



**CUISR:**

Community – University Institute for Social Research

***Direct Care Personnel Recruitment,  
Retention, and Orientation***

**by Song Li**



*Building Healthy Sustainable Communities*

## **Community-University Institute for Social Research**

CUISR is a partnership between a set of community-based organizations (including Saskatoon District Health, the City of Saskatoon, Quint Development Corporation, the Saskatoon Regional Intersectoral Committee on Human Services) and a large number of faculty and graduate students from the University of Saskatchewan. CUISR's mission is "to serve as a focal point for community-based research and to integrate the various social research needs and experiential knowledge of the community-based organizations with the technical expertise available at the University. It promotes, undertakes, and critically evaluates applied social research for community-based organizations, and serves as a data clearinghouse for applied and community-based social research. The overall goal of CUISR is to build the capacity of researchers, community-based organizations and citizenry to enhance community quality of life."

This mission is reflected in the following objectives: (1) to build capacity within CBOs to conduct their own applied social research and write grant proposals; (2) to serve as a conduit for the transfer of experientially-based knowledge from the community to the University classroom, and transfer technical expertise from the University to the community and CBOs; (3) to provide CBOs with assistance in the areas of survey sample design, estimation and data analysis, or, where necessary, to undertake survey research that is timely, accurate and reliable; (4) to serve as a central clearinghouse, or data warehouse, for community-based and applied social research findings; and (5) to allow members of the University and CBOs to access a broad range of data over a long time period.

As a starting point, CUISR has established three focused research modules in the areas of Community Health Determinants and Health Policy, Community Economic Development, and Quality of Life Indicators. The three-pronged research thrust underlying the proposed Institute is, in operational terms, highly integrated. The central questions in the three modules—community quality of life, health, and economy—are so interdependent that many of the projects and partners already span and work in more than one module. All of this research is focused on creating and maintaining healthy, sustainable communities.

Research is the driving force that cements the partnership between universities, CBOs, and government in acquiring, transferring, and applying knowledge in the form of policy and programs. Researchers within each of the modules examine these dimensions from their particular perspective, and the results are integrated at the level of the Institute, thus providing a rich, multi-faceted analysis of the common social and economic issues. The integrated results are then communicated to the Community and the University in a number of ways to ensure that research makes a difference in the development of services, implementation of policy, and lives of the people of Saskatoon and Saskatchewan.

CUISR gratefully acknowledges support from the Social Sciences and Humanities Research Council of Canada through their Community University Research Alliance program. CUISR also acknowledges the support of other funding partners, particularly the University of Saskatchewan, the City of Saskatoon, Saskatoon Health Region, Quint Development Corporation, and the Star Phoenix, as well as other community partners. The views expressed in this report, however, are solely those of the authors.

# Direct Care Personnel Recruitment, Retention, and Orientation

by  
Song Li



*Community – University Institute for Social Research*

289 John Mitchell Building  
118 Science Place  
Saskatoon, SK S7N 5E2  
phone (306) 966-2121  
fax (306) 966-2122  
e-mail [cuisr.oncampus@usask.ca](mailto:cuisr.oncampus@usask.ca)  
[www.usask.ca/cuisr](http://www.usask.ca/cuisr)

Copyright © 2004 Song Li

Community-University Institute for Social Research

University of Saskatchewan

All rights reserved. No part of this publication may be reproduced in any form or by any means without the prior written permission of the publisher. In the case of photocopying or other forms of reprographic reproduction, please consult Access Copyright, the Canadian Copyright Licensing Agency, at 1-800-893-5777.

CUISR acknowledges the following for their contributions to this publication:

Lou Hammond Ketilson, Academic Co-Leader;

Len Usiskin, Community Co-Leader,

Community Economic Development Module, CUISR

Nazeem Muhajarine, Academic Co-Director, CUISR

Kate Waygood, Community Co-Director, CUISR

Neil Soiseth, Editing, Interior Layout, and Design

Printed in Canada by Printing Services, University of Saskatchewan

## **ABSTRACT**

Several recent studies have shown that a lack of financial resources has historically been the primary obstacle to recruitment and retention of direct support professionals who provide services and support to people with disabilities. Given the limited funding available for most non-profit organizations, this report recommends direct support staff autonomy, strong supervisory support, and effective training delivery methods as cost-effective alternatives to overcome the financial crisis. In particular, this report recommends a systematic design of recruitment, retention, and orientation strategies based on a wide variety of direct support professional incentives and past experience.

## **FOREWORD BY JIM BEATY AND NATHAN PERRY**

### ***GOOD STAFF, BAD STAFF, NO STAFF AT ALL***

To people with disabilities like us, it is really simple—if agencies have good staff, we have good lives. If agencies have bad staff who aren't trained, don't understand our disabilities, or have attitude problems, we suffer the effects.

We've been through the system, that's for sure! Institutions, group homes, special education, supported living, workshops, real jobs, and semi-independent living. We've had more staff than we can count, some good and some bad. But most of them have been caring and nice.

It affects us when there are no staff to hire or when staff leave. When there are not enough staff to work with us, it means that we sit around and are bored. For us, this leads to doing things that get us into trouble, like gambling, buying lottery tickets, fighting, or spending our money so we don't have any to pay our bills. It makes us feel like we are put on the back burner and neglected because there is no one there to help us with our shopping, banking, bills, solving problems, or working in the community.

When staff whom we really like are hired and then leave, it makes us feel lost and angry. It feels like we lose a friend and companion. There are a lot of past staff whom we really liked, but haven't seen in years and now miss. It seems like we just get to know them, and then they give up on us and quit. Then we have to start all over. Sometimes it makes us feel violated because they say they really care and are interested in our lives, but then they leave.

We don't like it when staff get hired whom we don't know or haven't met. Most of the time, we get to interview new staff and get to know them before they are hired. But sometimes they just show up.

Also, it is important for staff to be trained to understand us as people with specific disabilities. If staff don't understand Tourettes or autism, there is no way that they can understand us and provide the support that we need to live successfully in the community.

We think that it is really important that agencies and government do whatever they can to help people with disabilities, find staff who understand us, want to work for us, and are willing to stick by us. We also think that our staff need to get paid more money and be respected by society.

*Jim Beaty and Nathan Perry are two consumers of services provided by direct support professionals in the community.*

## **INTRODUCTION**

### ***BACKGROUND***

This study examines the recruitment, retention, and orientation of direct support professionals (DSP) who provide service and support to people with disabilities. Staff who work and support persons with disabilities are leaving for other agencies that can offer higher wages. Many leave the disabilities service sector entirely.

A recent interview (Governor's Planning Council on Mental Retardation [GPCMR], 2000) clearly demonstrates that the DSP profession not only involves caregiving, but also supporting, facilitating, and even advocating. DSPs are expected to possess an array of these skills. DSPs are currently challenged by the increasing needs of specialized health care, community inclusion, and individual support.

More specifically, agencies like the Saskatchewan Association of Rehabilitation Centers (SARC), which represents more than 10,000 people in Saskatchewan (60% of whom are persons with disabilities), have a shrinking pool of applicants from which to select. Those who apply for positions are less experienced and less well-trained than those previously hired. Applicants themselves might have difficulties with language and communication, which makes supporting persons with disabilities even more challenging. Trained and competent care staff who are passionate for, and have a commitment to, ensuring that people with disabilities enjoy full citizenship are in high demand. Recruitment processes are more costly than ever before and a hiring process can take months to complete. According to a breakdown provided by SARC, the recruitment, hiring, and training of new care staff costs more than \$3,300 per employee (Saskatchewan Association of Rehabilitation Centers, 2002). One should note that this amount does not include overtime paid to other staff while the position is not filled, opportunity costs of employees who leave their duties to conduct the recruitment or facilitate orientation and training, or lost productivity costs while the new hire is still training.

High turnover rates are a prevalent problem in this industry. For example, Massachusetts agencies are facing a 30-50% turnover rate. Ongoing vacancies lead to poor quality care and an increase in complaints (Connolly, Cook, Gendron, and Richards, 2000). Low wage levels also seem to be a long-term unsolved problem that leads to turnover (Lockey, 1999).

### ***OBJECTIVES***

This human resources study is part of a recently developed SARC human service plan to achieve a vision of persons with disabilities being able to remain a part of the Saskatchewan landscape and enjoy full citizenship in the province.

This study's primary purpose is to provide input into a cost-effective human resources plan for DSPs. In particular, the major objectives of this study are to: (1)

identify the factors contributing to employee recruitment and retention; (2) examine existing practices in other organizations; and (3) provide a guideline and set of strategies to recruit and train new hires and retain current staff. With this set of strategies, each agency should be able to construct a well-tailored human resources plan, as well as answer frequently asked human resources questions, such as:

**Recruitment**

- What education and/or training is desirable before hiring?
- What job and/or life experience should a new hire possess?
- What attitudes and values should recruits hold?
- What behaviours indicate these values and beliefs?

**Retention**

- Why do people leave or stay with an agency? Why do they leave the field?
- What might convince an uncommitted employee to stay?
- What is the position/wage/reason/tenure of those leaving an organization?
- What effect does staff turnover have on clients?

**Training and Orientation**

- What kind of induction and orientation forms a realistic expectation of the organization?
- What are the best times and methods of delivery?
- What are the most cost-effective opportunities and career development plans? (SARC, 2002)

The next section provides a literature review on the current crisis in staffing experienced by agencies employing DSPs. An examination of the practical findings from other agencies using a case study approach follows the literature review. In the third section, a set of key strategies to tackle recruitment and retention challenges is drawn from the literature review. To determine the most effective strategies for SARC, the final section suggests/recommends a follow-up survey.

## **LITERATURE REVIEW**

### ***DEFINITION OF DIRECT SUPPORT PROFESSIONALS***

The term “Direct Support Worker” is frequently used in this study. Recently, “Direct Support Professionals” has been suggested as an alternative because the job’s

professionalism demands a set of complex skills, ethical awareness, and sense of trust and mutual respect indicative of professionals (Taylor, 1999).

This new definition was stressed in a recent story told by a DSP, Jeff Welch (1999): “We as Professionals, in the positive sense of the term need to recognize that those we serve are first and foremost friends, family members, neighbors, and members of our community.”

A wide range of individuals, such as people with disabilities or chronic illnesses and children at risk, need services and support provided by DSPs. They can have numerous job titles, including: direct care staff, personal care attendant, residential counselor, employment specialist, family advocate, job coach, and homemaker. These employees can be found in a wide range of settings, such as public and private group homes, institutions, home health care agencies, schools, vocational agencies, camps, and psychiatric facilities (Taylor, 1999).

### ***RECRUITMENT AND RETENTION ISSUES***

#### *Shortage in the labor market*

As the Canadian population ages, a greater proportion will live with disabilities requiring increased care. In spite of increasing needs, DSP staffing levels are decreasing. A noticeable shift to casual and part-time work in the DSP workforce is contributing to the work stress and job dissatisfaction that DSPs experience.

In the United States, the unfilled vacancy rate is consistently at 7-15%, with a 4% decline in potential DSP applicants aged 18-44 years between 1995 and 2005 (Larson and Hewitt, 2000). In Massachusetts, there is a 55% projected increase in the number of DSPs needed over the next 10 years to provide services to the elderly and developmentally disabled populations (Connolly et al, 2000). The result of DSP shortages is that less well educated, experienced, and skilled persons, such as high school graduates, are hired to offset the shortage. This kind of short-term solution usually ends up costing more in the long run as it results in higher turnover and burnout rates.

In contrast, since 2000, Saskatchewan has shown a strong upward trend in the number of persons who provide rehabilitation services, and an increase in the population of women aged 20-24 years, who are most often the target DSP applicants (Statistics Canada, 2003). This trend in Saskatchewan does not downplay the fact that the health care worker shortage is a common problem experienced across the country. The large expansion in Saskatchewan is very likely due to job replacement. That is, based on Human Resources Development Canada’s forecasts, 60% of the 2,600 job openings are due to replacement, not newly created positions (cited in Backman, 2000).

A good quality and stable supply of qualified applicants is important to the supply of DSP services. A strong economy is another important factor in creating a strong DSP job market. Without a strong economy, many educated and skilled professionals will leave Saskatchewan for provinces or countries with better job opportunities.

### *Factors contributing to shortage*

Aside from the size of the applicant pool and economic status, the factors that affect DSP recruitment, retention, and training are interrelated. There are several factors that many researchers agree on, some of which are discussed below.

#### **Low pay and compensation**

Compared to other occupations, DSPs are paid low wages. In the United States, the national average hourly wage rate in non-agriculture occupations was \$6.54 (1989 US dollars). On average, mining workers topped the list with \$13.54, while DSPs were paid only \$5.58 (Braddock and Mitchell, 1992). The competitiveness of an organization's salaries and benefits has been identified as one of the most influential factors leading to successful staffing (Huston and Marquis, 1978).

#### **Limited opportunities for career advancement**

Money is not always the most important factor in recruitment and retention. In one survey on DSP career progression, it was found that the only avenue for DSP promotion was to the position of supervisor. However, added responsibilities along with promotion to the position of supervisor are often not considered worthwhile to pursue (GPCMR, 2000).

#### **High turnover rate**

DSPs often move into other fields that offer higher wages and more career opportunities. Alberta, for example, has a high overall turnover rate (34%). The four most cited reasons for leaving are: (1) low wages (27%); (2) returning to school (12%); (3) lack of hours (8%); and (4) job dissatisfaction (7%) (Alberta Association of Rehabilitation Centers, 1998). Interestingly, in contrast to the belief that low pay is the most common reason for a high turnover rate, a study by Kurtz, Smith, and Wheeler (2000) showed that rates of pay were not a significant predictor of turnover. In a study on job satisfaction, Yamada (2002) asserted that "higher pay and benefits were indirectly associated with higher job satisfaction but directly associated with pay and benefit satisfaction. In contrast, a strong supervisor-staff relation increased DSP's organizational commitment and enhanced overall job satisfaction." These results suggest that an effective management style is essential to successful DSP retention.

#### *Work environment issues*

Lack of supervisory support and performance, barriers to participatory opportunities, the current shift from full-time to part-time and casual workers, and underutilization are all threats to DSP retention.

#### **Supervisory training and support**

A recent survey of supervisors found that 88% were aware that it was very or extremely important to have a positive supervisory approach to staff, although only 53% performed

well (American Association on Mental Retardation [AAMR], 2003). Holding managers accountable for retention has been found to be one of the most successful retention strategies (Murphy, 2000).

### **Autonomy**

Incorporation of DSPs into decision-making processes has been proven to be an effective method of retaining DSPs. Self-expression and self-determination should be realized in each day's work (Johnson, 1991). DSPs can provide solutions and input into turnover problems and productivity increases. For example, some agencies have incorporated this participatory model as part of recruitment and retention processes (Larson, 2000).

### **Productivity and utilization**

Low staff productivity and underutilization are considered serious impediments to service quality and staff retention in not-for-profit organizations. This is, in part, due to difficulties that managers have in measuring and improving productivity. Beyond performance appraisals, other methods for identifying costs and effective and efficient ways of work have been developed. One such method, called a quality group, involves a group of staff meeting regularly, providing suggestions, and evaluating strategies' effectiveness (DeMarco, 1983). A method of increasing efficiency in meeting customers' needs entails involving individual customers and families in the recruitment and training process (Alliance for Consumer Options, 1997). Beaty and Perry allude to this method in this report's Foreword.

### **Casualization**

As noted previously, hiring casual or part-time workers is not a cost-effective method of solving worker shortages. However, casual workers offer flexibility in dealing with staffing shortages. The Saskatchewan Union of Nurses (SUN) has pointed out that some nurses have personal reasons for working only part-time and should be given that opportunity (Backman, 2000). However, because casual workers may work for only a couple days or hours and then move on, concerns are raised about possible damage to full-time openings, reliability, and continuity of care in the long run. A more efficient way of dealing with staff shortages is to release resources dedicated to casualization and direct them to the reinvestment in long-term full-time staff training.

### *Public policy issues*

#### **Uncertain funding opportunities**

To date, the majority of funding for wages of care staff has come from federal and provincial governments. In 2000, the Canadian federal government spent \$4.2 billion less than it did on health care in 1994-1995 (Harris, 2000). Accounting for inflation, this figure should have increased to \$5.7 billion. Currently, federal government spending still has not returned to 1995 levels. *The Globe and Mail* reported that the federal government's major funding source was taxation, and that any funding cuts would raise health care

labour costs (Galt, 2002). As a result, the uncertainty of funding opportunities has put health care, one of Canada's key comparative advantages, in jeopardy.

### **Legislative and policy initiatives**

A collaborative agreement to fund education and training activities was established between the Minnesota Governors Council on Developmental Disabilities, the Minnesota State Colleges and Universities, and the University of Minnesota (AAMR, 2003). Furthermore, in 2003 the United States made a significant endorsement in the Senate calling for a national priority to ensure a quality and stable DSP workforce (The Kentucky Association of Residential Resources [KARR], 2003). In Saskatchewan, both the New Democratic Party and the Saskatchewan Party have incorporated recruiting, retaining, and training health professionals into their parties' respective action plans (Saskatchewan Election, 2003). This suggests that joint efforts between the SARC agencies and the provincial government can be undertaken to facilitate the DSP human resources processes.

## ***ORIENTATION AND TRAINING ISSUES***

### *Orientation*

Research has shown that a well-established and well-executed orientation program is a proven way to build organization expectations, loyalty, and team spirit to prevent quick burnout (Huston and Marquis, 1987). Many types of orientation structures are commonly used in direct service. Sample orientation tips based on Larson and Hewitt (2000) are provided in **Appendix A**.

### **Well-diversified orientations**

New hires in direct support service are a diverse group in terms of age, educational background, and previous experience (Larson et al, 1994). Special orientations should be designed to meet new hires' different needs. The previous experience that new hires bring in should be acknowledged and utilized.

### **Transition to new position and retention**

Initial orientation and ongoing training are key processes in retaining DSPs. The employees who orient new staff should be aware of the possible difficulties of transition to direct service positions. Many "retention bombs" happen in the first month of employment. Before they explode, issues can be resolved by finding out new hires' needs and difficulties (Larson and Hewitt, 2000).

### *Training and delivery methods*

It has been recognized that both orientation and training are essential to health care quality. Clients' increasing needs add complexity to DSP training. Training barriers can create impediments to health care.

### **Barriers to training**

It has been reported that major training barriers arise from low wages and high turnover. Financial constraints amongst agencies, scheduling problems, and lack of personal incentives and supervisor support toward training have also been shown to be training barriers (GPCMR, 2000).

### **Training topics**

The most frequently cited topics are safety training or training concerned with psychological issues of people with disabilities, such as medication training, safety, behaviour management, human rights, and social roles (GPCMR, 2000). A comparison of the “most useful” training topics is available in **Appendix B**, which is based on a recent survey conducted by the Training and Quality Assurance Section, Community Development Branch, California Department of Developmental Services (2002).

### **Effectiveness of the delivery methods**

Along with training content, delivery methods are another key issue in training effectiveness. Especially in non-profit organizations, a set of cost-effective training delivery methods is critical to overcoming the financial crisis experienced by agencies. However, several studies have shown that less effective delivery methods, such as lectures and films, were used most frequently (see **Appendix C**). DSPs have responded that the most preferred training methods were those that included practice and immediate feedback (Larson and Hewitt, 1994). This suggests that training methods should be consistent with DSP needs.

## **CASE STUDY ANALYSIS**

In this section, a case study approach is used to demonstrate the best practices in other organizations. The cases were selected to ascertain the strategies’ major facets and effectiveness. Key points are also highlighted to reinforce lessons learned from the cases.

### ***CASE I: HOW TO REDUCE TURNOVER (DITSON, 1998)***

- Interviews: include both positive and negative features
- Realistic job ad
- Consistent expectations: check on previous work history and references
- Mentor network: an experienced staff role model
- Quality (advisory) group

In 1992, the Visiting Nurse Corporation of Colorado, Inc. (VNCC), a non-profit home health care organization in Denver, investigated reasons for the organization's high turnover rate by surveying current employees and organization schedulers. The survey uncovered a number of issues within the organization, such as excessive paperwork and inadequate communication with the workers.

In response to issues reported by workers, the organization restructured the employee interview process by including both positive and negative features of the job. That is, more details were added to job descriptions to specify tasks, physical demands, and expectations. This new description was then presented during the interview and at the orientation process. The organization also readjusted its recruitment strategies by focusing on word-of-mouth recruitment from existing employees. They learned that strong employees tend to refer friends who share their work ethics and values. Moreover, the agencies established consistent expectations based on previous employment history and regularly performed reference checks on all applicants.

To increase orientation effectiveness and strengthen communication with workers, a schedule specifying the time, location, and purpose of each orientation phase was distributed to new employees. Checklists were designed to ensure that each new employee received the same information. Additionally, training was offered to help workers complete paperwork, which, in general, was streamlined as much as possible.

In 1994, the organization introduced a mentor system for new workers. The system gave new workers an opportunity to watch experienced workers perform care. It also allowed experienced workers to demonstrate their skills to new hires. Mentors evaluated new employees' basic skills and served as role models to new staff. The criteria for mentors included employment for more than one year and demonstration of sufficient skills.

Finally, the organization formed an advisory group to discuss issues, make recommendations, and provide peer recognition. Recognition was offered in terms of t-shirts, discount coupons, and recognition certificates for long-serving employees. In addition to monthly newsletters, weekly updates on a designated voice mail message line were also provided because it delivered low-cost current information.

Based on these efforts, the organization's part-time worker turnover rate significantly decreased from 95% in 1990 to 66% in 1996. The number of new hires who quit before making the first home visit also declined, from 60% to 25%.

### ***CASE II: A SCHOOL-TO-WORK MODEL (WALLACE, 1998)***

- Write research papers to define human services and support workers' duties
- Assess career interests to analyze education requirements, physical demands, temperaments, earnings, aptitudes, and so forth of a particular career category
- Practice seeking employment opportunities in human services

- Develop an approach from school to a preferred job
- Discuss career patterns and how to build a portfolio

A school-to-work model is designed to provide better education and employment opportunities, adult role models, and various post-secondary options for all students. Young adults, through school-to-work experience, can strengthen their competence, confidence, and career developments. This model was developed and tested at Tyngsborough High School in Tyngsborough, Massachusetts in 1996.

In the spring of 1996, 120 grade eight students participated in a project designed to test the school-to-work model. A common lesson format was created, which included “identifying objectives, classroom activities and procedures, materials, minimum skills to be taught, and evaluation” (Taylor, Warren, Leff, and Malyn-Smith, 1997, cited in Larson, Bruiniks, and Lakin, 1998).

The challenges and benefits resulting from these efforts included:

1. The skill standards assisted the school in developing its first school-to-career plan.
2. School staff felt that conversation among instructors, business partners, and students was more realistic and meaningful for students while working with the skill standards.
3. Talking to professionals helped students better understand realistic salary expectations after leaving high school.
4. Through participation in field test activities based on the Community Support Skill Standards (CSSS), the students better understood the needs and expectations of human services industries.

As a consequence of the program’s success, Tyngsborough High School made plans to expand this project by developing career exploration activities for students from seventh to ninth grades, and creating more opportunities for site visits and internships for students in both grades eleven and twelve. This School-to-Work model provides a pool of reliable potential DSPs, significantly reducing the cost of training employees and retention.

## **KEY STRATEGIES**

The strategies outlined in **Tables 1 to 3** are a result of the analyses and literature review presented in this report’s previous sections. As recruitment, retention, and orientation are three highly interconnected areas, strategies listed under one area may support others. For the purpose of clarity, strategies are only listed once in the most relevant area.

**Table 1. Recruitment Strategies.**

<b>Strategy</b>	<b>Description</b>	<b>Sources</b>
(1) Build a national recruitment network	Link efforts with other community and nationwide agencies using common brochures, recruitment materials, and marketing strategies.	Taylor, 1998
(2) Create systematic work opportunities by introducing young people to direct support service	Create “School-To-Work” programs, volunteer opportunities, service-learning, and other student extra-curricular service efforts. Encourage agency tours and visits for youth groups. These kind of opportunities will provide a first-hand experience to potential applicants.	Wallace, 1998
(3) Develop realistic job descriptions	Ensure a good fit between candidate expectations and job reality. Methods include videotapes, booklets, work sample tests, and structured interviews that give the candidate thorough information about what the job entails.	Taylor, 1998; Ditson, 1998
(4) Devise a contingency-based hiring process	To reduce the hiring process length, staff can be quickly hired contingent on the first few months’ performance and positive references.	Larson and Hewitt, 2000
(5) Create incentive referral program (known as “recruitment bonus”)	Incentive programs for existing employees and volunteers to refer friends and acquaintances as job candidates.	Dykstra, 2001
(6) Implement a long-term recruitment partnership	Foster ongoing relationships with career placement specialists, guidance counselors, post-secondary educational program staff and others who may direct candidates to jobs.	Taylor, 1998
(7) Appoint DSP as a member of recruitment team	Develop a better understanding of the nature and needs of DSP workforce.	Jaskulski and Ebenstein, 1996

**Table 2. Retention Strategies.**

Strategy	Description	Sources
(1) Implement worker-centered orientation	Help new hires in overcoming initial work-based learning and socialization difficulties.	Jaskulski and Ebenstein, 1996
(2) Build a co-worker network	Provide new recruits with mentors who are more “seasoned” co-workers. Provide workers who are in isolated locations with opportunities to network with co-workers.	Larson et al, 1998
(3) Reward excellence	Develop peer-nominated excellence awards. The rewards should be as tangible as possible, such as money or gift certificates.	Larson and Hewitt, 2000
(4) Create flexible benefit programs	Develop retirement/pension plan packages, family benefits.	Larson et al, 1998
(5) Develop relevant career pathway	Assist staff in identifying relevant career paths within the agency and support these paths through competency-based training that leads to a valued credential, wage increments, and other forms of recognition.	Wallace, 1998
(6) Incorporate education advancement	Link agency training with opportunities for higher education and career advancement. Provide educational loans, bursaries, and support to take relevant courses contingent on length of stay.	Murphy, 2000; Larson and Hewitt, 2000
(7) Create a supervisor help program	Provide personal experience, support and advice. Help new hires acquire a smooth transition to full time equivalent (FTE).	Ditson, 1998
(8) Invest in training supervisory skills for new supervisors	Retaining DSPs are critical to supervisor-staff relationships. Provide training in conflict resolution, empathic listening, leadership, and instructional techniques	Larson and Hewitt, 2000
(9) Implement a “before I accept your resignation” chat	Save employees by having an appropriate conversation to figure out why they quit the job. As a last-ditch retention strategy, 75% of the time this kind of conversation fixes the situation.	Larson and Hewitt, 2000

**Table 3. Orientation.**

Strategy	Description	Sources
(1) Conduct a comprehensive view of DSP role requirement	CSSS is a competency-based framework describing the skills, knowledge, and attitudes consistent with exemplary DSP performance. These standards have been adopted by the National Alliance for Direct Support Professionals (NADSP) as the basis for requirements of a national, voluntary credential under development for direct support professionals.	Taylor et al, 1996
(2) Identify direct support training needs	Although a national skill standards set has been identified, a systematic means is needed for identifying ongoing direct support training needs, including subject matter, methods of delivery (e.g. classroom, video, multi-media CD-ROM, distance learning), times of delivery, and current existing and needed access. This process requires constant attention as direct support work changes and matures.	Larson et al, 1998
(3) Develop a training agencies network	Collaborate with other agencies to exchange training materials or spaces and develop joint training programs to manage costs.	Larson and Hewitt, 2000
(4) Tailor specific training plans for DSPs with different work knowledge	Recognize that basic information is not suitable for experienced staff and that more advanced courses are needed.	Larson and Hewitt, 2000
(5) Set up a “Putting People First” conference: Develop resources and offer educational venues (e.g. workshops, videos, on-line resources)	Devise a “Putting People First” conference to provide opportunities for DSP both to understand their role in the overall service delivery system and to secure much needed opportunities to network with other DSP.	Larson et al, 1998
(6) Create a mentor system	Provide opportunity to watch experienced workers perform care. Mentors evaluate new employees on basic skills and serve as role models. Mentors have to be someone being employed more than one year and having satisfied all their job requirements to be selected to perform for new employees.	Ditson, 1998
(7) Initiate a staff development program	Conduct various and ongoing development programs. At least 80 hours of yearly training with a part of the training, for example, to develop a project that would make the agency a better place to work.	Dykstra, 2001
(8) Create a training incentive program	Create training modules with a certificate and money bonus upon completion as incentives.	Larson and Hewitt, 2000

## LIMITATIONS AND FURTHER STUDY

- *Conflicting evidence in the research literature.* One research finding might contradict another. For example, a recent survey in Wisconsin showed that DSPs were overwhelmingly satisfied with their jobs and no high turnover rates were found. This was despite a finding that 67% of employees rated their salaries fair or poor, and 90% indicated that an increase in wages would increase their job satisfaction (The Wisconsin Council of Developmental Disabilities, 2002). The literature review conducted in this study focused on the most common research findings from which bases of good practices arise.
- *Quantification of human resources impacts.* Based on cost-effective principles, improvement in productivity after training, the effectiveness of different training delivery methods, and other human resources processes need to be quantified in some manner. As cited in Huston and Marquis (1987), Cascio (1982) provides an excellent description of techniques enabling calculation of the financial impact of human resource outcomes.
- *A need for local perspective.* This study's recommendations are drawn from existing research results, as opposed to collecting new survey data within Saskatchewan. In that respect, a commonly used practice in other organizations might not be the best strategy for SARC. Implementation of good practices drawn from other organizations should be balanced against SARC's specific needs.
- *Ongoing examination of the effectiveness of the action plans.* Finally, the effectiveness of adopted plans and training should be assessed through ongoing evaluation. It is crucial for SARC to have DSP input into training content and methods. A follow-up survey as part of a longitudinal study is needed to examine the effectiveness of any human resource initiatives.

## REFERENCES

- Alberta Association of Rehabilitation Centers. (1998). *Member agency employee recruitment, training, and turnover survey*. Calgary, AB.
- Alliance for Consumer Options. (1997). Personnel initiative '97: A comprehensive workforce development plan for human services workers. Edina, MN.
- American Association on Mental Retardation. (2003). Online resource: ([http://www.aamr.org/FYI/fyi\\_vol\\_3\\_no\\_5.shtml](http://www.aamr.org/FYI/fyi_vol_3_no_5.shtml)).
- Backman, A. (2000). *Job satisfaction, retention, recruitment and skill mix for a sustainable health care system*. Retrieved from University of Saskatchewan Library Database
- Braddock, D. and Mitchell, D. (1992). *Residential services and developmental disabilities in the United States*. Washington, D.C
- Cascio, W. (1982). *Social learning theory*. Englewood Cliffs, NJ.
- Connolly, V.; Cook, D.; Gendron, P., and Richards, B. (2000). *At the crossroads: The crisis in the work force in supporting people with disabilities*. Washington, D.C.
- DeMarco, J. (1983). Productivity and personnel management in government organization. In S. Hays and R. Kearney (eds.). *Public Personnel administration, problems and prospects* (pp. 203-215). Englewood Cliffs, NJ.
- Ditson, L. (1998). Reducing Turnover: The VNCC Approach. In A. Hewitt, and S. Larson (eds.). *Impact: Feature issue on direct support workforce development 10* (4). Minneapolis.
- Dykstra, A. (2001). *What's worked for Trinity in recruitment and retention*. Joliet, IL.
- Galt, V. (2002). Medicare seen raising labor costs. *The Globe and Mail*. 12 February. Online resource: (<http://www.healthcoalition.ca/labour-costs.html>).
- Governor's Planning Council on Mental Retardation. (2000). *Focus on the front line: Perceptions of workforce issues among direct support workers and their supervisors*. Boston, MA.
- Harris, M. (2000). [News release, selected stories online]. Online resource: (<http://www.premier.gov.on.ca/english/news/2000/prmnstr012700.asp>).
- Huston, C. and Marquis, B. (1987). *Management decision making for nurses: 101 case studies*. Philadelphia.
- Jaskulski, T. and Ebenstein, W. (eds.). (1996). *Opportunities for excellence: Supporting the frontline workforce*. Washington DC.
- Johnson, G. (1991). *Recruiting, retaining, and motivating the federal workforce*. Connecticut.

- The Kentucky Association of Residential Resources [KARR]. (2003). *Campaign to improve conditions for direct support professionals receives help from Kentucky Senator: U.S. senator Jim Bunning introduces resolution on behalf of workers*. Online resource: ([http:// www.rescare.com/web/NewsReleases/DirectSupportHelp.asp](http://www.rescare.com/web/NewsReleases/DirectSupportHelp.asp)).
- Kurtz, D.; Smith, T., and Wheeler, B. (2000). *Evaluation of impact of WIC section 4618.4 (Rate increase) on staff turnover for direct support workers in licensed community care facilities for people with developmental disabilities 1998-2000*. [Electronic version].
- Larson, S. (2000). *Staff recruitment and retention: A hands-on Approach to hiring and keeping staff*. Washington, D.C.
- Larson, S.; Bruininks, R., and Lakin, K. (1998). *Staff recruitment and retention: Study results and intervention strategies*. Washington, D.C.
- Larson, S. and Hewitt, A. (1994). Training issues for direct service personnel working in community residential programs for persons with developmental disabilities. *Policy Research Brief 6 (2)*. Minneapolis.
- Larson, S. and Hewitt, A. (2000). *State and national policy initiatives to address staff challenges*. Washington, D.C.
- Larson, S.; Hewitt, A., and Lakin, K. (1994). Residential services personnel: Recruitment, training and retention. In M. Hayden and B. Abery (eds.). *Challenges for a service system in transition: Ensuring quality community experiences for persons with developmental disabilities* (pp. 313-341). Baltimore.
- Lockey, J. (1999). The low-down on pay and conditions. *Nursing Times* 95(47): 17.
- Murphy, S. (2000). *What to do before the well runs dry: Managing scarce skills*. Ottawa.
- Saskatchewan Association of Rehabilitation Centers [SARC]. (2002). The people matter, the work matters. Saskatoon, SK.
- Saskatchewan Election 2003. (2003). *University of Saskatchewan On Campus News* 11. 31 October –11 November . Saskatoon, SK.
- Taylor, M. (1998). *A call to exemplary service*. Cambridge, MA.
- Taylor, M. (1999). *The direct support workforce*. Cambridge, MA.
- Taylor, M.; Warren, J., and Bradley, V. (eds.) (1996). *The Community Support Skill Standards: Tools for managing change and achieving outcomes*. Cambridge, MA.
- Taylor, M.; Warren, R.; Leff, J., and Malyn-Smith, J. (1997). *The community support skill standards project: Technical report on implementation and demonstrations*. Cambridge, MA.

- Training and Quality Assurance Section, Community Development Branch, California Department of Developmental Services. (2002). *Analysis of the 2002 survey of direct support professional training at California's regional occupational centers and programs*. Online resource: ([http://www.dds.ca.gov/DSPT/pdf/dsptSurveyReport\\_ROCP.pdf](http://www.dds.ca.gov/DSPT/pdf/dsptSurveyReport_ROCP.pdf)).
- The Wisconsin Council of Developmental Disabilities. (2002). *Staff retention among direct support workers in Wisconsin: A passion for their work fuels longevity and commitment among a dedicated core of workers*. Online resource: ([http://www.wcdd.org/Retention\\_survey\\_report.pdf](http://www.wcdd.org/Retention_survey_report.pdf)).
- Wallace, T. (1998). Expanding the Direct Service Workforce: Possibilities Through School-to-Work. In Hewitt, and S. Larson (eds.). *Impact: Feature issue on direct support workforce development* 10 (4). Minneapolis, Minnesota.
- Welch, J. (1999). *The ugly direct support professionals*. Online resource: ([http://www.tell-us-your-story.com/\\_disc108r/00000010.htm](http://www.tell-us-your-story.com/_disc108r/00000010.htm)).
- The Wisconsin Council of Developmental Disabilities. (2002). *Staff retention among direct support workers in Wisconsin: A passion for their work fuels longevity and commitment among a dedicated core of workers*. Online resource: ([http://www.wcdd.org/Retention\\_survey\\_report.pdf](http://www.wcdd.org/Retention_survey_report.pdf)).
- Yamada, Y. (2002). Factors contributing to job satisfaction and organizational commitment of direct care workers in home care. *The Gerontologist* 5 Oct: 23

**Appendix A. Sample Orientation Tips .**

<b>Tips</b>	<b>Description</b>
(1) Welcoming gifts	Welcome baskets with mugs, logo pins, pens, balloons, t-shirts, or baseball caps.
(2) Job shadowing	Pay new hires for double coverage with a mentor for at least 1-2 weeks.
(3) Pacing and learning	Focus on information needed for initial daily work as opposed to general policy and procedures.
(4) Active and interactive training	A. Include self-advocates and family members as part of the active training team. B. Use storytelling to explain work and expectations.
(5) New staff networking	Connect and reconnect new staff with their new cohort

Source: Larson and Hewitt, 2000.

**Appendix B. “Most Useful” DSP Training.**

<b>Topic Ranking</b>	<b>Description</b>	<b>Percent of Responses</b>
(1) Medical management and safety training	Proper and safe practice and handling of medications (e.g. hand washing/gloving).	41.5%
(2) Human rights, choices, and respect	Respecting and understanding individual human rights and choices.	26.1%
(3) Positive behaviour support	Understanding the causes of behaviour issues and avoiding insufficient/negative service.	17.0%
(4) Communication	Being able to communicate effectively across a range of needs and abilities, including with people who are non-verbal.	13.6%
(5) Social role and other	Being aware of situations affecting clients; person-centered planning involvement; supporting of applicable laws and regulations, and staff and supervisors’ roles; empathetic support for integrating clients into the community.	Each received 5% or less.

Source: Training and Quality Assurance Section, Community Development Branch, California Department of Developmental Services, 2002.

**Appendix C. Effectiveness of delivery methods and retention.**

<b>Effectiveness Ranking</b>	<b>Retention Percentage</b>	<b>Frequency Of Use</b>
(1) Immediate use of new skill (e.g. One-to-one instruction, practice of skill)	95%-75%	87%
(2) Skill demonstration	30%	26.1%
(3) Formal classes	N/A	85%
(4) Film/videotape	20%	85%
(5) Reading (training modules or rules)	10%	89% or more
(6) Lecture	5%	89%

Source: Larson and Hewitt, 1994. Effectiveness ranking and frequency of use are based on Larson and Hewitt (1994). Retention percentages are based on Templeman and Peters' data (as cited in Larson and Hewitt, 1994).



CUISR Resource Centre  
University of Saskatchewan  
289 John Mitchell Building  
118 Science Place  
Saskatoon SK S7N 5E2 Canada  
Phone: 306-966-2121  
Facsimile: 306-966-2122  
E-mail: [cuisr.oncampus@usask.ca](mailto:cuisr.oncampus@usask.ca)



CUISR Web site:  
<http://www.usask.ca/cuisr/>

CUISR Community Liaison Office  
St. Paul's Hospital Residence  
230 Avenue R South  
Saskatoon SK S7M 2Z1 Canada  
Phone: 306-978-8320  
Facsimile: 306-655-4956  
E-mail: [cuisr.liaison@usask.ca](mailto:cuisr.liaison@usask.ca)