing Anger		Boundaries in the Workplace
	Stretching Your Dollar		Stress Reduction
	Managing Change		Understanding Substance Abuse
	Communication Skills		Conflict Resolution
	You and Your Aging Parents		Grief & Loss

Next, please choose six (6) ***IN-HOME CAREGIVING*** topics in which you would most like to receive training. Write a "1" beside your first choice; "2" beside your second, etc. until you have selected your top six (6) choices.

IN-HOME CAREGIVING TOPICS			
	Abuse and Neglect, Understanding		Health Care Financing, Understanding
	Activity for the Elderly, Importance of		Hearing Disorders, Understanding
	Advance Directives, Understanding and supporting		Heart Attacks, Understanding
	Aging Process, The Process		Hepatitis A&B, Understanding
	Alzheimer's Disease, Understanding		Hepatitis C, An Update
	Arthritis, Understanding		HIV and AIDS, Understanding
	Assertive, Being		Hospice, Understanding
	Assistive Devices, Using		Hypertension, Understanding
	Asthma, Understanding		Incontinence and Urinary Tract Infections, Handling
	Back, Taking Care of		Infants, Working with
	Bacteria, Understanding Drug-resistant		Infection Control Update, An
	Bathing Tips		Kidney Disease, Understanding
	Bill of Rights, The Patient		Legal Issues for Nursing Assistants
	Blood Sugar, Understanding		Medical Terminology and Abbreviations
	Cancer, Understanding		Medication Administration, Understanding
	Care Planning Process, The		Mentally Ill, Working with the
	Chemical Hazards in the Workplace		Mentally Retarded Clients, Working with
	Congestive Heart Failure, Understanding		Mouth Care, Performing
	Child Growth and Development		Multiple Sclerosis, Understanding
	Common Medications, Understanding		Nutrition and Hydration, Basic
	Confidentiality, Maintaining		Ostomies and Ostomy Care, Understanding
	Lung Disease (COPD), Understanding		Pain Management, Understanding
	CPR, An Update		Parkinson's Disease, Understanding
	Critical Thinking Skills		Personal Safety in the Workplace
	Cultural Diversity, Understanding		Preceptor, Being a
	Customer Service in Health Care		Pressure Sores, Preventing
	Strokes, Understanding		Professional Distance, Maintaining a
	Cystic Fibrosis, Understanding		Professionalism and Work Ethic
	Death, Talking about		Quality Improvement, Understanding
	Depression, Understanding		Range of Motion, Passive and Active
	Diabetes, Understanding		Reporting and Documenting Client Care
	Diets, Understanding Commonly Prescribed		Restraints and Alternatives, Understanding
	Difficult and Combative People, Dealing with		Sexual Harassment in the Workplace
	Dizziness, Dealing with		Sleep Disorders, Understanding
	Emotional Losses in the Elderly		Spina Bifida, Understanding
	Epilepsy and Seizures, Understanding		Standard Precautions
	Ethics, Health Care		Stress Management Skills
	Eye Disorders, Understanding		Substance Abuse, Understanding
	Fall Risk Factors, Understanding		Survey Process, Understanding the
	Feeding your Clients		Team, Working with a
	Fire Prevention and Safety		Time Management Skills
	First Aid, Basic Tips		Transfers, Performing Safe
	Flu Season, Protecting Your Clients During		Tuberculosis Update, A
	Food Preparation and Safety		Vital Signs, An Update
	Hand washing		Wounds, How They Heal and How You Can Help
	Headaches, All About		Obesity

Please return the survey in the pre-addressed, postage-paid envelope. **Thank you** for completing this survey and your help in making this project a success.

Employee Recognition Programs Benefit DSPs and Their Employers

John J. Sherlock, Western Carolina University
Grant Morgan, Praxis Research, Inc.

Whether they are called nursing assistants, home care aides, personal care aides, or, more commonly, direct support professionals (DSP), those who provide hands-on care, supervision, and emotional support for people with disabilities and chronic illnesses are in short supply. To understand and reverse this phenomenon, a project in western North Carolina, funded by a grant from the Centers for Medicare and Medicaid Services, has implemented recognition programs in the form of merit-based bonuses and service awards. This project demonstrated the positive impact of recognition on DSP job satisfaction, willingness to recommend the job to others, and intent to stay in the field. The project involves four agencies that employ approximately 500 DSPs. The criteria and award for each type of recognition can be found in Table 1.

Table 1 – Award descriptions for recognition programs

Type of Recognition	*Criteria*	*Type of Recognition/Award*
Merit-based Bonus	90% attendance for a year	$125 (after taxes)
Service Award*	1 year of service	Tote bag
	2 years of service	Fleece jacket
	3 years of service	Portfolio
	4 years of service	Scrubs
	5 years of service	Pin
	6 years of service	Pin + Mug
	7 years of service	Pin + Tote bag
	8 years of service	Pin + Portfolio
	9 years of service	Pin + Scrubs

* All service awards bore the DSP's agency logo

What We Learned

Survey and focus group data were collected to measure the impact of these recognition programs. The most recent survey was administered in April 2007 and uncovered some of the benefits of using recognition programs. Results of the 203 respondents can be seen in Table 2.

Table 2 – Perceptions of the Recipients of Merit Bonuses and Service Awards

Recognition Program	Average Job Satisfaction Scores (*out of 45*)	Extent To Which the Recognition Program Increased Your Job Satisfaction (*out of 5*)	Value of the Availability of Recognition Program (*out of 5*)	Willing to Recommend Job to Others (*%*)
Merit Bonus	*38.6*	*4.1*	*4.5*	*98.5%*
Service Awards	*37.8*	*3.3*	*3.6*	*92.3%*

Job satisfaction scores were very high among recipients of recognition. Those who received a bonus and/or service awards reported that their levels of job satisfaction were increased by the recognition programs. Furthermore, merit bonus and service award recipients as well as those who had not received a bonus or service reward valued the availability of the recognition programs. When asked about their willingness to recommend DSP work to a friend or family member, over 92% of service award recipients and over 98% of merit bonus recipients said would "probably" or "definitely" recommend DSP work. Statistical analysis also indicated that merit-bonuses and service awards were significant predictors of DSP's intent to stay in the field for one, two, and five years.

Focus groups were conducted with DSPs employed by each of the partnering agencies. Results showed that recognition is highly valued, there is a genuine sense of pride in wearing the agency's logo, and that there is a desire for other forms of service awards, such as cash, gift cards, vacation time, etc. based on seniority as these comments illustrate.

> *"Well, I think it gives you that extra boost to get out of bed and go help these people because you know that there are people backing you up and giving support – that they appreciate you. I love my job…All the little extra things they do for us makes me feel proud to work for them"*
>
> *"…what I like is having the logos of the agency on it so people could recognize…I'm out there helping people and it's very important for me to help people. I'd like to represent the company."*

Thinking About Starting a Recognition Program?

This recognition program had a positive impact on both DSPs and employers. Research has shown that a more satisfied workforce is more likely to stay in the job. In addition to positively impacting DSPs' job satisfaction, the items awarded (i.e., jackets, pins, etc. bearing the organization's logo) in such a program can also increase DSPs' sense of professional identity and pride in working for a particular organization. When DSPs in this study wore their jackets with the organizations' logo on them, it also provided excellent visibility for their employer.

An employer thinking about starting a recognition program for DSPs should consider the following to increase their likelihood of success:

1. Involve DSPs in selecting the awards so you're sure the award is something that will be used and valued.
2. Hold organizational events where DSPs can gather and be recognized in front of their peers and family members (Pictures taken at the events and later displayed are ideal).
3. When considering the cost of a recognition program, remember the costs will typically be much less than the high cost of unwanted turnover.
4. Establish and communicate upfront the criteria that will be used for recognition awards, such as attendance or consumer service.
5. Think creatively about the possible awards. DSPs in our study valued clothing items (e.g., fleece jacket) and other items (portfolios, pins) that they

could use at work. DSPs in our focus groups also requested that future programs award paid time off based on years of service.

6. In rewarding years of service, be sure to provide increasingly valuable awards to show the value you place on your DSP's loyalty to the organization.
7. Go into a recognition program understanding that everything won't go perfectly and you will likely have to make changes/adjustments as you proceed. That's ok—the DSPs will appreciate your effort to recognize them!

Addressing a National Turnover Problem from an HRD Perspective: A Field Research Study of Direct Care Workers

John Sherlock, Western Carolina University
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Accepted for Presentation at the 2006 Academy of Human Resource Development International Research Conference

Quantitative/Qualitative Research

Abstract

There is significant concern over high turnover rates among direct care workers (DCWs) providing in-home, hands-on care. This paper describes "research in progress" of a 3-year field study examining relationships between interventions and measures of job satisfaction and turnover. Multiple interventions, both economic and non-economic, were introduced to a regional population of nearly 700 DCWs. Preliminary findings suggest that job satisfaction increases not only from workers' participation in, but simply their awareness of, HRD interventions.

Keywords: Researching Human Resource Development, Professional Development/Continuing Education, Career Development

According to the United States Bureau of Labor Statistics (2004), there are over 2.4 million nursing assistants, nurse's aides, home care aides, and personal care aides of various titles. These types of positions have been identified as "direct care workers" (DCW) to refer to those who provide hands-on care, supervision and emotional support to people with chronic illnesses and disabilities (Harris-Kojetin, Kiefer, Brannon, Barry, Vasey, Lepore, 2003). Direct care workers fill a critical need in our society assisting with activities of daily living for a growing population of citizens. There is increasing concern, however, over a potential shortage of qualified DCWs to meet the demand for their services in the years to come. Over the next ten years, the shortage could reach a crisis level as the Baby Boomer generation reaches an age where this type of care is needed (Harris-Kojetin, Lipson, Fielding, Kiefer, & Stone, 2004). It is estimated that over 1.2 million new DCWs will be needed over the first two decades of the 21st century (U.S. Bureau of Labor Statistics, 2004). A significant impediment to having a sufficient supply of DCWs in the future is the extremely high current turnover rates among direct care workers. Depending on the specific direct care worker setting, turnover rates range from 40-400% (Parsons, Parker, & Ghose, 1998). This paper describes "research in progress" of a 3-year study examining the relationships between interventions introduced at a sample of agencies employing direct care workers and measures related to job satisfaction and turnover. What follows is a review of the literature examining the problem of turnover among DCWs and the linkages to human resource development (HRD) literature. The present study is then described in more detail, including its purposes and significance. The subsequent sections of the paper describe the study's research methods, preliminary findings, and planned future data collection and analysis.

Direct Care Worker Turnover

As a result of the high demand forecasted for DCWs, most states currently consider direct care worker recruitment and retention a major issue (Paraprofessional Healthcare Institute, 2004). Even with relatively high unemployment rates, long-term care providers and state agencies responsible for long-term care services are reporting unprecedented vacancies and turnover rates among direct care workers (Harris-Kojetin et al., 2004). Low pay and lack of paid insurance and pension programs are often linked to the high turnover (Case, Himmelstein, & Woolhandler, 2002; Harris-Kojetin et al., 2004; Stryker, 1982; Winston, 1981). The average income of a direct care worker is just above $19,000 per year, which is less than $9.00/hr. (U.S. Bureau of Labor Statistics, 2004) Most DCWs are not provided with any form of subsidized health insurance or funded pension program. Among home care aides, Yamada (2002) found that while the proportion of home care aides receiving employer-provided health coverage had increased over the last decade, it still only represented about one quarter of the direct care workforce. Additionally, a study by Case et al (2002) found that the proportion of DCWs living without any form of health

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coverage actually increased from 18.6% in 1988 to 23.8% in 1998. The combination of direct care workers' low pay and the high cost of medical care suggests that economic-oriented interventions aimed at increasing compensation and/or providing health insurance subsidies should be pursued (Banaszak-Holl & Hines, 1996; Case et al., 2002; Caudill & Patrick, 1991; Cohen-Mansfield, 1997; Harris-Kojetin et al., 2004).

While acknowledging the need to examine pay and benefit issues that directly address the financial needs of direct care workers, researchers have also identified a number of non-economic factors related to employee satisfaction and retention (Anderson, Issel, & McDaniel, 1996; Bowers, Esmond, & Jacobson, 2003). Stone (2001), in a meta-analysis of the research of the direct care workforce, highlighted a variety of factors associated with direct care workforce recruitment and retention problems. These factors include inadequate training, poor public image of the direct care workforce, low pay, insufficient benefits, little or no opportunities for continuing education and development within the position, emotionally and physically hard work, and personal life stressors, such as problems with housing, child care, and transportation. Konetzka, Stearns, Konrad, Magaziner, & Zimmerman (2005), while acknowledging that economic compensation factors are undoubtedly relevant to attracting and retaining qualified DCWs, found in their study that economic factors had little explanatory power for understanding turnover. Within the human resource development and management literature, the employee retention value of non-economic interventions which address employees' career development, psychological and emotional needs has been well established (Cotton & Tuttle, 1986; Giffeth, Hom, & Gaertner, 2000; Kaye & Jordan-Evans, 2000; Maertz & Campion, 1998; Oss, 2004). For example, Cotton & Tuttle's (1986) meta-analysis of turnover research, while identifying pay as a stable correlate of turnover, also identified 25 other variables associated with turnover. Additionally, other meta analyses of turnover (Giffeth et al., 2000; Maertz & Campion, 1998) have identified a number of factors other than pay (e.g., job satisfaction, organizational commitment, stress levels) that have consistently appeared in the research as being associated with turnover. Consistent with these findings, the present study chose to employ both economic and non-economic interventions to explore DCW turnover.

Purposes and Significance of the Present Study

This study seeks to achieve increased understanding of the high turnover of DCWs. In doing so, the study has the potential to help contribute to an important societal need to have a sufficient labor pool of DCWs for the future. More specifically, the overall purpose of this three-year study is to examine how the following economic and non-economic interventions are related to employee perceptions of satisfaction, willingness to recommend the job to others, intent to leave, turnover, and average tenure: (a) Heavily subsidized health insurance coverage; (b) Employee Assistance Program (EAP) counseling services; (c) Personal and job-specific development workshops; (d) Paid membership in a direct care worker professional association; and (e) A merit-based reward program. With the broad purpose of the study in mind, this paper describes preliminary findings related to the following research questions:

1. What are DCW perceptions of the value and impact of the economic and non-economic interventions?
2. Is participation in one or more of the interventions associated with perceptions of job satisfaction (including global satisfaction, supervisory roles, and job environment)?
3. Is participation in one or more of the interventions associated with intent to leave?

This study utilizes both economic and non-economic interventions in an effort to address not only direct care workers' financial needs, but also career development, psychological and emotional needs which have been shown in the direct care research to be related to overall satisfaction (Bowers et al., 2003;Brannon, Zinn, Mor, & Davis, 2002; Cotter, Welleford, Vesley-Massey, & Thurston, 2003; Noelker & Ejaz, 2001; Stone, 2001). The utilization of multiple interventions is responsive to cautions against uni-faceted interventions that have been shown to produce minimal and inconsistent results (Remsburg, Armacost, & Bennett, 1999; Stryker, 1982; Swanson & Zuber, 1996). In applying multiple interventions to better understand turnover, this study also builds upon the HRD research of Hatcher (1999) who utilized multiple interventions to examine turnover among textile workers and found that the multiple intervention approach taken appeared to have an influence on turnover. Finally, this study is also significant in responding to Hatcher's (1998, 1999) call for more field-based research additions to the HRD literature. In particular, Hatcher (1999) pointed out the lack of field research studies in HRD that have applied interventions with the express purpose of evaluating their possible influence on turnover rates. The present study serves to fill that gap in the HRD research literature.

Methods

Research Design

The overall research design employed in this three-year intervention study is a quasi-experimental time series design. This project represents an evaluation of one site within a multi-site, multi-stage intervention rather than a pure, academic research study. The accessible population in this study was comprised of employees at four agencies that provide home-based care in one region of a southeastern U.S. state. The authors did not have the option to randomly assign agencies to particular experimental conditions. Thus, while there are some limitations on causal inference inherent in the design, it also incorporates the flexibility and responsiveness that make the study more relevant to agencies. Hatcher (1999) asserted that field-based research is the most valid form of HRD research because it is applied research occurring where people work, in naturalistic settings, not in controlled environments. This section describes the nature of the economic and non-economic interventions, the data collection instruments and procedures, and the data analysis procedures for the three research questions that are addressed in this paper.

Interventions

The combination of economic and non-economic interventions offered at four DCW agencies included (a) heavily subsidized health insurance, (b) counseling available through an employee assistance program (EAP), (c) membership to the state Direct Care Workers Association (DCWA), and (d) personal/professional development workshops. Due to ethical considerations, all interventions were offered to each DCW. A fifth intervention, a merit-based reward system, was recently introduced and is outside the scope of this paper as data have not yet been collected on this intervention. Topics for the personal/professional development workshops were selected based on the most popular responses to a survey sent to a sample within the 4 participating DCW agencies. The personal development topics were "Stress Reduction," "Stretching Your Dollar," "Making Work Fun," "Defusing Anger," "Conflict Resolution," and "You & Your Aging Parents." The professional development workshops cover Alzheimer's, blood sugar, depression, CPR, wounds, and diets. The subsidized health insurance was implemented at the beginning of the project. The EAP counseling services, DCWA membership, and workshop interventions were all implemented in the second year of the project.

Instrumentation

Data used to answer the study's research questions were obtained from a Caregiver Survey. This 58-item survey included (a) sets of attitudinal items assessing various constructs related to job satisfaction; (b) demographic questions constructed for this study; and (c) questions that assessed the use of, and perception of, each of the interventions offered by the agencies. Most attitudinal items were taken from scales compiled by Harris-Kojetin et al. (2003), although some items were adapted and/or others added in order to tailor the instrument to the variables under investigation in the context of in-home caregiving. The *Job Satisfaction Scale (JS)* consisted of nine items rated on a 5-point Likert-type scale ranging from "very dissatisfied" to "very satisfied." These items assessed satisfaction with issues such as agency management, work schedule, job security, job benefits, and job responsibilities. Five items measuring *Supervisory Relationships (SR)* assessed perceptions about supervisory feedback, openness, and availability. Four items assessing perceptions of The *Job Environment (JE)* addressed decision-making autonomy, respect by the agency, and work challenges and opportunities. Respondents answered SR, JE and questions on a 5-point Likert-type scale with response options ranging from "Strongly Disagree" to "Strongly Agree." Internal consistency was determined by calculating Cronbach's alpha for each of the scales from the full sample. Internal consistency coefficients for this exploratory study were $\alpha_{JS} = .91$, $\alpha_{SR} = .91$, and $\alpha_{JE} = .76$. *Intent to Leave (IL)* the field was measured using three parallel questions that assessed respondents' likelihood of continuing to work as a DCW in any agency 1 year, 2 years, and 5 years in the future. Response options for these items were "not at all likely," "somewhat likely," "very likely," and "don't know."

The Caregiver Survey was tested with two pilot groups from different geographic locations before full administration, in order to maximize readability and minimize ambiguity with question wording and terminology. Minor changes were made to survey's terminology after the pilot phase was completed.

Data Collection Procedures

Caregiver Surveys were mailed to all 679 DCWs employed at the four agencies in April 2005. Enclosed with each survey was a pre-stamped, pre-addressed return envelope to the researchers. All responses were only seen by the research team, and all responses were kept anonymous. Agency-specific results were not analyzed due to the regional focus of the research. Two hundred and seventy-six completed Caregiver Surveys were returned (response

rate = 41%). This response rate is reasonable, given that no follow-up mailings were sent and no incentives were provided. Survey response rates also tend to be lower when respondents have limited socioeconomic and educational backgrounds (Fowler, 2002).

Variables and Data Analysis Procedures

The primary independent variables in this analysis are dichotomous variables for each intervention: insurance, EAP counseling, workshops, and DCWA membership. Responses across all four types of interventions were summed for each DCW as a rough indicator of total exposure to the interventions (possible range = 0 to 4). For example, if a DCW participated in two of the four interventions, his/her score would be a "2."

The key job satisfaction variables in this research were summed scores on the three Caregiver Survey scales (JS, SR, and JE). Potential scores on these Caregiver Survey scales ranged from 9 to 45 (JS), 5 to 25 (SR), and 4 to 20 (JE). Individual item responses for the IL items represented three other dependent variables in the study: intent to leave within 1 year, 2 years, or 5 years.

Descriptive statistics were used to investigate respondents' perceptions of the value and satisfaction with the interventions provided. To examine the impact of interventions on DCW perceptions, differences on the Caregiver Survey scales were compared for participants and non-participants in each intervention as well as for the total intervention exposure variable. Due to the low rate of participation in the EAP counseling intervention, analysis of the impact of that intervention was limited to descriptive statistics. In this sample, Caregiver Survey scale totals were extremely negatively skewed (i.e., most respondents endorsed items positively, and very few responded negatively). Thus, nonparametric tests with greater relative efficiency their parametric counterparts (e.g., Mann-Whitney, Kruskal-Wallis) were used to conduct inferential analyses on the attitude scales (Marascuilo & McSweeney, 1977).

Descriptive statistics and Pearson's coefficient of contingency were used to examine possible relationships between interventions and responses on IL items. The coefficient of contingency is an appropriate measure of association between ordinal variables when expected cell counts are insufficient to meet the assumptions needed for chi-square (Cohen, 1988). A liberal alpha of .10 was applied, as this was an exploratory study designed to identify potential trends at this preliminary data analysis stage (Hinkle, Wiersma, & Jurs, 2003).

Potential Limitations

Limitations about causal inferences based on the research design used in this study were mentioned previously. Other potential limitations stem from the real-world nature of the study; agencies chose different means to implement the interventions, and no efforts were made by the researchers to control other organizational factors that might influence job satisfaction or intent to leave. Finally, while the response rate was reasonable for this type of survey and this population, response patterns indicate potential problems with response bias. Those who responded tended to be satisfied with their jobs. Some limitations from this survey administration will be addressed in future data collection waves, and the collection of agency-level data will also strengthen the study at later stages.

Results

Demographics Characteristics and Participation in Interventions

Survey respondents tended to be female (97%) and the majority were Caucasian (92%). The remaining respondents were African-American (4%) or of other ethnic backgrounds. Nearly one-third of the sample was comprised of DCWs ages 55 or older, with the remaining falling fairly evenly between the ages of 45 and 54 years (26%), 35 to 44 years old (22%), and 34 or younger (21%). Two-thirds of respondents were married. The majority of respondents (56%) had no children, 38% had one or two children, and 6% had more than two children. The average education for the respondents was 12.11 years, which reflects collegiate work of some respondents as well as any Certified Nursing Assistant (CNA) or technical training. With the exception of the ethnic background of this sample, the demographic information is similar to that of the national DCW demographics (National Clearinghouse, 2004). In terms of economic background the average hourly wage was $8.40, which is slightly lower than the $8.77 per hour national average (National Clearinghouse, 2004). Nearly one-fourth (22.5%) of respondents reported receiving some kind of public subsidy, and 21% indicated that they held a second job in addition to the one for the direct care agency.

Based on respondents' self-reports, 50% of respondents received subsidized health insurance, 4% participated in the EAP counseling, 65% were members of the state DCWA, and 18% participated in offered workshops. When survey responses were combined to obtain a total number of benefits each person received, roughly one-fifth of respondents (19%) participated in none of the available interventions, while 40% participated in just one

intervention. Roughly one-third (32%) participated in two interventions, while the remaining 9% participated in three. No respondents indicated that they received all four interventions.

DCW Perceptions of Interventions

DCWs were asked whether they were aware of some of the benefits made available to them. Slightly more than three fourths of survey respondents indicated they were aware of the EAP counseling, workshop, and DCWA interventions (77%, 76%, and 79%, respectively). Of those who said they were aware of the EAP counseling, 51% somewhat agreed or strongly agreed that the benefit was valuable, and 24% indicated that the EAP counseling increased their overall job satisfaction. Similarly, 53% of those who were aware of the workshops thought they were valuable, and 25% indicated that the workshops had increased their overall job satisfaction somewhat or a great deal. Regarding the DCWA membership, 42% indicated it was valuable and 33% said it increased their overall job satisfaction.

Questions asked about the perceptions of the subsidized health insurance were worded slightly differently, and response patterns suggested high rates of satisfaction with this benefit. The vast majority (89%) agreed that the availability of health insurance was valuable to them, and 68% indicated that the availability of insurance had increased their overall job satisfaction. Furthermore, three-fourths of respondents agreed that they were more likely to remain a DCW because of the availability of health insurance.

Interventions and Job Satisfaction

Scale means for Job Satisfaction (JS), Supervisory Relationships (SR), and Job Environment (JE) were compared for participants and non-participants in each of the four interventions (see Table 1). No statistically significant differences were found for JS or SR based on participation of any of the interventions. Recipients of subsidized health insurance and workshop participants had slightly higher mean JE scores than non-participants [$U_{INS} = 6995.5$, $p = .03$; $U_{WK} = 4429.0$, $p = .09$].

When considering patterns of responses to job satisfaction items based on total exposure to interventions, there was a statistically significant relationship between exposure to interventions and JE scores, $H(2) = 5.68$, $p = .06$. However, no similar findings occurred for JS or SR scores. Therefore, it appears participation in some interventions is associated with perceptions of job environment, but that the association does not extend to perceptions of supervisory roles or overall job satisfaction.

Interventions and Intent to Leave

No statistically significant relationships were found between any single intervention (insurance, EAP counseling, workshops, or DCWA membership) and intent to leave after 1, 2, or 5 years (all $C \leq .15$, all p-values $\geq .20$). There was a statistically significant relationship between number of interventions received and intent to remain in the field for one year ($C = .20$, $p = .03$), although similar findings did not emerge for intent to remain 2 years or 5 years.

Implications and Planned Future Data Collection and Analysis

The preliminary findings of this study demonstrate that a high percentage of DCWs who participated in the interventions found them valuable and many indicated that such participation had increased their overall job satisfaction. Given the linkage between job satisfaction and job retention (Cotton & Tuttle, 1986), this is an encouraging finding in the effort to reduce turnover among DCWs. A particularly interesting finding was that awareness alone of the intervention also had a positive impact on reported DCW job satisfaction. This finding may suggest that the value a DCW associates with the interventions goes beyond the specific intervention benefit (i.e., counseling, insurance, etc.), to include an affective value associated with the agency "caring" enough about DCWs' job satisfaction enough to implement the interventions. In order to better understand how DCWs are experiencing the various interventions that have been implemented, focus group interviews will be conducted within the next 3 months. Collecting and analyzing additional data from DCWs using qualitative research methods is intended to provide insights about the relationships between the independent and dependent variables not revealed in the survey data.

It was somewhat surprising that, depending on the intervention, 21 - 23% of DCWs were not aware of certain interventions. Given the positive impact awareness of the interventions can have on job satisfaction, researchers will be working with the agencies in the study to increase communications about the interventions to DCWs over the remainder of the study. This could include publicizing the intervention services in agency newsletters, inserts into paycheck mailings, announcements at agency meetings, etc.

One of the key measures that will be available in the near future is the agency turnover and average DCW tenure data (anticipated date: December 2005). Both tenure and turnover will be added as dependent variables. Turnover will be calculated by dividing the total number of DCWs who left voluntarily during a specified period of time (quarterly) by the total number of DCWs employed at the end of the same time period. Tenure will be calculated by dividing the total number of months worked by all DCWs employed on a specified day by the total number of DCWs employed. Given that these agencies were collecting this data prior to the study in order to comply with state licensing requirements, comparisons of turnover and tenure data before and after the interventions will be possible.

Table 1

Differences in Job Satisfaction Scales for Participants and Non-Participants of each Intervention[1]

	n	*M*	*SD*	*U*	*p*
Job Satisfaction					
Insurance					
Participants	126	39.3	6.36	7876.0	.67
Non-Participants	129	38.7	6.99		
Workshops					
Participants	51	39.3	7.66	4799.5	.25
Non-Participants	210	38.7	6.48		
DCWA					
Participants	166	38.8	6.22	6624.5	.35
Non-Participants	86	38.8	7.71		
Supervisory Role					
Insurance					
Participants	130	22.3	4.0	8238.0	.80
Non-Participants	129	22.6	3.4		
Workshops					
Participants	51	23.0	3.1	4964.5	.29
Non-Participants	214	22.2	3.9		
DCWA					
Participants	167	22.3	3.7	7134.0	.57
Non-Participants	89	22.6	3.7		
Job Environment					
Insurance					
Participants	127	22.5	3.3	6995.5	.03
Non-Participants	130	21.7	3.5		
Workshops	51	22.9	2.5	4429.0	.09
Participants	210	21.9	3.5		
Non-Participants					
DCWA					
Participants	165	22.0	3.4	7006.5	.64
Non-Participants	88	22.2	3.4		

[1] Insufficient sample size in EAP counseling intervention to perform inferential analysis. * $p < .10$.

There are two additional survey administrations remaining in this research project. In an effort to address potential nonresponse bias, consideration is currently being given to ways to boost response rates to the surveys, such as offering a modest stipend or developing a mechanism whereby DCWs could still complete the survey anonymously but have their name entered into a raffle for a more significant cash award or gift. Communications

regarding the importance of the research will continue to be sent out in advance of the survey mailing. Responses to future surveys, when combined with the findings reported here, will provide a richer picture of the long-term impact of the multi-faceted interventions on job satisfaction and retention variables.

Thus, while the preliminary findings of this study suggest some intriguing possible relationships between both the economic and non-economic interventions and DCW *perceptions*, it will be particularly interesting to see if and how the interventions may be related to *behaviors*—in this case, turnover behavior. In sharing these findings, it makes a valuable contribution of field-based research to the HRD literature.

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Training and Development of Low-Income Workers: A Case Study of a Holistic Approach

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This paper describes a case study of training initiatives with low-income, home care workers utilizing a holistic approach to development which blends person-centered and performance-centered perspectives of human resource development (HRD). Survey and focus group results demonstrate higher levels of job satisfaction for participants in the holistic development initiatives. Despite pressures on HRD practitioners to only focus on performance-centered development, a holistic approach incorporating personal development yields positive results.

Keywords: Training and Development, Low-income workers, Holistic development

Today's competitive environment pressures human resource development (HRD) professionals to focus their development initiatives on programs that most directly improve worker productivity and the organization's bottom line. However, this performance-centered focus of HRD typically ignores the individual development component. Such a focus is in conflict with a number of thought leaders in the field of HRD and adult education (Bierema, 1996; Brookfield, 1986; Kuchinke, 1999; Lindeman, 1926) who believe development efforts should be person-focused. This paper describes a case study of training initiatives with low income workers in the home care field which blend the person-centered and performance-centered approaches. Further, the paper provides scholar-practitioners with an example how research and theory can be applied and then tested to address organizational needs. What follows is first additional background on the home care setting and the theoretical framework on which the intervention is based. The methods used in the study are then described, including how research and theory were used to guide the practice design. The paper concludes with a discussion of the findings and their implications for both research and practice.

Background and Significance

Home Care Workers

Individuals employed as home care workers provide hands-on care, supervision and emotional support to people with chronic illnesses and disabilities (Harris-Kojetin, Kiefer, Brannon, Barry, Vasey, Lepore, 2003). They fill a critical need in our society assisting with activities of daily living for a growing population of citizens. There is increasing concern, however, over a potential shortage of qualified home care workers as the demand for their services increases in the years to come (Harris-Kojetin, Lipson, Fielding, Kiefer, & Stone, 2004). Home care workers must possess a wide variety of job skills to be effective on the job, including communications skills to interact with the client, cooking and housekeeping, as well as para-professional level knowledge of a variety of ailments and their treatments. These ailments include diabetes, dementia, and obesity to name only a few. Unfortunately, the pay for home care workers is quite low throughout the U.S., with the average pay being slightly less than $9.00 per hour (U.S. Bureau of Labor Statistics, 2004). Thus, the HRD professional in this setting is faced with needing to provide extensive job-based training and development to individuals who, in many cases, are living below the poverty level and struggling to survive. Therefore, when recognizing the challenges that low-income workers face outside of the workplace (i.e. – financial management, affordable childcare, transportation, etc.), the importance of providing workers with training and development for personal issues begins to surface as a factor that the HRD professional must consider.

Person-Centered v. Performance-Centered HRD Approaches

Lindeman (1926) argued long ago that the emphasis in educating adults needed to be on the specific contexts in which adults find themselves, focusing on learners' needs and interests rather than any pre-defined subject matter.

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Development according to the person-centered approach is the search for personal fulfillment and meaning, and successful development means being all one can be. Performance, skills, achievements, tasks, responsibilities and duties are not satisfying in and of themselves, but they are important to individuals as means to inner growth, awareness, happiness, and health (Kuchinke, 1999). It is then the responsibility for organizations to create an environment in which barriers to self-development are removed and employees are able to develop their own characteristics and skills. This person-centered approach is based on the premise that HRD practitioners should develop individuals to create a more democratic, just society, where people are empowered and better able to participate in and contribute to society (Freire, 1972; Mezirow, 1991; Weinrach, 2003). Many of the efforts to humanize and democratize work which were central to the emergence of organization development (OD) in the 1950s and 1960's are based on the person-centered approach to development (Kuchinke, 1999). Roger's (1957) seminal work on person-centered perspectives in counseling also influenced HRD practice. The recent popularity of the meaning of work and spirituality literatures is an indication of the persistence of the person-centered view of HRD (Kuchinke, 1999).

The person-centered view of HRD, however, is largely silent about the economic dimension of work in organizations. In contrast, the performance-centered approach to HRD places an emphasis on the economic return on investment in HRD initiatives. While self-development may be a primary individual goal and even a public good that deserves support, it is not the primary charter of organizations operating in a competitive environment (Kuchinke, 1999). According to performance-centered development, which is partially based on Stryker and Statham's (1985) role theory, development is evaluated in terms of the degree of fit between measurable and observable behaviors and role expectation. Dirkx (1996) asserts that "it's the economy, stupid" to make the point that HRD is often conceptualized and justified within a market economy model (p. 42). Bierema (1996) seconds this view, noting how HRD processes have also embraced the performance-centered approach exemplified by rigid separation of work and life, training for short-term performance gains, and little or no support for personal development. Tharenou (1997) suggests that organizations invest more in organization-specific training rather than general education due to the employees' freedom to leave at any time and the risk incurred when increasing the skill level of employees. Thus, unless there is a clear economic rationale, person-centered development activities will not find much support in most organizations.

Kuchinke (1999) queries the HRD field how the requirements of a competitive market economy can be reconciled with the perspective of person-centered development. Kuchinke also points out that there is a relationship between Bandura's (1986) Social Cognitive Theory (SCT) and blending elements of the person-centered approach with elements of the performance-centered approach, thus, creating a holistic approach. According to SCT, persons are independent, active agents who pursue a variety of goals (i.e. – organizational, social, economic, personal) at work (Bandura, 1997). This study, therefore, is significant in that it explores a development practice which blends both of these perspectives. This study seeks to determine whether: a) HCWs perceived value in the workshops, b) participation in the workshops had an impact on job satisfaction, c) awareness of the availability of the workshops had an impact on job satisfaction and perceived value of the workshops, and d) participants had different rates of turnover than non-participants.

Methodology

Prior to implementation of the professional/personal development workshops, a needs assessment was conducted with a sample of the population of HCWs within the region. The population consisted about approximately 700 HCWs employed by one of four agencies in the southeast. A survey, along with pre-addressed, postage-paid envelopes to the researchers, was sent to the sample of HCWs to determine when the preferred time and day of the week to receive the development workshops, where they preferred to participate, and which professional and personal development topics they would be most interested in. Surveying the HCWs allowed them to have control over which areas of training and personal development they receive, which promoted a sense of autonomy and professionalism within the agencies. Furthermore, past anecdotal evidence provided by the agencies suggested that HCWs left the field for personal or financial reasons, which supported the need to provide holistic workshop development for HCWs. While there have been a whole host of factors that have been contributing to the shortage of care workers, including low wages, lack of recognition, heavy workloads, mandatory overtime, etc. (Bussey, 2000), the current research sought to address the needs of the HCWs as they were felt in the field.

Results of the needs assessment indicated that most of the HCWs surveyed (57.9%) preferred to participate in the workshops on a weekday evening. The workshops were designed to last approximately two hours with the first hour and a half dedicated to training and the last half hour dedicated to support and community building, which is an element that is important when considering the isolated environment in which most home health care providers

spend the majority of their days. The agency partners planned to host monthly workshops which alternated between professional and personal development topics. Therefore, on the survey, HCWs were asked to select six professional development topics and six personal development topics for which they would most like to receive training. Weighted scores were developed to determine the most desirable topics for both areas. The personal development topics were "Stress Reduction", "Stretching Your Dollar", "Defusing Anger", "Making Work Fun", "Communication Skills", and "You and Your Aging Parents". The professional development included workshops on Alzheimer's disease, blood sugar, depression, CPR, caring for wounds, and diets. Consistent with literature of adult learning (Knowles, 1980), each development workshop was offered in two formats, on-site and take-home. This allowed interested HCWs the option to select the format with which they were most comfortable and aligned with their preferred learning style.

Data Collection Procedures

Quantitative and qualitative data were collected via surveys of all HCWs employed at the time of the survey administrations (April 2005 & April 2006) and focus groups with HCWs at all of the agency sites conducted in March or April 2006. Following the implementation of the professional/personal development workshops, two surveys were distributed to all HCWs employed that collected key data such as job satisfaction and demographics. In addition to each of these variables, the surveys collected participation data for each intervention as well as the value of each intervention, regardless of participation status, and how each intervention impacted job satisfaction. The first of two surveys administered following the workshops was sent to 679 HCWs, of which 276 were returned (40.6% response rate). The second survey had a slightly better response with 344 surveys returned of the 796 that were mailed (43.2% response rate). The researchers viewed this to be a reasonable response rate when considering that survey response rates tend to be lower when respondents have limited socioeconomic and educational backgrounds (Fowler, 2002). Therefore, no follow-up mailings were sent. Some of the improvement in response rate from the first survey to the second can be attributed to a drawing for the second survey to encourage participation. Entry slips for the drawing were immediately detached from the returned surveys and were in no way associated with responses. All surveys were accompanied by pre-addressed, postage-paid return envelopes to the researchers, and all responses were kept completely confidential and/or anonymous. From the data, no agency-level analyses were conducted as the focus of the research project was on the region as a whole.

Two surveys were used to assess the changes in the perceptions of the HCWs over time. Due to a lag effect that is inherent when first offering an intervention, looking at changes over time gives a more accurate portrayal of the workshops' impact on job satisfaction.

Focus groups were conducted in between survey administrations at all agency sites in the region. All opinions and ideas expressed at these focus groups were transcribed and also kept anonymous. The purpose of the focus groups was to collect data and insight from the HCWs about their experience with the training.

Instrumentation

Two versions of the HCW survey were used to collect data used to answer the research questions. The surveys, which both consisted of 58 questions, included a) sets of items that addressing various aspects of perceived job satisfaction; b) demographic items; c) items related the HCWs' use and perceptions of the professional/personal development workshops; and d) items related to perceptions of supervisory relationships and job environment, which were included to serve as control variables. Most attitudinal items were taken from scales compiled by Harris-Kojetin et al. (2003), although some items were adapted and/or others added in order to tailor the instrument to measure the HCWs' views of variables related to providing home healthcare. The *Jab Satisfaction (JS)* scale consisted of nine items that were measured on a 5-point Likert-type scale ranging from "Very Dissatisfied" to "Very Satisfied". The scale covered various components of job satisfaction such as working conditions, scheduling, amount of responsibility, job security, job benefits, and agency management. Cronbach's alpha was calculated to determine the internal consistency from the full sample for both administrations of the survey. The internal consistency coefficients for job satisfaction on the surveys were $\alpha JS = .91$ and $\alpha JS = .90$.

Items were also included in the survey to collect whether or not the HCW was aware of the professional/personal development workshops and whether the HCW had actually participated in one or more of those workshops. For example, one item asked the HCW to assess the value of the availability of professional/personal development workshops. This question was asked because making the workshops available may have value to the HCW even if he/she decided not to participate. Furthermore, collecting these kinds of data from participants and non-participants as well as those aware and unaware of the workshop availability allowed for comparisons to be made between the sub-groups.

The survey was piloted at two geographically different agency sites prior to the initial administration. Minor changes were made the survey following the two pilots in order to maximize readability and minimize ambiguity with question wording and terminology.

Limitations

There are limitations that are often present when conducting field research. One limitation of the research project presented in this paper is that the researchers did not have the option of randomly assigning HCWs to the workshops. This type of design limits causal inference, however it does allow for the flexibility and responsiveness that make the study more relevant both to the participating agencies and to the growing body of field research literature. One additional limitation of this study is the low response rate to the needs assessment survey (23% of usable data from a sample of 168). Due to the consistencies with demographics and the input from the leaders of the agency partners, however, the researchers believe that the results of the needs assessment survey are indicative of the regional HCW population.

Results

Demographics

Demographic data that were collected in the surveys include employment data, years of education, hourly wage, age, marital status, number of dependent under the age of 18, gender, ethnic background, and average annual income. The survey demographics are presented in Table 1 (below).

HCW Perceptions of Developmental Workshops

Perception and participation data were collected in two surveys following the implementation of the development workshops. Each survey asked respondents to report whether or not they were aware of the workshops in addition to whether or not they were participating. Further, the surveys asked about the value of the availability of the workshops regardless of whether or not they were participating. For the first survey, 78.1% reported that were aware of the developmental workshops while only 18.8% reported to have participated in them. The mean overall value (5-point Likert-type scale ranging from "No Value" to "Very Valuable) reported by participants and non-participants was 3.48 (s=1.28), which suggests that the availability of the workshops has some value regardless of participation status. When making comparisons between the two groups, the mean value of workshop participants (M=4.06, s=1.11) is significantly higher than that of non-participants (M=3.35, s=1.28) (U=3594.5, p<.001).

The results of the second survey reflect a few minor differences that those from the first survey, but the general outcomes are the same. First, the percentage of respondents aware of the workshops declined slightly to 73.4%, while the percentage of participants increased to 24.8%. The mean value score for all respondents was 3.35 (s=1.31), which again reflects that the HCWs find value in the availability of the training. Consistent with the first survey findings, the mean value for participants (4.11, s=.99) was significantly higher than that of non-participants (3.05, s=1.29) (U=4991, p<.001).

The results of the focus groups allowed a bit more insight into how the workshops were actually received by the HCWs. The agencies made the HCWs aware of the workshops by mailing flyers to each employee giving them the option to come to an on-site workshop session or get the materials as a self-study. As was desired, the focus groups had HCWs that participated in both formats. Generally, those who participated on-site discussed the sense of community and support network at the session while those who participated in self-studies mentioned the convenience and ease of going through the training at their own pace. Self-study participants also talked about keeping their training materials for future reference.

Professional/Personal Development and Job Satisfaction and Turnover

Analyses were conducted to look at how developmental workshops impacted job satisfaction and turnover. For the first survey, the mean job satisfaction scale score was higher for participants (39.3, s=7.66) than non-participants (38.8, s=6.48) although the difference was not statistically significant. Interestingly, the mean job satisfaction scale score for the HCWs who were simply aware of the development workshops (39.4, s= 6.44) was significantly higher than for those who were not aware of the workshops (37.1, s=7.47) (U=4223, p<.01). The second survey findings mirrored those of the first survey. Participants had a higher mean job satisfaction scale score (39.1, s=5.39) than non-participants (M=37.7, s=6.99) but not in a statistically significant way. With regard to awareness, those who reported being aware of the workshops (M=38.91, s=5.90) had a higher mean job satisfaction score (U=7668.5, p<.001) than those who were not aware of the workshops (M=35.59, s=7.9). One of the key indicators of success on the survey was an item that asked HCWs to what extent the workshops increased job satisfaction. Statistical analysis showed that the participants reported that the workshops increased their job satisfaction to a greater extent (M=4.0, s=1.03) than those who did not (M=1.83, s=1.05) (t=-16.3, p<.001).

A second focus of the study was to reduce the level of turnover within the home health care field. Turnover data were collected quarterly from each of the agencies to calculate a turnover rate for the entire fiscal year. The quarterly data were merged in order to serve as a smoothing effect for any unusual agency situations. In the first and

Table 1

Demographic Data Collected from HCW Surveys

	First Survey (April 2005)	Second Survey (May 2006)
Employment / Education Data		
Mean number of years as a home care worker (lifetime)	8.96 (*s*=8.46)	8.98 (*s*=8.46)
Mean number of years in current job	2.43 (*s*=2.36)	2.80 (*s*=3.56)
Mean hourly wage	$8.40 (*s*=1.04)	$8.65 (*s*=1.31)
Mean years of education	12.11 (*s*=1.83)	11.92 (*s*=2.43)
Age		
Under 21	2.2%	4.1%
21 – 34	19.2%	17.3%
35 – 44	22.1%	21.9%
45 – 54	26.4%	28.1%
55 or older	30.1%	28.7%
Marital Status		
Married	65.8%	60.3%
Unmarried	13.5%	15.6%
Divorced	13.8%	16.8%
Widowed	6.9%	7.4%
Dependents Under 18 Years of Age		
None	55.5%	60.2%
One	19.5%	18.3%
Two	18.8%	13.6%
Three or more	6.2%	8.0%
Gender		
Male	2.6%	*
Female	97.4%	*
Ethnic Background		
White	93.1%	92.0%
African-American	4.0%	4.7%
Native American	1.5%	1.2%
Hispanic	0.4%	0.9%
Other	1.1%	1.2%
Annual Income		
Less than $10,000	34.1%	34.3%
$10,000 to less than $20,000	58.5%	58.0%
$20,000 to less than $30,000	6.6%	6.5%
$30,000 to less than $40,000	0.0%	0.9%
$40,000 to less than $50,000	0.4%	0.3%
$50,000 or more	0.4%	0.0%

* Participants' gender data were not collected on the second survey

second quarter of 2005, nearly all HCWs were participating in the workshops. In the same two quarters, of those who left the agencies, only 11% were participating in the workshops. In the third and fourth quarters of 2005, participation in the workshops declined. Approximately 12% of the HCWs who left the agencies in these quarters were participants in the workshops. Furthermore, the turnover rate for participants in the workshops for the second half of 2005 was 12.4% as compared to non-participants, which was 47.5%. While there is not evidence to attribute

the differences in the turnover rates to the development workshops, one can clearly see that the participating sub-group experienced much lower turnover than that of the non-participating sub-group.

It should also be noted in this section the directors and/or owners of the home care agencies found the personal/professional initiatives to be a success. Having experienced the high cost of unwanted turnover first-hand, the stakeholders involved with the study were pleased with both the job-specific and personal development training offered and its contribution to the HCW workforce. While an empirical, causal link was not established between the training and job satisfaction and turnover, the investment of time and resources in the workshops was viewed as worthwhile by the stakeholders in that they recognized and appreciated that more satisfied HCWs tended to stay longer.

Implications for Future Practice and Research

This paper has presented a successful planning and implementation of an HRD training intervention that blends the performance- and person-centered HRD perspectives. The findings of this study are consistent with other organizations who have undertaken HRD initiatives which blend the performance- and person-centered approaches with low-income workers. For example, CVS drugstores employed a holistic approach to supporting and developing employees by providing training and other resources to help these individuals find inexpensive home loans, transportation services, and child-care (Schoeff, 2006). The company also provides financial literacy and homebuyer education. CVS sees value to the company in taking a holistic approach to development: "They see the company as a partner. If they're bettering themselves, they want the company to do well to. They become an even stronger and better employee because they feel we're trying to help them." (p. 26). The research of Filonson, Cone, & Ray (2005) found in their study of women trying to move off of welfare into long-term care jobs that the women needed "practical and emotional assistance" (p.171) and that they have disadvantages from factors outside their control that the mastery of work-related competencies alone cannot overcome. This focus on low-income women in the Filonson et al. (2005) research is very relevant given that, as noted in Table 1 of this paper, the sample of HCWs was over 90% female. Additionally, a study by Zhan, Anderson & Scot (2006) found a clear delineation of important content areas of finance where low-income persons lacked knowledge. Further, their study demonstrated statistically significant improvement in those knowledge areas with focused training. Weinstein (2006) cites a successful program where low-income workers receive training on subjects as varied as basic math, speaking skills, and anger management. Brown & Davis (2000) demonstrated that women struggling with poverty benefit from training in areas such as how to repair a damaged credit history, how to evaluate wants vs. needs, developing a budget, save money, and invest for the future. They add the important observation that the social problems low-income women experience do not disappear when they obtain jobs. As Gordon (1997) has pointed out, what many employees need to improve is their personal skill competencies. These workforce education skills include "learning how to learn" (metacognition). Thus, scholar-practitioners can point to a consistent body of research demonstrating the merits of blending personal and professional development initiatives with low-income workers.

An important consideration for practice from this study is the reality that there is a digital divide that precludes the working poor from using the internet as a learning tool. Even though the internet has become an essential tool for most businesses, it is still largely inaccessible to the working poor (Preciphs, 2006). Additionally, practitioners should not assume that individuals preferred learning style for one topic will be the same for the next. Sutcliffe (1993) found in her study of nurses that there is a change in learning style as different subjects are studied, based on previous learning experience, the wish to share, etc.

For practitioners, the performance-centered culture in which many HRD professionals work will make selling personal development a challenge. A conclusion that can be drawn from this study for scholar-practitioners, however, is that it does not need to be an either/or proposition; a blend of the person-centered and performance-centered approaches can achieve favorable results. To demonstrate empirically the link to the organization's bottom line of personal development practices like the ones discussed in this study will always be a difficult task. However, numerous studies have demonstrated that interventions which address employees' career development, psychological and emotional needs generate positive results for the individual and the organization (Cotton & Tuttle, 1986; Giffeth, Hom, & Gaertner, 2000; Kaye & Jordan-Evans, 2000; Maertz & Campion, 1998; Oss, 2004). In this regard, the current study showcases how helping the low-income home care workers better care for their clients while simultaneously helping them manage their tight budgets and stressful personal lives produced positive results.

In the current context where HRD professionals are under enormous pressure to utilize only the performance-centered approach in their practice, another conclusion that can be drawn from the study is that HRD practice does not need to abandon the vision of adult education to build a just and democratic society by establishing an "educative workplace" (Welton, 1991) in which worker-learners together define what is meaningful and significant

to learn. In addition to providing practitioners with an example of HD research and theory in practice, this study has demonstrated just one way in which the performance-centered and person-centered approaches might be blended together in a way that benefits the individuals, the organization, and society as a whole.

Next Steps

This study is a part of three year federal grant project that will continue through March 2007. The agencies have and will continue to offer professional and personal development to their HCWs. During this time, additional data will collected by the researchers to not only further explore the impact of the workshops on job satisfaction and turnover, but also examine how the workshops affect the HCWs' willingness to recommend the home care profession and the HCWs' intent to stay in the field for the coming years.

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