

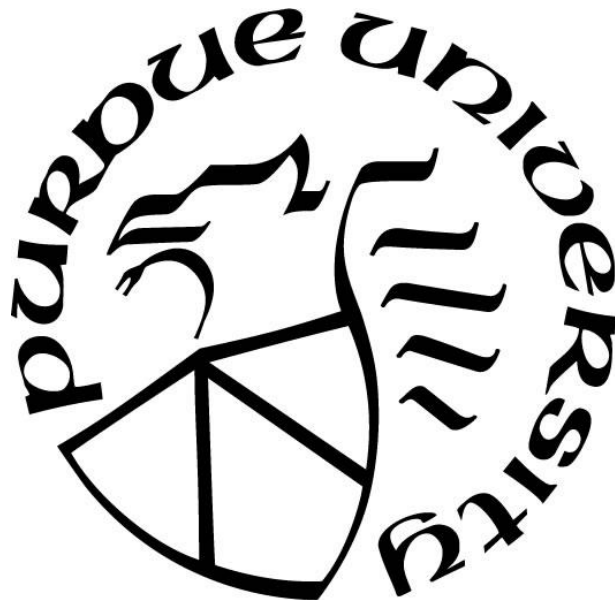
**A MIXED METHODS STUDY EXAMINING THE FACTORS  
ASSOCIATED WITH RETENTION IN DIRECT SUPPORT PROFESSIONALS**

by  
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## ABSTRACT

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Title: A Mixed Methods Study Examining the Factors Associated with Retention in  
Direct Support Professionals

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The current study investigated the organizational and individual factors that promote retention for Direct Support Professionals (DSPs) who work with individuals with Intellectual and Developmental Disabilities (ID/DD) in residential or community-based settings across a Midwestern state. Twenty-seven DSPs completed qualitative and quantitative measures by responding to open-ended interview questions and supplying background information and ratings indicating their desires to stay or leave their current organizations and reasons for doing so. Content analysis was used to interpret the qualitative data and descriptive statistics, *t*-tests and Chi-square analyses were used to examine the quantitative data.

Factors were conceptualized under three categories: (1) *Intrinsic Factors*, (2) *Extrinsic Factors*, and 3) *Individual Factors*. This organizational framework for DSPs is similar to retention models for other direct care workers (e.g., Ellenbecker, 2004; Li, 2007; Warburton et al., 2014). Some factors DSPs endorsed were similar to direct care workers generally, e.g., personality traits such as being loving or empathetic towards clients, having strong communication with coworkers and supervisors, and valuing the flexibility and benefits they receive on the job, whereas other factors appeared to be relatively unique to staff working with adults with ID/DD, e.g., seeing progress and change in their clients and feeling love and appreciation from clients. When the reasons DSPs stay (e.g., relationships with clients, flexibility in their schedules) and leave their jobs (e.g., financial constraints, viewing the job as temporary) were compared, they appeared to differ, but more research is warranted. Further research is also needed to examine



whether the factors promoting retention for DSPs may differ based on age and on the settings in which DSPs work. Suggestions for ways to improve recruitment, retention, and training efforts for DSPs are highlighted, and the implications of the current findings are discussed.

## INTRODUCTION

In response to the decrease in the number of individuals with intellectual and developmental disabilities (ID/DD) residing in state institutions during the latter half of the 20<sup>th</sup> century, the system of home and community-based supports also grew, and is expected to continue to grow. A key limiting factor in meeting the increased demands for community-based services is hiring and retaining a quality work force, especially Direct Support Professionals (DSPs). However, because the work of DSPs is often demanding, with low pay and benefits, DSPs are prone to high rates of burnout, stress, and turnover (Hatton et al., 1999; Mascha, 2007; Hastings et al., 2004). The quality of direct support staff, “can be the difference between a satisfying life or a life fraught with emotional distress or even harm” (Riddle, 2009, p. 522) for the individuals with ID/DD who are under their care. Individuals with disabilities, their families, and caregivers have also reported frustrations with the quality of disability care staff (Dodevska & Vassos, 2013). Not surprisingly, then, the recruitment, retention, and competence of DSPs are reported to be some of the most significant barriers to the sustainability, growth, and quality of services for people with developmental disabilities (Hewitt & Larson, 2007).

Although an understanding of turnover and factors that predict whether staff *leave* are critical, the literature, across a number of disciplines, points to the need for a better understanding of those who *stay* in their positions, to better inform knowledge regarding recruitment and retention (Mittal et al., 2009; Jack et al., 2013; Lincoln et al., 2014; Wang et al., 2012). Unfortunately, little is known about the factors that specifically promote retention for DSPs. Researchers have investigated the factors associated with employee retention for direct care workers who work with other populations (e.g., mental health care workers, employees working in nursing home settings with the elderly); however, empirical data investigating retention for DSPs working with adults with ID/DD are largely missing.

## **Direct Support Professionals**

The roles and responsibilities of DSPs are wide-ranging and encompass a number of job titles, including direct care worker, habilitation specialist, and residential counselor (Hewitt & Larson, 2007). Their primary responsibility is to ensure that support plans and interventions for individuals under their care are carried out correctly (Riddle, 2009). In many cases, their positions are entry-level and low paying, and few qualifications other than a high school diploma are required; DSPs typically work under the supervision of other professionals. Degree of autonomy depends on the setting in which the DSP works, which may include a private residence, group home, sheltered workshop, supported employment program, day activity center, or nursing home.

As noted earlier, the need for DSPs continues to grow. With the number of individuals with ID/DD in need of residential and day-care supports rising from 1,015,000 in 2003, to an estimated 1,400,000 in 2020 (U.S. Department of Health and Human Services, 2006), the workforce of DSPs who provide direct care to adults with ID/DD will need to increase by approximately 37%. This makes recruitment and retention of DSPs even more critical. Most individuals with ID/DD who were previously served in institutional settings are now being served in smaller, community-based settings. In fact, approximately 96% of the residential service facilities in the US today serve six or fewer individuals, whereas the average residential center once served an average of 22.5 individuals with ID/DD in 1977 (Larson, et al., 2013). Moreover, there are an estimated 76,677 people with ID/DD on residential service waitlists nationwide (Larson et al., 2013). Compounding the problem, community-based care tends to require additional staff to cover geographic spread, compared to the efficiency of centralized institutional care. Furthermore, the skill-sets required of DSPs are more varied and complex than they were in previous institutional settings. DSPs currently do more than caretaking; they require skills in “relationship building, resource networking, communication, counseling, conflict resolution, [and] bridge building” (Hewitt & Larson, 2007, p. 179). Not only are DSPs expected to meet health, safety, and care needs, they also are expected to assist their clients in achieving personal goals, including finding and keeping employment, connecting with peers, and becoming active community members (Hewitt & Larson, 2007).

In recent years, steps have been taken to enhance the supports provided to adults with ID/DD by spreading awareness of the DSP position, their role in the human services industry, and the importance of their work. By means of a national accreditation agency, the National Alliance for Direct Support Professionals (NADSP) and through the assistance of strong advocates and researchers, three credentialing levels were developed for DSPs: Direct Support Professional- Registered (DSP-R), Direct Support Professional-Certified (DSP-C), and Direct Support Professional- Specialist (DSP-S). However, in spite of recent efforts to improve the prestige of the DSP role, employee turnover is particularly high among DSPs who provide care for adults with ID/DD. Moreover, although agencies and alliances have emerged to support DSPs, empirical reports and the voices of individual staff members are lacking.

### **Turnover, Burnout, and Stress in DSPs**

#### **Turnover Rates for DSPs and the Costs of Turnover**

DSPs have a very high annual turnover rate. Hewitt and Larson (2007) examined turnover rates from 1980-2005 for DSPs across a variety of settings and reported rates ranging from 45-70% in community residential settings, 33-86% in employment settings, and 30-66% in multi-service settings. In a study of 147 sites in Minnesota (122 residential support sites and 25 day-training and habilitation sites), the annual turnover rates were 25.4% among residential sites and 27.5% among day training/ habilitation sites, meaning that over the course of one year, approximately one quarter of staff were being replaced (Bogenschutz et al., 2014). Similarly, Test and colleagues (1999) surveyed DSPs, administrators, and clients in North Carolina and estimated a turnover rate of 41% combined with low average hourly wages of between \$9.30 (public) and \$9.24 (public/private combined). Not surprisingly, in addition to actually leaving, DSPs also report frequently thinking about leaving. Mascha (2007) reported that 56% of DSPs often thought about leaving their jobs, while 22% of DSPs were undecided, and 22% never thought about leaving.

Turnover creates a variety of problems for provider organizations. For example, the costs of DSP turnover can be quite high. Estimated costs for replacing DSPs range

from \$2,413 (Hewitt & Larson, 2007) to \$4,872 (Bogenschutz et al., 2014). Assuming an *average* annual DSP turnover rate of 52% in the United States, costs simply to replace lost DSPs could be as high as \$784 million (Hewitt & Larson, 2007).

In addition to the impact on financial resources and the time it takes to hire and train new employees, turnover negatively impacts company performance. Organizations with high levels of personnel change perform worse than their more stable rivals (Felps et al., 2009). Problematically, turnover may be related to reduced service quality. Although there are no studies of the impact of turnover on fidelity of services for individuals with ID/DD, a number of studies have noted that high team turnover in mental health settings is associated with significantly lower fidelity scores, suggesting that turnover is a relevant factor in service quality and in implementation outcomes generally (e.g., Woltmann et al., 2008; Rollins et al., 2010).

### **Factors Associated with Turnover for DSPs**

Since turnover is one of the factors driving the increase in demand for DSPs, we must first understand the factors associated with turnover before we can assist in reducing recruitment and retention challenges (Office of the Assistant Secretary for Planning and Evaluation, 2006, p. 18). A number of factors have been associated with turnover in DSPs and they have been grouped into two categories: “Organizational Factors” and “Employee Characteristics and Work Attitudes.” At the organizational level, lower wages, less favorable staff ratios, newer programs serving individuals with more intensive needs, and fewer staff members per site have been noted to increase turnover (Office of the Assistant Secretary for Planning and Evaluation, 2006).

At the employee level, turnover has been associated with age (being younger), shorter job tenure, a greater intent to leave, and perceptions of available jobs elsewhere (Office of the Assistant Secretary for Planning and Evaluation, 2006). Moreover, employee attitudes including having unmet expectations about the job, degree of commitment to the organization and its mission, and satisfaction with various job characteristics including supervisors, are also important. Such employee attitudes can be impacted through the use of more effective human resource practices (Hewitt & Larson, 2007; Office of the Assistant Secretary for Planning and Evaluation, 2006).

Also at the employee level, other factors have been shown to impact turnover for DSPs. Because employers recruit staff from diverse pools, including both older and younger individuals, immigrants, and displaced and transitioning workers, there is less of a common language between DSPs because they have different backgrounds and life experiences (Larson & Hewitt, 2012). Furthermore, on-the-job stress can also impact turnover rates for DSPs. For example, when clients display aggressive behaviors (which can be common among individuals with DD) or manipulative behaviors (e.g., making false accusations against staff), it creates stress, which can lead to reduced patience and feelings of powerlessness, and ultimately disengagement and requests to transfer positions (Neben & Chen, 2010). Burnout, defined as a “syndrome composed of emotional exhaustion, depersonalization of clients, and a loss of feelings of personal accomplishment” (p. 198), is also associated with greater turnover intentions in DSPs (Kozak et al., 2013). Burnout is common among human service workers, and has been associated with increased absences, greater use of sick time, and more on-the-job accidents (Seti, 2007). Burnout rates and stress levels are especially high for DSPs (Devereux et al., 2009; Hastings, 2004). For example, in one study, twenty to forty percent of staff serving people with Intellectual Disabilities experienced distress at levels indicative of mental health problems (Hatton et al., 1999). The effects of stress and burnout, through their impact on care-quality, retention, and turnover (Hastings et al., 2004; Seti, 2007) also have negative implications both for DSPs and their care recipients (Gray-Stanley et al., 2010; Hatton et al., 1999). For example, turnover negatively impacts the continuity of care for consumers with ID/DD (Gray-Stanley et al., 2010).

### **Turnover Versus Retention**

As described above, DSPs working with individuals with ID/DD tend to experience and report high levels of burnout, stress, and negative outcomes that result from organizational factors and workplace attitudes; leading to increased turnover intentions and increased turnover behavior (e.g., Lin & Lin, 2013; Gray-Stanley & Muramatsu, 2013), which, in turn, can affect service quality (Rollins et al., 2010) and continuity of care (Gray-Stanley et al., 2010). Because high turnover rates make it increasingly difficult to meet the future demand for DSPs through recruitment alone, it is

critically important to improve the *retention* of existing DSPs (U.S. Department of Health and Human Services, 2006). For example, if turnover rates could be reduced from 50% to 35%, the growth in the demand for DSPs could be met over the next decade with the current patterns of recruitment (U.S. Department of Health and Human Services, 2006).

However, although we have some ideas concerning why DSPs leave their jobs, little is known about what continues to attract workers to stay on the job, that is, the reinforcing and *positive* experiences associated with the work of DSPs. To ensure a stable, satisfied, and high-quality direct care work force, efforts must address the issues associated with retention as well as those associated with turnover. Importantly, the factors associated with retention (why DSPs stay) may be qualitatively different than the factors that are linked to turnover (why DSPs leave). For example, Mittal and colleagues (2009) conducted focus groups with direct care workers who had at least three years of experience in the senior health care or intellectual disability industry; the authors reported differences in the factors linked to retention versus turnover (their findings are described in detail, below). Furthermore, it has been suggested that researchers clarify the distinction between the concepts of retention, described as ‘intent to stay’, and turnover, described as ‘intent to leave’, to establish a clear theoretical foundation for why DSPs remain in their positions (Cowden et al., 2011).

As discussed above, recruitment and retention of qualified DSPs is of critical concern due to the increased staffing demands fueled in part by aging caregivers and the increased lifespan of persons with disabilities (Bayes, 2011). Below, the research on retention for both DSPs who work with individuals with ID/DD and direct care workers supporting other populations is summarized.

### **Retaining DSPs**

As reviewed by Larson and Hewitt (2012), much of the literature about DSPs has focused on the challenges the disability services industry must overcome, rather than on what is currently working well, and for whom. In their overview of recruitment, retention, and training issues, it becomes evident that there are few empirical studies examining the issues surrounding the retention of DSPs. These are briefly reviewed below.

In the 1990s, a seminal study was conducted by Larson, Lakin, and Bruininks (1998). DSPs from 110 residential sites in Minnesota completed two facility surveys. The research examined organizational characteristics, staffing patterns, recruitment and retention challenges, and client characteristics. New-hires were followed for 12 months to learn about their personal characteristics, education and experiences, employment context, job expectations, organizational commitment, and reasons for leaving their jobs. Data suggested that the most common reasons that DSPs leave include problems with coworkers, inadequate pay, benefits or incentives, problems with supervisors, and scheduling difficulties (Larson et al., 1998).

Larson and colleagues' (1998) study also touched on recruitment and retention issues, and impacted the subsequent literature on such topics. The authors noted that employees with fewer unmet expectations were less likely to quit in their first 12 months, thus promoting retention (Larson et al., 1998). They advocated for using realistic job previews when hiring DSPs, so that potential job candidates could obtain specific information they were unlikely to know otherwise, to decrease their "unmet expectations." Although, Larson and colleagues' study was crucial, it was conducted over 15 years ago and did not comprehensively address the reasons why DSPs stay (rather than why they leave), rigorous qualitative research methods were not applied to enable employees to share their personal stories, and the factors associated with retention for longer-term employees (who were employed for longer than 12 months) were not studied.

Jacobson and Ackerman (1992) conducted a large empirical study using questionnaires administered to 232 staff and managers of 38 group homes in community residential programs serving individuals with ID/DD in New York. They reported that DSPs were more committed to their jobs when they were satisfied with their coworkers, income, supervision, and promotional opportunities (Jacobson & Ackerman, 1992). This study was one of the first to include job tenure as a factor associated with employment. Both short-staying and long-staying employees were surveyed. Longer tenure was associated with fewer goals in residents' individual program plans (IPPs) and fewer staff participating in program planning meetings. However, neither the unique stories and



experiences of DSPs nor the individual factors impacting retention and turnover were examined.

Bachelder and Braddock (1994) collected data from managers and recently hired DSPs across a random sample of 120 small community residential programs (Intermediate Care Facilities for the Mentally Retarded [ICF/MRs], Community Residential Alternatives [CRAs], and Community Integrated Living Arrangements [CILAs) in Illinois by conducting phone interviews to examine the relationships between turnover and organizational socialization practices. They reported the importance of supporting new-hires, encouraging group work, and assigning mentors to new staff. However, their research did not focus specifically on the retention of DSPs, included the voices of managers, and did not employ thorough qualitative research methods.

More recently, Bogenschutz and colleagues (2014) conducted a survey to gather information about DSPs' wages, access to benefits, and the stability of their workforce in residential and day training community-based settings. The research team surveyed 1,220 DSPs from 147 sites in Minnesota (122 worked in residential settings; 25 worked in day training and habilitation settings). Study participants completed a two-page survey with questions about workplace indicators, wage and turnover information, and census figures. Results indicated that a typical DSP earns approximately \$11.25 per hour and fringe benefits are limited. Most employers offered health insurance coverage, however, it was not clear whether DSPs were eligible and able to buy into the employer-sponsored programs (Bogenschutz et al., 2014). Although useful information arose from this research, classic survey methods were utilized and participants were not provided with the opportunity to share additional information in the form of qualitative interviews. Moreover, Bogenschutz and colleagues did not focus on understanding retention.

Most recently, a randomized controlled trial (RCT) was conducted to test the use of an online competency-based training program for DSPs working in Minnesota. The training program was effective in decreasing annual turnover when multiple factors were controlled, e.g., average DSP tenure, wage earned, and education level (Bogenschutz et al., 2015), demonstrating the potential importance of training and worker competence in reducing turnover. However, the focus of this research study was on training strategies,

not on the factors associated with turnover or retention, and again, participants were not provided with an opportunity to discuss why they stayed in their positions.

As reviewed above, most of the existing research on DSPs has not focused on retention per se, has typically employed the use of brief survey methods, has used unselected samples of employees (i.e., has not specifically targeted individuals who have longer tenures) and has rarely employed qualitative research methodology (e.g., content analysis or grounded theory) to interview DSPs. However, three studies have been conducted using exclusively qualitative methods and are described below.

O'Brien and O'Brien (1992) used qualitative methods to explore the experiences of DSPs when reflecting on their work. The authors identified themes including, but not limited to: "ordinary moments, everyday triumphs, assistance, how people change, dreams, family, friends, money matters, and fighting the system" (Center on Disabilities and Human Development, 2004, p. 22). However, their compilation of stories about DSPs and the individuals they serve is now over 20 years old and was not focused on understanding the issues surrounding retention.

More recently, Test and colleagues (2004) conducted a series of focus groups with 56 administrators, 53 direct support staff, and 70 consumers in North Carolina. The main findings were that DSPs recognize the need for training, an efficient state-wide training system is required, and the DSP role should be developed into a valued profession (Test et al., 2004). However, specific factors impacting retention and turnover of the DSPs were not examined.

Finally, Casey (2011) explored the factors associated with retention in a study of developmental service workers providing services to individuals in Canada. Workers suggested retention rates could be improved by increasing pay rates, improving working hours, creating safer work conditions, increasing support from management, ensuring staff have an interest in vulnerable populations, and increasing the availability of meaningful training. Although, the researcher used field observations and semi-structured interviews, the findings were limited by the study's very small sample size ( $n = 5$ ). In addition, participants included both front-line staff and management, thus diluting the voices of direct care workers.

In addition to the empirical literature, the DSP literature is also comprised of opinion-based articles and non-empirical overview articles that discuss issues pertaining to the retention of DSPs (e.g., Hewitt et al., 1998; Hewitt 2001). For example, Hewitt (2001) suggested expanding the pool of potential DSP workers, enhancing the status and image of their work, educating people about the roles of DSPs through targeted marketing campaigns, and advertising for DSP positions in secondary educational systems. She also recommended that providers implement changes in their own organizations by increasing wages and benefits, because, “DSPs should be able to live on the wages they earn and should not have to work two or three jobs just to make ends meet” (Hewitt, 2001, p. 22). However, although opinion papers and reviews are informative and assist in sharing existing knowledge and experts' perspectives, they cannot empirically answer questions such as the factors impacting retention.

### **Summary of the Problem**

As described above, one clear problem is that the empirical literature on DSPs is small (e.g., Jacobson & Ackerman, 1992; Larson et al., 1998; Test et al., 1999). In addition, when studies have focused on questions of workforce stability, they have tended to examine questions of turnover, rather than retention. Retention, if included as a study variable at all, is rarely the focus. Also, studies have used unselected samples that do not necessarily target individuals who are satisfied, long term workers. Also, with few exceptions, studies have failed to use qualitative methods to understand the factors impacting retention as understood and experienced by DSPs themselves. In addition, when interviews have been conducted with DSPs, the samples have been very small, the interviews have not focused on retention and the rigorous research guidelines for qualitative research (e.g., Tong et al., 2007) were not implemented. As a result, we know little about the organizational factors, specific traits, personality characteristics, and individual factors that impact retention as viewed by DSPs on a personal level.

Of particular importance for the current study, researchers have not specifically focused on the factors impacting retention for *longer-term* DSPs (those who stay in their jobs for many years). Specifically, few, if any, studies have focused on longer-staying employees who are satisfied with their jobs. This tenured population of DSPs is of

particular interest because they represent those who have been successfully retained, who like their work, and are presumably good workers. In other words, these are precisely the workers that organizations wish to attract. Understanding these employees and the factors supporting their retention can be invaluable.

An examination of the factors associated with DSPs' retention is clearly needed, since clients with ID/DD present with their own unique challenges and require a skilled workforce who can appropriately attend to and manage problematic behaviors (i.e., self-injurious/ aggressive behaviors, social and motor deficits) while also providing support for limited functional independence (i.e., lessened ability to complete activities of daily living independently). Therefore, gaining a better understanding of the factors that foster the success and retention of DSPs within the contexts of their unique workplaces, and for this unique group of clients, is paramount.

### **Learning from Other Industries: Examining the Factors Associated with Retention in Non-DSP Direct Care Workers**

The factors associated with retention for direct care workers generally, e.g., staff who work directly with the elderly or individuals diagnosed with mental health conditions, but not focusing on staff who work directly with adults with ID/DD, are described below. To determine such factors, empirical research has employed both quantitative and qualitative methods to study patterns and themes associated with retention.

Li (2007) used qualitative methods to analyze data from participants in a larger mixed-methods study of direct care workers in assisted living settings. Factors influencing employees' desire to continue working at assisted living facilities included: (a) Personal Factors specific to the employee, e.g., non-White race, female gender, older age, and lower socio-economic status; and (b) Organizational Factors, e.g., good and satisfying relationships with residents, coworkers, and supervisors, open and appreciative management styles, and flexible job schedules and work hours that accommodate caregiving and school responsibilities (Li, 2007).

Mittal and colleagues (2009) also used qualitative methods (focus groups) to examine direct-care worker retention for those working with the elderly and intellectually

disabled (n = 47). The factors promoting longer-term retention for staff who were referred to as “stayers”, i.e., those who held the same job for at least three years, were: (a) being "called" to service, (b) patient advocacy, (c) personal relationships with residents, (d) religion or spirituality, (e) work being a haven from home problems, and (f) the flexibility of the job (Mittal et al., 2009). Different themes were cited by the “leavers” (turnover), i.e., those who had changed jobs within the past three years (Mittal et al., 2009). The factors cited by the “leavers” were: (a) lack of respect, (b) inadequate management, (c) work or family conflicts, (d) difficulty of the work, and (e) job openings outside of their agency (Mittal et al., 2009).

Jack and colleagues (2013) used qualitative methods to identify factors contributing to decisions by direct care workers working with clients with mental illness to enter and remain in the mental health field in Ghana. Motivating factors included: (a) desire to help those in need, (b) positive interactions with patients, (c) an academic or intellectual interest in psychiatry or behavior, and (d) positive relationships with colleagues. Demotivating factors included: (a) lack of resources at the hospital, (b) having harsh or dominant supervision, (c) lack of positive or negative feedback on work performance, and (d) having few opportunities for career advancement. The authors recommended pay incentives for working with riskier clients, better tools for patient care, improving the work environment, and reducing stigma to improve retention (Jack et al., 2013).

Recently, Butler and colleagues (2014) surveyed home care aides in Maine who provide services to the elderly and physically disabled. Regression analyses identified six variables that were predictive of increased staff tenure: (a) older age, (b) living rurally, (c) poorer physical functioning, (d) higher wages, (e) greater sense of autonomy, and (f) less frequent experiences of personal accomplishment. The authors noted that employees who stay on the job longer may display lower, but steadier feelings of personal accomplishment, compared to shorter-term stayers, who reported greater accomplishments overall. The increased confidence from prior accomplishments may contribute to shorter-term stayers looking for new employment (Butler et al., 2014). Butler and colleagues also compared shorter-term vs longer-term stayers and found that the groups differed significantly on four variables: longer-term stayers were (a) older, (b)

had fewer personal accomplishments, (c) poorer physical functioning, and (d) were more likely to live rurally. When themes from their interviews were described, the 30 long-term stayers and 29 short-term stayers both cited “the importance of helping people” and “good relationships with clients” as reasons for staying. However, for shorter-term stayers, the work was less sustainable for practical reasons: short-termers were more likely to describe difficulties with employers, cited broken promises, poor communication, and not feeling adequately valued. They also cited low pay, lack of mileage reimbursement, inconsistent hours, and poor communication (Butler et al., 2014).

Lincoln and colleagues (2014) used semi-structured interviews ( $n = 5$ ) and focus groups ( $n = 92$ ) to study retention among allied health professionals who work with general disabled populations in rural New South Wales. They identified three “pull factors” that promoted staff retention: (a) having choice of location in where one works, (b) having professional support structures in place, i.e., professional development activities and supervision/ support from strong therapists, and (c) having access to continuing professional training. Five “push factors” were also identified (barriers to retention): (a) frustration regarding the inability to meet the needs of clients and family-centered evidence-based practices; (b) a lack of autonomy due to waiting lists and systems; (c) burdensome management and administration; (d) a travel burden, which was a challenge in the rural disability sector and for female caregivers; and (e) shortages in regional and rural areas that resulted in “overt and covert pressure to work full-time and forego flexible work arrangements” (Lincoln et al., 2014).

Taken together, these findings indicate that factors such as positive relationships with clients and colleagues, increased autonomy and training, a desire to help the population, as well as demographic variables (e.g., age, length of employment, education; Lakin et al., 1983) are factors associated with retention among direct care staff, generally. However, it is unknown whether all of these factors will also be salient for DSPs who work with adults with ID/DD, due to differences in job descriptions and the clients served (e.g., DSP’s clients may exhibit maladaptive behaviors and display lower adaptive functioning).

## **Conceptual Frameworks for Understanding Retention in Non-DSP Direct Care Industries**

To better organize the factors associated with retention specifically for DSPs, we can reference existing conceptual models in the literature. Factors associated with staying for direct care workers generally have typically been organized into categories, including: Intrinsic factors, which have been defined as, “internal feelings” (e.g., perspectives on fairness, recognition, responsibility) and Extrinsic factors (e.g., circumstances such as working conditions, policies, or salary), which have been defined as “external solutions” (Wernimont, 1972, p. 173). Ellenbecker (2004) published a theoretical model of job retention among *home health care nurses* by integrating the theory of home health care nursing practice, exploring gaps in knowledge in understanding intent to stay. Ellenbecker proposed that three categories of job characteristics are critical to nurses’ retention: (a) *Intrinsic Job Characteristics, which are workers’ internal subjective feelings about their job* (e.g., a perceived sense of independence and freedom of initiative at work, a perceived group cohesion with peers and physicians and perceptions about the characteristics pertaining to the organization (Ellenbecker, 2004, p. 306); (b) *Extrinsic Job Characteristics, which are derived from the external work environment*, (e.g., stress and work load, autonomy and control of work hours and activities, salary and benefits, and perceptions of, and real opportunities for jobs elsewhere derived from circumstances in the environment; Ellenbecker, 2004, p. 307); and (c) *Individual Characteristics, personal factors pertaining to the employees’ personality and background characteristics* (e.g., kinship responsibility, tenure, age; Ellenbecker, 2004, p. 308). All three categories of factors are thought to relate indirectly to retention through their impact on intent to stay.

Li (2007) also grouped factors associated with retention into personal and workplace categories when surveying direct care workers in urban assisted living facilities outside of Atlanta, GA. Consistent with Ellenbecker’s model, Personal factors included variables such as race, gender, age, and career stage. Workplace factors included both Intrinsic factors (e.g., relationships with residents, relationships with co-workers) and Extrinsic factors (e.g., rewards-pay, benefits).

In a study of nurses or allied rural health care workers, Warburton and colleagues (2014) described factors and grouped them into two categories: *Extrinsic factors* (e.g., feeling valued by the organization, workload pressures, feeling valued by clients, collegial support, work flexibility, and a lack of options) and *Intrinsic factors* (e.g., intention to retire, family influences, work enjoyment, financial influences, health, sense of self, and social input.) In their study, Intrinsic factors were defined somewhat differently (“sense of self” was labeled as Intrinsic), which demonstrates some flexibility in the categorical definitions.

The retention models for direct care workers other than DSPs (described above) helped to inform the research questions asked in the current study. Given the similarities across direct care workers, I also anticipated that the themes found in the current study would map on to the categories described by Ellenbecker, Li, and Warburton, and, at least initially, planned to organize factors in a similar manner, under the two categories of Intrinsic and Extrinsic factors.

### **Purpose of the Current Study**

The primary purpose of this study was to improve our understanding of the factors associated with retention for DSPs. This, in turn, should help stakeholders, leaders, and human resource personnel to hire employees who will be successful, engaged, and motivated in their positions, thereby reducing the rates of turnover among DSPs who work with adults with ID/DD. Given that the need is for *long-term* retention, DSPs who have remained in their positions for many years (5 or more years in the current study) were interviewed, to understand how best to retain successful, long-term employees. The current study sought to replicate, and expand upon the existing research on DSPs, by focusing on longer-term DSPs who care for individuals with ID/DD in both residential and community-based work environments. The first research question asked, “What are the factors that promote retention for DSPs?” The factors emerging from the mixed methods analysis were organized using a conceptual framework influenced by the literature (e.g., Ellenbecker, 2004; see Figure 1).

A second critical question asked whether the factors associated with staying for DSPs would be consistent with the prior research on retention for other direct care



workers or unique to DSPs who provide care for individuals diagnosed with ID/DD. This second question was answered by comparing findings to the extant literature. Two additional, supplementary questions were asked. The third research question was, “Do the reasons why DSPs stay and the reasons why they leave differ?” Given that the employment settings in which DSPs work may influence why they stay and leave their organizations (e.g., Li, 2007, Brannon et al., 2007), the fourth research question asked, “Are the self-reported reasons for staying vs. leaving for DSPs who work in different settings (i.e., residential, day-service) different.”

## **METHODS**

### **Study Design**

A cross-sectional, mixed methods design was used to examine DSPs' responses to both open-ended and close-ended questions. Interviews were conducted individually face to face, or by phone. Qualitative interviews were analyzed using content analysis to investigate the factors associated with workplace retention for DSPs who provide direct care services to individuals with ID/DD. Interviews were chosen as the primary method of data collection because there is a need to discover potential factors important to retention, and little to guide the formulation of specific hypotheses or the selection of survey instruments. Qualitative methods are useful in the discovery of new findings or in modifying initial assumptions (Li, 2007). The method of content analysis guided the researchers to identify factors (themes) that pertained to the open-ended questions.

### **Participants**

#### **Recruitment and Sample Selection**

Male and female DSPs who reside and work in a Midwestern state were recruited from a number of agencies. To be included in the study, participants needed to: (a) be at least 18 years old; (b) work full time (32 or more hours each week) with adults ages 18+ who are diagnosed with ID/DD; (c) have worked for their current employer for five or more years; (d) speak and comprehend English; and (e) be satisfied with their job (i.e., report a score of 3 or 4 on a scale that ranged from 1-4, with 1 being "least satisfied" and 4 being "most satisfied.") The minimum time-period of five or more years with an organization was chosen, based on expert advice to capture successful long-term workers. Shorter periods of time were thought to be insufficient to identify those dedicated to the field (J. Dickerson, personal communication, December, 2014), whereas longer periods, e.g., 10 years, were thought to be too long, as many employees may be promoted or leave their organization by the 10-year mark.

DSPs were recruited from agencies that serve adults diagnosed with ID/DD, including, but not limited to adults with diagnoses of Autism Spectrum Disorder (ASD) and Intellectual Disability (ID). DSPs worked in residential settings (e.g., private homes with or without family members present, or group homes), day-service settings, or both. A combination of convenience and snowball sampling was used. The recruitment of participants was greatly facilitated by the involvement of, and sponsorship of the Arc of Indiana. The Director of the Arc of Indiana sent out an initial email to directors of service organizations that were viewed as providing high quality services. In addition, well known advocates in the field provided additional contacts for agencies they viewed as providing quality services for their clients with ID/DD. Because understanding factors that might help to ensure the provision of consistent, high quality services was the ultimate goal, the intent was to concentrate on studying longer-term workers who work for companies that provide high quality service. Representatives from thirteen agencies agreed to refer DSPs for participation in the study. Senior staff members at each site nominated eligible DSPs who were thought to meet the study's inclusion criteria. Participants were also able to nominate colleagues who fit the inclusion criteria.

## **Measures**

### **Screening Questionnaire**

Potential participants completed the Screening Questionnaire. The Screening Questionnaire consisted of five items that assessed whether DSPs met the study's inclusion criteria (see Appendix).

### **Study Packet**

The Study Packet consisted of three parts: (a) Open-ended Interview Protocol; (b) Demographic/ Background Questionnaire; (c) Turnover Intentions and Intentions to Stay Questionnaire.

### ***Part 1. Open-ended Interview Protocol***

The interview protocol consisted of twelve semi-structured questions. The interview protocol was based on the work of Jack and colleagues (2013), who examined the factors associated with retention in mental health workers. Follow-up questions were individually tailored based on the responses of each participant (see Appendix). Interviews lasted approximately 25 minutes to 45 minutes. All interviews were audio-recorded. Participants were de-identified, i.e., only the participants' unique ID numbers were used to identify the recordings and subsequent transcripts. The open-ended interview protocol was pilot-tested on two DSPs. A few questions were revised or clarified based on the pilot tests. Specifically, two of the questions overlapped. Thus, question #5, which stated, "*Describe what a typical workday is like for you? Who do you have contact with on the job? How do you feel at the end of a shift?*" was dropped, because it produced similar responses to question #2: "*What do you do in your job? What are your typical responsibilities?*" The data from the pilot participants were used in the final analysis and provided useful information.

### ***Part 2. Demographic and Background Questionnaire***

To describe the current sample, a 15-item Demographic and Background Questionnaire was administered. The questionnaire took DSPs five to ten minutes to complete. Nine questions focused on the workplace, including: (1) setting of employment; (2) name of employer (name of organization); (3) length of time (months, years) in current position; (4) number of hours worked each week; (5) shifts (i.e., day, second, third) typically worked; (6) number of jobs currently held; (7) estimated percentage of time spent engaged in the following work activities: direct care, administrative tasks, supervising others, "other"; (8) the number of clients currently served, and (9) how many of them have: (i) mental health diagnoses; (ii) Autism Spectrum Disorder; or (iii) Intellectual Disability. An additional six questions focused on personal demographic factors, including: (10) sex, (11) race, (12) ethnicity, (13) highest level of education completed, (14) age, and (15) marital status (see Appendix for the complete questionnaire).

### ***Part 3. Turnover Intentions and Intentions to Stay***

Two items were adapted from Salyers and colleagues (2011) to assess turnover intentions: (1), “How often have you seriously considered leaving your job in the past six months?” (1 = ‘several times a week’, 6 = ‘never’), and (2), “How likely are you to leave your job in the next six months?” (1 = ‘very likely’, 5 = ‘not very likely’). Next, a series of 30 questions was asked *after* the interview portion of the study had been completed, to assess DSPs’ reasons for staying and potential reasons for leaving their jobs. Fifteen questions assessed DSPs’ potential reasons for staying in their jobs, and 15 questions assessed why they might leave their jobs. Participants rated the importance of each factor that might influence a decision to stay or leave (e.g., salary, benefits, degree of training) using a Likert scale from 1-5 (1 = ‘no role’, 5 = ‘major role’). Beginning with participant #15 (interview conducted 4/30/15), two additional items were added to the Turnover Intentions and Intentions to Stay Questionnaire, at the request of two committee members: “Religion or Spirituality” and “Work being a haven from events at home.”

## **Procedures**

### **Recruitment**

DSPs learned about the current study from their managers, supervisors, and/or administrative directors. Once the first author received word of a DSP’s interest in the study, she contacted the DSP directly, by email or phone, and the Screening Questionnaire was administered. If the potential participant met the inclusion criteria, a one-hour long block of time was scheduled for a phone call, to complete the Study Packet.

### **Consent and Administration of Study Packet**

The study was approved by the Investigational Review Board (IRB) at Indiana University-Purdue University at Indianapolis (November, 2014). The study was classified as Exempt by the IRB. During the informed consent process, a Study Information Sheet (SIS) was provided to each participant to explain the purpose of the study and the responsibilities of the participant. Participants either read the SIS or the interviewer read

it orally to the participant. Participants were asked to state aloud whether they understood the purpose of the study and the anonymous nature of their recorded responses, and whether they agreed to participate. Participants were also told that they might be contacted to provide additional (follow-up) information at a later date. If a DSP agreed to participate in the study and to be contacted on more than one occasion, he/she was then assigned an identification number, which was written on all pages in his/her Study Packet and read aloud, to be recorded as part of the open-ended interview.

The first author conducted all of the qualitative interviews (N = 28). All study measures were completed during one sitting, except in one case, which required that the interview be conducted on two separate occasions due to a disruption. Three interviews were conducted in person and 25 were conducted by phone, after it was determined by the first author that there was no difference in the length or quality of data from interviews conducted in person versus by phone. One interview was incomplete, and not included in the final count, because the DSP could not commit to rescheduling the interview for completion. Altogether, 27 interviews yielded complete data. One agency supplied their participants (n = 8) with a separate, paid incentive to participate in the research study (a gift-card to a grocery store), while other agencies did not provide additional incentives. Data were collected between December of 2014 and September of 2015.

## **Analysis**

### **Quantitative Analysis**

Descriptive statistics (e.g., means, standard deviations, range) were used to examine the close-ended data collected from the *Demographic Background Questionnaire* and the *Turnover Intentions and Intentions to Stay Questionnaire*. Descriptive statistics (e.g., means, standard deviations, range) and frequency distributions were run using SPSS Version 22 (N = 27). Given the small sample size, some nominal variables with multiple categories were regrouped into a reduced set of subcategories prior to analysis. Race was dichotomized as white vs. non-white; education was divided into no college vs. some college vs. college degree/certificate; marital status was

dichotomized as married vs. not married. Data-entry errors, outliers, and missing data were checked. When data-entry errors were suspected, the first author returned to the interviews and double-checked the data. A supplemental analysis was run to examine whether DSPs' ages were correlated with factors thought to impact why they stayed, or would leave, their positions.

### **Qualitative Analysis**

An inductive, conventional content analysis was employed as the methodological framework to analyze the open-ended interviews (Hsieh & Shannon, 2005). Four research assistants transcribed the interviews (audio recordings) during the spring, summer, and fall of 2015. All transcripts were de-identified and assigned an ID number, and data were kept confidential. All research assistants were Psychology majors and undergraduate students at a public university. Two raters coded each interview. The first author coded all 27 interviews and the three research assistants each coded approximately one third of the interviews (9, 8, and 10 respectively). To code the transcripts, the research assistants and the first author highlighted portions of text that embodied or exhibited key categories of answers to the open-ended questions. The coders discussed each category separately, e.g., why DSPs applied to their job, DSPs' personal characteristics, and organizational factors, and highlighted codes by pulling out relevant quotations and phrases. Next, the codes were examined subjectively and inductively, and organized into themes (factors).

The first author met with the three research assistants frequently to reach consensus regarding the themes that emerged from the individual codes. For example, a quote such as

*“[My] supervisor is amazing”* (T4) contributed to the theme of “Positive Interactions with Supervisors”, while a quote of *“constantly running... a lot”* (T11) contributed to the theme of “Over-worked Supervisors.”

### **Reliability and Validity of the Data**

The validity of the data was analyzed in a second, iterative process connecting data analysis and data collection (see Mays & Pope, 2006; Merriam, 2002). Reliability and validity were conceptualized as “trustworthiness, rigor, and quality” (Golafshani,

2003). A number of processes were put in place to ensure and encourage validity. First, data from each new participant were checked for saturation and compared to data already collected. At the point when no (relevant) new themes emerged (Guest et al., 2006) and information became repetitive (Walker, 2012) data collection was halted. The initial estimated number of DSPs required for the study was 15-25 participants (see Morse, 2000). However, because new findings continued to emerge with the 25<sup>th</sup> participant, additional participants were interviewed. Data collection reached saturation after 27 participants were interviewed.

Second, to insure accuracy in understanding, a process of respondent validation (member-checking) was implemented, so that the reactions of DSPs could be incorporated into the analyses. As part of this process, two participants were re-contacted and the first author shared findings in the form of “member checks.” After reviewing all themes, the two participants verified their authenticity. In addition, member-checkers identified areas that could have been described in more detail, which were noted and reported in the Results section.

Third, the 32 COREQ guidelines (spanning three domains) were referenced, to ensure the guidelines for reporting qualitative studies were followed (Tong et al., 2007). For example, to assure compliance with COREQ Domain 1 (“Research Team and Reflexivity”), the first author took a course on qualitative research methods and did not have a relationship with the current study participants prior to conducting interviews. To assure compliance with the specifications listed in COREQ Domain 3 (“Analysis and Findings”), themes were not identified in advance and were derived from the data. However, the interview questions/ categories explored in the current study were guided by the existing literature. Major themes (factors) are presented in the Results section by being listed first (before minor themes). Themes are presented in rank order according to the number of participants (n) who supplied data to support the themes.



## Description of Sample and Setting

### Participant Demographic Variables (N = 27)

Participants were five male and 22 female DSPs ranging in age from 31-66 years ( $M = 48$  years,  $SD = 11.15$  years). Sixteen participants identified as Caucasian, nine identified as Black/ African American, one identified as West African and one identified as having more than one ethnicity. No participants identified as Hispanic. Ten were unmarried (single), 12 were married/living as married, four were divorced, and one was widowed. Seven participants had earned their High School Diploma/GED, seven completed some college coursework, four had earned their Associates degree, seven had earned their Bachelor's degrees, and one had earned a Master's degree (a Master's of Business Administration [MBA]). See Table 1 for a summary of the demographic characteristics of all study participants (N = 27).

The DSP participants in the current study worked at one of 13 different agencies within a Midwestern state. Participants had been working at their current organizations for 5 or more years, and together, the group had worked with individuals with intellectual/developmental disabilities for an average of 14.48 years ( $SD = 6.99$  years). Of the DSPs interviewed, 14 worked the "day" shift, six worked in the evenings, two worked nights, and five worked a combination of more than one shift. Two employees reported having a second full-time job. Five employees had one or more part-time jobs to supplement their income as a DSP. See Table 1 for a summary of the background characteristics of all study participants (N = 27).

### Employment Setting

Participants worked in a number of settings. Three worked in private residential settings with family members/additional caregivers sometimes present. Four DSPs worked in company-owned group homes serving 5 or more clients and twelve worked in company-owned group homes serving 4 or fewer clients. Three worked in day-program settings. Four worked in both residential and community-based settings, e.g., accompanying clients on outings into the community, to the grocery store, to the local library, or to the mall. One DSP worked primarily in community-based settings. Given

the small size of the Community-based Group (n = 5), the demographic and factor ratings of DSPs could not be examined reliably across settings in the current study (Research Question #4). Moreover, four of the participants who worked in community settings also worked in residential settings, muddying the distinctions between settings.

### **Presentation of Findings**

The Results section is organized around the data that supports the three answerable research questions. However, my ability to answer research question three was also limited (i.e., Are the factors supporting whether DSPs stay/ leave similar?) due to the way the interview questions were asked, and the items used in the survey. This is described as a limitation in the Discussion section. Also, as noted above, due to limitations of the current sample, research question four about notable differences across settings was not tested.

## RESULTS

### Research Question 1. What are the Factors Associated with Why DSPs Stay?

Qualitative and quantitative data were collected to answer the first research question. With respect to the qualitative interview data, the themes that emerged fit within the conceptual framework proposed by Ellenbecker (2004) (see Table 2) and are presented within *three broad categories*: Intrinsic, Extrinsic, and Individual. The categories are defined slightly differently than in the literature to account for some of the unique factors DSPs endorsed. In this study, Intrinsic factors are defined as the internal subjective perspectives on and views of workplace factors, e.g., relationships with co-workers, supervisors, and clients, and organizational climate. Since DSPs contribute to, and help to create their company's culture, themes pertaining to subjective views of organizational characteristics, e.g., feeling as though one belongs in his/her organization, feeling valued by the organization, are categorized as Intrinsic Factors in the current study. Extrinsic factors are defined as the workplace environmental conditions that are outside the control of DSPs, e.g., benefits and training. Individual factors are defined as the non-job-specific, descriptive traits and behavioral patterns that DSPs endorsed. The application of Ellenbecker's three categories suggests a similarity between DSPs and the home health care nurses referenced in Ellenbecker's (2004) paper. For example, DSPs described positive relationships with supervisors and clients: Intrinsic factors. DSPs also described the benefits and flexibility of their workplace as contributing to why they stay: Extrinsic factors. Third, they also noted personal characteristics and behavioral patterns, such as their empathy and patience: Individual factors.

With respect to the quantitative data, mean factor ratings for why DSPs stay in their jobs are summarized in Table 3. Quantitative factors are also further classified using Ellenbecker's three broad categories: Intrinsic, Extrinsic and Individual. Overall, the highest rated factors for why DSPs stayed fell into Intrinsic or Extrinsic categories (e.g., client relationships, schedule flexibility) rather than into the Individual category (e.g., religion/spirituality, personal health issues). Across DSPs, the three factors rated highest in explaining why participants stayed in their positions were: client relationships ( $M =$

4.85,  $SD = .36$ ; Intrinsic), flexibility in schedules ( $M = 4.41$ ,  $SD = 1.01$ ; Extrinsic), and hours available to work (daytime, evening, night-time) ( $M = 4.37$ ,  $SD = .74$ ; Extrinsic). For the vast majority of participants, salary ( $M = 2.81$ ,  $SD = 1.18$ ; Extrinsic) and benefits ( $M = 2.96$ ,  $SD = 1.26$ ; Extrinsic) were not rated highly as critical reasons for staying.

### **Qualitative Findings**

The themes that emerged from the qualitative interviews are highlighted in bold and are presented below the categories to which they correspond. When *three or more participants* shared a similar response (code), their theme was described below, and the theme was also summarized in Table 2. Themes/codes that were reported by only one or two participants are not discussed because they typically were not as relevant to the research questions, e.g., they tended to identify idiosyncratic or highly personalized reflections that either did not answer, or only very tangentially answered the research questions. For example, in response to describing the factors pertaining to why one stays in his/her job, one participant appreciated the "physicality of the job" because it helped his/her fibromyalgia (T26). Instead of creating a category specifically for physical benefits of the job, this response was categorized more broadly under, "Flexibility, Benefits, and a Supplemental Income." That is, only the key themes that were most salient are reported.

#### **I. Intrinsic Factors Contributing to Why DSPs Stay**

Intrinsic factors contributing to why DSPs stay in their positions, i.e., internal subjective interpretations of workplace factors, were organized into five subcategories: Relationships with Coworkers, Relationships with Supervisors, Relationships with Clients, Interactions with Clients' Family Members, and Perceptions of Characteristics of the Organization and Company Culture. Within each subcategory, the salient themes pertaining to retention are noted, and the perceived association between the subcategory and its impact on retention, is assessed.

### *Relationships with Coworkers*

Consistent with the quantitative findings, in which DSPs rated coworkers as the sixth highest factor contributing to why they stayed with their organizations (Table 3), most respondents reported that relationships with coworkers and the ability to work with others were important factors underlying their long-term tenure. However, the importance of coworkers in affecting why DSPs stayed varied across respondents. Two themes emerged. One focused on the positive aspects of relationships with coworkers, “Supportive Collaborations/ Teamwork, Strong Communication, and Friendships” (n = 9), and a second focused on negative or challenging aspects of relationships with coworkers, “Being able to Deal with Problems with Coworkers” (n = 4).

#### *Supportive Collaborations/ Teamwork, Strong Communication, and Friendships (n = 9)*

About one third of DSPs highlighted the positive value of interactions with coworkers in making their jobs a friendlier, more supportive, and attractive place to work, as summarized in the theme: Supportive Collaborations/ Teamwork, Strong Communication, and Friendships (n = 9). In terms of teamwork and collaborations, participants appreciated the fact that their coworkers were supportive and were available to back them up in a sometimes very challenging job. DSPs valued the ability to “help each other out” and to solve problems as part of a team (e.g., T19, T25). In addition, a part of the sense of collaboration and being on a team was strong communication, i.e., the ability to work things out and effectively communicate about problems. For example, one participant highlighted that “if we have a problem we’ll sit down... we’ll talk with one another” (T20). For some, the value of coworkers went well-beyond being part of a team, to becoming friends:

“They have a huge impact on why I stay... we are all the same age, we all have kids, we all have families... we all struggle with the same thing in the job and out of the job, and we all actually are friends. ... We text each other, you know, we ask ‘How’s your kid? [Name] [was] sick the other day...’” (T5).

#### *Being able to Deal with Problems with Coworkers (n = 4)*

However, many DSPs also noted that being able to deal with problems with coworkers, the tensions and differences, was a skill they needed to develop to be

successful and stay with the job. Respondents noted that coworkers frequently leave the job, leading to staffing changes and work disruptions. Relatedly, respondents noted that some coworkers view the job as temporary and may not have the interest, training and experience to do well. Moreover, even veteran workers may have very different work styles or views about clients, leading to potential conflicts. Thus, part of the job is to be able to work with and adapt to a wide variety of coworkers. Types of coworker conflict included: making a plan for clients and having coworkers change them (T19), turnover of staff resulting in a lapse of care for clients and the need to provide extra help to cover the lapses (T8), or new or veteran staff doing things that hurt the clients (physically, or emotionally), e.g., being "...lazy and they just don't care, then it just becomes a challenge..." (T18). These DSPs found ways to cope with the high turnover and inconsistent helpfulness of other staff by letting things go. One DSP stated:

"You know what the most stressful thing about it is? Sometimes [it's] our coworkers... 'You didn't do this right', or, 'You don't do that right', or, you know, 'Why don't we do it *this* way?' ...It's just irritating. You just have to be like 'oh well, she is who she is'. Just let her think what she thinks, and do it her way... When she's not around, I'll do it my way" (T9).

Finally, although most respondents noted the importance of how they related to coworkers as impacting why they stay, for a smaller group, coworkers were largely irrelevant to why they stayed. These DSPs did not see coworkers frequently enough for coworkers to impact their desire to stay, because these participants worked in more isolated settings. For example, one participant stated:

"The customers I work with... like to hang out. So, yeah, you will be coming in contact with a lot of staff if you have two customers that hang out a lot because they have staff too. But most of the time, to be honest with you, no, you don't have a lot of staff interaction if you don't have a lot of customer-to-customer interaction" (T15).

### ***Relationships with Supervisors***

The majority of DSPs reported that their relationships with supervisors were a critical aspect impacting why they stayed in their organizations. Four themes emerged pertaining to DSPs' relationships with supervisors. Three referred to positive aspects of

supervision; specifically, supervisors were: 1) Caring and Supportive (n = 7); 2) Promoting Availability and Open Communication (n = 6); and 3) Demonstrating Qualities of a Mentor (n = 5); whereas the fourth theme focused on the need to be able to adapt to challenges in the supervisory relationship, “Being able to Deal with Negative Aspects of Supervision” (n = 11). These findings describing the importance of the supervisory relationship are consistent with the quantitative data in which DSPs rated their supervisors as the fifth highest reason for why they stay with their organizations (see Table 3).

*Being able to Deal with Negative Aspects of Supervision (n = 11)*

Although most of the reports describing interactions with supervisors were positive, it was also evident that supervisors could be over-worked or largely unavailable due to turnover, unfilled positions or organizational structure. These factors negatively impacted respondents’ interactions with supervisors. That is, for many respondents, to be successful long term required “Being able to Deal with Negative Aspects of Supervision.” For example, one DSP described how (s)he did not have a manager at his/her site, and this subsequently placed a burden on him/her:

“...It was almost as if I was acting manager... getting called a lot with questions... a lot of stuff was falling on my shoulders, so that was just very stressful. Sometimes it just gets very wearing...” (T5).

Additional tasks and stress were often-times passed on to DSPs. This could:

“...be frustrating at times... when we take an issue to [him/her]... we feel like (s)he should address [it], [but] (s)he doesn't always. It's not because (s)he doesn't want to, I don't think. I think (s)he forgets. (S)he's just overwhelmed... 12-hour days” (T11).

Thus, although relationships with supervisors were typically a positive factor in why DSPs stayed, in the absence of this support (e.g., overworked supervisors), DSPs needed to be able to soldier on and continue to work as best they could for their clients, regardless. However, most respondents viewed their relationships with their supervisors as a very positive and reinforcing factor in why they stay. Three positive supervisory characteristics, or subthemes, were identified.

*Caring and Supportive (n = 7)*

Working as a DSP is often challenging, with minimal financial rewards. DSPs valued the fact that supervisors appreciated the work they did and were there to help them when needed. Several DSPs made comments appreciating the fact that their supervisors were caring and supportive.

“The current supervisor I have now is really good. And (s)he really cares about the employees, and (s)he really cares about the clients. I’ve never seen anybody that’s so caring” (T3).

Another DSP described his/her house manager as “amazing”:

“[My] supervisor is amazing. (S)he is... always there... whether it be doctor’s appointments... behavior plans or anything. ... (S)he’s not just there to be a manager. (S)he works on the floor as well” (T4).

*Promoting Availability and Open Communication (n = 6)*

DSPs appreciated that supervisors were available and accessible. For example, one DSP described how his/her supervisor was always in “constant contact” (T26). DSPs also appreciated that supervisors took the time to talk to them and listen to them. For example, one DSP stated, “I love my supervisors; communication is wonderful” (T24). As illustrated in the quote below, the combination of good communication and availability was highly valued:

“It’s pretty much an open door... any of your concerns are welcome and they work to try to resolve things... from having problems with clients or coworkers, or even personal issues, they look out for you.” (T18).

*Demonstrating Qualities of a Mentor (n = 5)*

DSPs also valued when their supervisors served as teachers and mentors, helping them to better understand their clients and their jobs. Participants described how their supervisors supported them, by being both knowledgeable and helpful (e.g., T14). One DSP noted that his/her supervisor believed in him/her, was a good role-model, and pushed him/her to strive for more (T20).



### *Relationships with Clients*

For most DSPs, another critical relationship was with clients. Similar to relationships with coworkers and supervisors, being appreciative of and able to cope with both positive and negative aspects of the relationship emerged as important to why respondents stayed. Three themes emerged within this category. Two positive themes were enjoyment in “Seeing Progress and Change in Clients” (n = 15) and feeling rewarded by “Feeling Love, Concern, or Appreciation from Clients” (n = 9). The third theme focused on tolerance for negative aspects of the relationship, “Being Able to Deal with Negative Client Behaviors” (n = 12). Importantly, on the quantitative measure, “Client Relationships” was the highest rated factor (mean score of 4.85/5) to explain why DSPs stay in their positions.

#### *Seeing Progress and Change in Clients (n = 15)*

Approximately half of the DSPs interviewed reported enjoyment in seeing progress and change in their clients. They appreciated the successes and growth of their clients, when their clients figured out new things for themselves, when they made choices for themselves, helped others, and saw their clients obtaining their goals. One DSP described feeling rewarded, “when [clients] figure out something and they can do something... just seeing their smiles when they accomplish something” (T14). Another stated feeling rewarded when, “...I did a good job... when I go home [and] I know my client is taken care of, the house is in order- it’s just knowing that I made [a difference in somebody else’s day]” (T21). One DSP described how (s)he enjoys:

“Facilitating people living happier lives... broadening their horizons... I think I do that a lot and maybe more than some staff... Getting the individuals to try something different, whether it is learning life-skills or doing things in the community... I really enjoy helping people have more enjoyable and productive lives” (T1).

#### *Being Able to Deal with Negative Client Behaviors (n = 12)*

Although DSPs were mainly satisfied with their relationships with their clients, many (n = 12) also mentioned clients’ behaviors as a source of challenge on the job and

that “Being Able to Deal with Negative Client Behaviors” was important. Negative behaviors and outbursts, especially those that cannot be redirected, were noted to be very stressful. Thus, a critical factor in why long-term DSPs stay is an understanding of behavioral challenges, and a willingness to work with difficult clients and to be able to tolerate problem behaviors. One DSP stated:

“You have to be willing to deal with extremes of human behavior [and] unless you’ve worked in the field, you really have no idea what those are like. ... Serious medical conditions... feeding tubes... massive seizure disorders. ... Oftentimes, [in] those types of situations you can really feel like you’re a nurse, without the pay. ... My primary client has a long history of violent behavior... he was attacking and injuring several staff, he was destroying property, things like that. ... It’s hard to convey how it makes you feel as far as feeling challenged, to have to be on your own with no one to support you and have someone with severe autism violently attack you while you’re driving 55 miles per hour in the car down the road” (T2).

*Feeling Love, Concern, or Appreciation from Clients (n = 9).*

DSPs in the current study also reported feeling appreciated by their clients. One DSP stated:

“I know we are professionals... we are paid professionals. We are not their friends. But the way that they, you know, seem to respond to me and accept me... that's really nice” (T11).

DSPs also reported a great deal of enjoyment in connecting with, and spending time with clients. One DSP stated:

“When I go to [client’s] house and she gives me a hug and a kiss and says ‘oh I've missed you, I haven't seen you for a couple of days!’, and ‘thank you so much’. ...I took her out to a circus one time... she still talks about it a year later. It’s... neat really, you know, feeling appreciated, and then also knowing that you’re helping someone out” (T12).

Overall, in spite of the behavioral challenges, staff continued to remain in their positions and endorsed clients as the most important factor associated with why they stay. These long-term DSPs were able to enjoy the small pleasures of a hug or a tiny success, to tolerate the behavioral challenges that are endemic to working with individuals with intellectual/ developmental disabilities, and to view the benefits as strongly outweighing the potential on-the-job stressors.

### ***The Impact of Clients' Family Members***

Surprisingly, unlike social relationships with fellow coworkers, supervisors, and clients, DSPs did not identify relationships with clients' family members as reasons for staying in their positions in part, because DSPs reported few to no interactions with family members. In their interviews, DSPs reported seeing family members only rarely, at meetings, speaking to them about doctor's appointments, and seeing them during the holiday seasons. They voiced neutral sentiments about clients' family members that were not typically emotionally charged (T15, T20, T12). Only a minority mentioned the importance of strong communication with family members (T28) or that family members were kind, as well as minor causes of stress (e.g., T3, T6). However, it is important to note that because almost none of the respondents worked in the family home, which is a common work setting with younger clients, findings may be different in other samples of DSPs.

### ***Perceptions of Characteristics of the Organization and Company Culture***

DSPs were asked about the characteristics of their organization and how their subjective feelings about their workplace might contribute to why they stay. One broad Intrinsic category emerged that was associated with why DSPs stay with their organizations: "Perceptions of Characteristics of the Organization and Company Culture." The category contains four factors (themes), which are described below. The factors are categorized as Intrinsic since they are based on subjective impressions of DSPs who also are actively involved in shaping these factors within their organizations.

#### ***Company Philosophies Espousing Camaraderie, Belonging, Valuing Everyone, and Excellence (n = 20)***

Many longer-term DSPs reported that being part of a company with a positive philosophy was an important reason for why they stayed. Specifically, DSPs appreciated organizations that promoted a sense of camaraderie, a feeling of belonging, valuing everyone, and the pursuit of excellence. As noted above, although DSPs appreciated supervisors that fostered open communication and collaboration, they also valued when

these positive elements extended throughout the organization crystallizing into a sense of belonging, company-wide, in that the workers (support staff and supervisory staff) were “in it together” and members of a cohesive “family” unit. For example, participants stated:

“There are companies where your boss is approachable, but a lot of times it’s just your boss. ... I feel like it's across the board... as the company gets bigger and bigger there's a lot more people [and] they still keep that open-door, approachable, ‘*we are all in one boat*’ attitude” (T19).

“No door is closed, even when they are not in them. It's a very *family... oriented environment*. ... When I have a situation that I need help with, I can always count on several people, not just one person to speak to... of all the companies I've worked [at], they would actually send the email and say, ‘you know...we appreciate you’” (T7).

Being valued by the organization was also a key element of a positive company philosophy. For example, one staff member was appreciative of the “Dream Team” that started at his/her company, which was evidence for how the company truly values workers and their ideas:

“This company right here is the best, most awesome company to work for because they really care about the clients and the staff, and they work with you.... in the last six to seven months our C.E.O has started this ‘Dream Team’. He/she hand-selected a few, and I was one of them... We meet every 2 to 3 months and we brainstorm different ideas, and it can be very beneficial for the company, you know for the workers... so [Name] listens to us, and (s)he takes our ideas... and makes these ideas actually start to come into effect in the company” (T20).

DSPs also noted that the overall company philosophy influenced why they stayed in their positions. DSPs were proud to be part of a company that pursued excellence or a higher moral purpose as a value, setting an example within their community. For example, one DSP stated, “They strive to be the leading organization... with budget cuts and things from the state it dampers a lot of progress, but I know they are still trying within their means” (T26). One DSP also cited the non-profit status of his/her company as noteworthy, and mentioned having an appreciation for the “moral purpose” behind his/her company:

“... With [organization] being a non-profit, there isn't that focus on making money. You know, and they don't put staff in dangerous situations. And they

make sure we're trained. And people are there if you need help, even if it's just to talk to” (T10).

*Job Meets Personal Expectations (n = 14)*

Many of the longer-term DSPs noted the importance of having expectations of their jobs met, which contributed to why they stayed and to their overall satisfaction at work. Most participants found their roles and responsibilities as DSPs to be similar to what they expected. One DSP stated the job was pretty straightforward (T20) and others described their jobs as similar to what was expected in previous jobs they had held (T23, T26). One DSP stated (s)he, “knew exactly what [he/she] would be doing” (T18). Another participant stated, “Yes it’s the same, honestly, the way that I was trained, that’s what I really found at the site, this is what I am really doing” (T6). Thus, overall, DSPs are more satisfied and more likely to stay at a job when it meets their expectations.

*Client First Mentality (n = 12)*

Many longer-term DSPs reported that their company valuing clients was important to why they stayed. In discussing their perceptions of company culture, DSPs frequently cited the importance of promoting self-determination and “[putting] customers first” (T15). It was important that the company’s values aligned with their personal values. For example, DSPs described finding joy in helping those who cannot care for themselves (T6). As advocates for their clients, one DSP stated, “We are not caregivers. We are people who can empower [clients] to care for themselves” (T23). One DSP was appreciative that the company embraced things like individualized care, treatments, and setting goals for their clients (T12) and others specifically referenced their companies’ mission statements, which focused on clients. For example, one DSP described the process of “working his/her way out of a job”:

“We are all about teaching the clients to do as much as they possibly can for themselves... When I was hired, I was told we’re supposed to be working our way out of a job, which will obviously never happen, but the point [is] that we are trying to teach them to do as much as they can for themselves” (T5).

*Valuing Loyalty and Feeling Reciprocal Loyalty from the Organization, Coworkers and Clients (n = 6)*

A number of participants reported that a feeling of loyalty toward the company and having this loyalty reciprocated was important to why they stayed. Loyalty was built from the positive relationships and connections to the organization, its clients, and its staff. One DSP stated:

“If there is anything that you need, the company or the coworkers are willing to help you out... if I feel like I need more training... I think they will give it to me. ...If I have an emergency and I need off, my supervisor will do what she needs to do to make sure I have that day off, or my coworkers will trade-off with me” (T16).

Moreover, this sense of loyalty promoted retention even in the face of major organizational changes. For example, one DSP noted:

“I’ve always felt loyalty towards [organization]... I’ve been with them through three different name changes. ...I’ve known a couple [of] core people, since I’ve been there as long as I have, and I have great respect for them” (T12).

## **II. Extrinsic Factors Contributing to Why DSPs Stay**

Ellenbecker (2004) described extrinsic factors in her conceptual model as external qualities pertaining to stress and workload, autonomy of work hours/activities, salary and benefits, and perceptions of opportunity. In this study, DSPs endorsed two Extrinsic factors as important to why they stay, which they viewed as workplace conditions outside of their control. Although DSPs described their subjective feelings about these factors, DSPs were not actively involved in crafting the programs. For that reason, “Flexibility, Benefits, and a Supplemental Income” and “Training” are Extrinsic (external) factors contributing to why DSPs stay in their positions.

### ***Flexibility, Benefits, and a Supplemental Income (n = 9)***

Staff endorsed several positive aspects of the DSP position as contributing to why they stayed. For example, flexibility of the DSP role was noted frequently by DSPs, and was also rated highly by staff in the quantitative data. Specifically, “Flexibility in Schedule” and “Hours Available to Work” were rated as the second and third highest

reasons why DSPs stay, respectively. However, “Benefits” was ranked 11<sup>th</sup> out of the 15 potential reasons for staying.

With respect to the qualitative responses, one DSP stated, “It is the flexibility I’ve needed in my life” (T23). Another DSP stated:

“I like this company more than the others because it [is] flexible... [it] fits my schedule real good, and the benefits that they offer [are] okay; it [is] real nice” (T21).

Similarly, participants noted that financial and medical benefits were important reasons why they stayed with their organization. For example, DSPs appreciated the availability and amount of paid time off. One participant stated the job was “an opportunity to work an overnight shift so that I could have an additional income to my primary income” (T2). Another employee mentioned the value of an Employee Assistance Program (EAP):

“They let me vent. And they say, ‘Anytime you need to talk’, you know... it's that kind of thing...The Employee Assistance Program... They have counselors you can go see... free. You get three sessions a year. And I've done that, and it's very useful...” (T10).

### ***Training (n = 4)***

Four employees cited the training they received as impacting why they stayed with their current organization. For example, one DSP stated, “They take their time to train you, [to] build your skills for the job... behavior training, reinforcement, and how to push them in a good way...” (T25). On the quantitative measure, training was ranked 7<sup>th</sup> out of the 15 reasons why DSPs stayed with their organization (see Table 3). Excellent training, however, was not a consistent experience. Two DSPs noted that training could be improved. One stated:

“I was basically given virtually no training and [was] told that I could leave with the client and go out into the community... I didn’t feel like I had much support at all” (T2).

Thus, although training is a factor promoting retention, inadequate training could also be a concern. Similar to problems mentioned earlier of occasional supervisor overload, to be successful, longer-term DSPs also need to be able to overcome and adapt to negative aspects of the job.

### III. Individual Factors Contributing to Why DSPs Stay

Ellenbecker (2004) cited Individual factors such as age, tenure, gender, kinship responsibility, family income, position, race/ethnicity, and marital status as impacting retention for nurses. In the current study, Individual factors emerged as the personal descriptive traits and behavior patterns endorsed by DSPs. Below, I describe the *four personality traits* and *four behavioral patterns* that were most-commonly discussed in the interviews as contributing to why DSPs stayed. Although DSPs were also asked about personal factors on the quantitative, demographic questionnaire, the three Individual items were not rated highly as reasons why DSPs stayed in their positions: (“Religion/spirituality” = 2.30/5; “Personal Health Issues” = 2.00/5; “Work Being a Haven from Events at Home” = 1.69/5”; see Table 3).

#### *Personality Traits*

##### *Caring, Loving, Empathetic (n = 16)*

DSPs noted the importance of being loving and caring toward their clients on the job. One stated, “You don’t have to put much effort into it. What you need to put [in] is the love, the empathy, the passion!” (T6). This theme of love was expressed by several respondents. For example, one DSP mentioned treating clients as you would a family member:

“I have a caring heart ... I just... treat them how I would want someone to treat my family members if they [were] in their care all the time” (T21).

Respondents also noted the need to be able to put clients’ needs above their own.

“... You've [got to] come to the realization that you're not there for you so much. You work for the client. You're their support... I think it comes with maturity. You know, I'm older... You get some wisdom along the way” (T11).

“I guess you have to be kind of caring to have a job like [this]. If you don’t really care about the people... you’re not really going to pay attention to what they need help with... if you’re just there for a check, you’re not going to provide them with what they need” (T9).

The strong message was that this work was a labor of love for many individuals. Those who stayed long term tended to be natural caregivers.



*Adaptability, Flexibility, and Openness to Change (n = 11)*

DSPs expressed the importance of being flexible in an environment where external circumstances changed often. Being open, adaptable, and flexible were viewed as critical to doing well on the job, and to being able to stay without burning out. For example, one participant stated:

“You kind of have to be open to change... you can't treat all your clients the same... as you become aware if it is pointed out to you, you have to be willing to change. ...Otherwise, you're going to get burnout from just banging your head against the wall... you can't push these guys. They are always going to win if you get into a power struggle, or have control issues. You have to be willing to change... And I've learned to relinquish my need for control sometimes” (T10).

Another DSP noted the need to let go and not take things personally to be successful:

“I'm pretty easy going... I don't take a lot of things personally, which is easy to do at times when working with people with disabilities. I'm able to kind of just let it run off my back and not take it home at the end of the day, so that's been successful too” (T12).

In addition to holding the trait of flexibility and openness to change within a changing work environment, DSPs also noted that doing this work could produce intangible benefits contributing to why they stay, such as personal change and growth within themselves, which can occur when working with difficult-to-serve clients. One described:

“I am just very passionate and I have gained a lot of passion over the years working with my clients... For me, personally, I haven't been the most outgoing person, more secluded and to myself, but they make you [want to] open up, you know... It makes you feel like being a better person in life, you know? And working with them has really brought me out of my shell” (T18).

Similarly, another staff member stated the job has been healing for him/her. (S)he shared, “Yes, healing... I have been on a journey. This particular journey has been really clearing of the mind and heart.” (T28)

*Patience (n = 5)*

Patience was also cited as an important characteristic of longer-term DSPs that helped them perform well at their jobs (T9, T16). Individuals with intellectual/developmental disabilities typically exhibit low functional abilities, cognitive slowness, and difficulties in learning. Tolerance for the repetitive (sometimes tedious) nature of the job, requires patience. One participant stated:

“I have found I have a lot of patience for the work... I don't mind having to repeat the same thing and I also found I'm pretty good translating, rewording things” (T19).

Another DSP noted:

“You know in this job you've got to be patient and you got to listen to your clients. And I've not always been patient. My clients have taught me an awful lot, whether I wanted to learn it or not, in some cases” (T10).

*Detail-Oriented and Hardworking (n = 3)*

Consistent with the requirements of providing care for individuals with ID/DD (e.g., managing the administration of medications, ensuring personal hygiene, following a behavior plan), the longer-term DSPs in this study described themselves as being detail-oriented and hardworking. One stated, “you can't do things half-way when you're dealing with another person” (T15). Another participant mentioned being very detailed oriented, so the documentation required from DSPs on the job was always easy for him/her to complete (T23). A third DSP discussed the value of having a good work ethic:

“I think a lot of the people who have stayed with [organization] have very high work ethics” (T26).

***Behavioral Patterns and Job Attitudes****Interested in Working with Individuals with Disabilities / Job Match (n = 8)*

Not surprisingly, DSPs reported that being interested in working with individuals with disabilities was a reason they stayed in their position as a DSP. Eight DSPs reported applying for their positions due to their interest in working with individuals with

disabilities, and because they thought the job description sounded like something they would want to do. After already being familiar with his/her current company and knowing the job description, one DSP thought it would be “kind of be interesting and challenging” (T11), while another decided to apply because the job matched a description of something (s)he thought (s)he might enjoy based on career preferences (T24). A third participant stated (s)he “wanted to pursue something more challenging... this job came open and I applied for it, and I got it” (T14).

*Desire to Perform a Public Service or Fulfill a Moral Obligation (n = 8)*

DSPs also reported wanting to perform a public service or being motivated by a moral obligation to give to society, as reasons they stayed in their jobs. A number of DSPs reported they excel in their positions because of their desire to make a difference in the lives of others. They wished to give back to society, were service oriented, and even felt it was their “calling” to do so.

“When I got sick, I had the VA. Most people wouldn't recover from, financially, with having cancer. I didn't have to pay for anything... I believe this type of work... to me, is a public service. No different fighting [between this and] a war or being in the military, [it's] a public service” (T7).

Another DSP mentioned:

“I just like the work. I like being able to advocate for people... [to] help them advocate for themselves. And, you know, they need it” (T23).

A third stated:

“This work isn't for everybody. It's definitely not about the money because we don't make a nice lump sum of money, so I would say it would have to be my heart, my genuine heart that I do this for... I believe this is my calling that god has given me to help people, because I've always been a helpful person” (T20).

*Enjoyment of Teaching and Communicating (n = 4)*

DSPs are not just caretakers, they also implement interventions and training programs for clients. Longer-term DSPs reported that being strong teachers and communicators contributed to staying in their positions. One stated:

“I didn't realize what a good teacher I [was] until I took this job and it just kind of seemed to come natural[ly]... I've taught some of my clients a lot of stuff... To be successful you've got to... to improve their lives and teach them more about day to day life, about managing their finances, cooking...” (T10).

Another DSP described the importance of the teaching he/she does on the job in the areas of etiquette and hygiene (T18). A third DSP mentioned the benefits of having good communication skills:

“I have good communication skills... verbal, written... good customer relations skills. When you show that, you know, other people see that as well, and it's just easier to communicate...” (T13).

*Tired of Changing Jobs, Valuing Stability (n = 3)*

Although not specific to being a DSP per se, participants cited stability as a reason for why they stay in their roles as DSPs. For example, one DSP stated:

“I love to be stable, you know, the company that I work for, they're great, I mean I feel like I'm a part of this team and I feel like I'm a part of something because of how long I've been involved here...” (T25).

A second DSP described the value of stability, below:

“Yeah, actually I think part of it in my case is just...I'm 56. I've had so many jobs and I'm tired of it. And I'm kind of happy with where I am and I'm just going to stick [here]. I'm just tired of changing jobs. That's part of it.” (T10).

### **Ideas and Suggestions for Promoting Retention**

Although DSPs were not asked to make specific suggestions with regards to areas they would improve upon within their organizations, DSPs volunteered ideas. The most commonly cited suggestion was to increase financial incentives and to treat the DSP job as a career.

### **Financial Incentives and Treating the Job as a Career (n = 6)**

One DSP proposed signing bonuses, better health care benefits, and for administrators to treat their jobs like careers with “professional pay” (T23):

“There should be signing bonuses. Nurses have that at hospitals, if they decide to stay in a position ... The goal is to keep people working at these positions. It's not going to happen unless we treat it with respect and treat like a career. Some people dedicate their lives to this type of work for years. I know people who have been here for 20 years” (T7).

Another participant shared his/her concerns about the negative impact that low pay and small raises has on retention:

“As far as the dysfunction and turnover in this field [goes], I really do think a lot of it comes down to what you pay people. Because when you consider some of the very challenging and stressful behavioral issues and sometimes medical issues that the clients experience that staff have to deal with, offering them a starting wage of 9 dollars an hour is grossly underpaying them. The fact that a raise schedule is no more than 2 percent per year, it takes an extremely long time to even make it to what the local area considers a minimum living wage for a single adult. *So if you're going to pay someone 9 dollars an hour to deal with someone with severe autism who is incontinent, who is violently aggressive on a regular basis, all these issues, is it really so surprising that people won't stay and instead go to some place like Qdoba to roll burritos for 9 dollars an hour? You know, same money, totally different work environment with much less physical toll, emotional stress, things like that...*” (T2).

The same DSP also suggested having different pay scales: one for day shifts and one for overnight shifts:

“You know, whether someone has an intellectual or physical disability or not... most people sleep at night. So, if you're working an overnight shift, your responsibilities merely consist of inventorying medications, doing some basic cleaning of the home, and some paperwork... If you're working the overnight and they sleep most nights, you don't have to deal with any of [the behavioral issues] and you're getting paid the same as the day staff who has to deal with all of that, so I think there really should be a pay differential between day shifts and the overnight shifts. ...The day shift people should really make a considerable more amount of money than the overnights” (T2).

DSPs also proposed tuition reimbursement and incentives for going up the corporate ladder (T13, T20).

“Now they're starting this thing, like paying for your school, where if you go to school for anything that's medical based, then you have the chance to get a scholarship for that... I think that's a beautiful idea for the younger generation that's coming in, and they might not want to just stay in this position, they might want to move up...” (T20).

### **Additional Suggestions to Increase Retention**

Although not cited by three or more participants in this sample, a variety of additional suggestions that did not fit clearly within a single theme emerged. For example, DSPs also suggested increasing the availability of counseling services for employees to reduce burnout, annual picnics for staff and clients to mingle, and increasing the appreciation of, and recognition for staff in ways such as by mailing out greeting cards on birthdays and/or incentivizing DSPs with gift cards and gas cards.

### **Research Question 2: Are the Factors Promoting Retention for DSPs Consistent with Those Reported in the Direct Care Literature, or Unique to DSPs?**

In Table 2, the themes found in the current study are listed side-by-side, next to those reported in Ellenbecker's (2004) paper. The similarities and differences in the themes identified by DSPs in the current study vs. those identified in the literature for direct care staff generally are described in Table 4. A majority of the themes identified by direct care workers generally were also reported by DSPs in the current study. However, there also were several themes that seemed to be uniquely reported by DSPs in the current sample, such as: seeing growth/progress in their clients and being tired of changing jobs/ valuing stability in their jobs. Moreover, some factors that were reported as promoting retention in prior studies of direct care workers such as living rurally or seeking career growth opportunities (Ellenbecker, 2004; Morgan et al., 2013) either did not emerge or were less salient for DSPs in the current study. This may be due to the urban setting from which participants were recruited or because DSPs in this sample did not choose to move up in their workplaces, as evidenced by them remaining in their roles for five or more years, per the requirements of this study.

**Research Question 3: Do the Factors that Promote Retention and Turnover Differ?  
Factors Associated with Why DSPs Would Leave Their Jobs**

Both quantitative, and, to a lesser extent, qualitative data, were available to begin answering this question. However, there were limitations with both types of data. To answer this question quantitatively, DSPs were asked to imagine that things had changed to the extent they wanted to leave their current organizations, and to rate the importance of 15 potential reasons why they might leave. However, there was some confusion in understanding this question, and it is unclear whether all participants interpreted the question in a similar manner. Although there was an attempt to clarify the question while asking it, some participants may have reported why they would leave their *current* work situations, instead of thinking hypothetically (i.e., reasons they would leave, *if circumstances were different*). Therefore, these findings should be interpreted with caution.

Nevertheless, to the extent the quantitative results are valid, they suggest that the reasons DSPs cited for leaving tended to differ from the reasons they cited for staying. That is, the rankings DSPs gave to factors differed when they rated reasons to leave versus reasons to stay in their positions. However, one caveat to this finding, is that the mean factor ratings for items describing why respondents might leave were generally quite low, with no ratings exceeding '3' (3 = "a minor role.") Indeed, DSPs only rated two factors above '2' (2 = "very small role"): *benefits* ( $M = 2.78, 1.55$ ) and *salary* ( $M = 2.74, SD = 1.46$ ). That is, on average, none of the factors were rated as having even a minor role, much less as having a major role, implying either that the factors listed were not important to understanding why DSPs leave or that the question was not well understood, or that ratings were low because DSPs in this study did not wish to leave their jobs. (See Table 5 for a summary of the factor ratings associated with why DSPs would leave their positions).

**Qualitative Reasons DSPs Leave Their Jobs**

Although DSPs were not specifically asked why they, or why others they have known, have left their jobs, during their interviews a number of participants cited reasons

they *would* leave, or why they think people leave their positions. This information emerged from the interview as a whole, and was shared across all of the questions and was not in response to one particular interview question. Sixteen participants described why they would leave or why people leave their positions, generally. Two themes noted by three or more DSPs are described, below. The theme identified most often as a reason for leaving (Financial Constraints) overlapped with the two highest rated items for leaving from the quantitative questionnaire (benefits and salary).

***Financial Constraints (n = 9)***

Many DSPs noted that low pay would be a reason they would leave (e.g., T2, T11, T10, T18). They described how they do not get raises (T16, 24), and it is hard to make a living on their pay. One noted that (s)he hadn't had a wage increase in years (T11):

“We've had no raises for five plus years, not even a cost of living raise because the state has cut our funding. Our benefits changed last year and got a lot worse... It costs us more. We are not getting the same quality of medical treatment... The clients have had to suffer... the cuts cause us to leave. ... I think that's really the biggest hardship. You have a lot of heart that goes into your work, and you could sit in an office in some other field... and not really lift a finger. ... I see staff leave all the time. Or, they go on welfare. You just can't sustain an actual profession in this job. *You know, their hearts are in it, but financially they can't do it*” (T23).

***Viewing Jobs as Temporary (n = 3)***

As described above (T3, T11), there is a “revolving door” of DSPs. Respondents viewed the high turnover as due in part to the fact that many workers did not view being a DSP as a potential career but as short term work. Transient populations, including college students, were identified as groups that frequently turned over (T11, T10, T3):

“I think because it's a low paying job, or relatively low paying, a lot of people just view it as a stepping stone to something else. ... It seems like the people I've met... who haven't stayed long have always been younger people... they saw this as a kind of stopgap place to land while they look for their next job. Or maybe it turned out to be... not what they were expecting” (T10).



#### **Research Question 4: Differences in Why DSPs Stay or Leave due to Job Settings**

As noted earlier, due to the demographic make-up of the current sample, there were an insufficient number of DSPs across the various work settings to permit a valid and reliable analysis of this fourth research question.

#### **Additional Analysis: Age as a Correlate of Factors Associated with Why DSPs Stay or Leave**

Pearson correlation was used to examine the potential association between age and factor ratings for why DSPs stay and might leave their organizations. Analyses were conducted because several prior studies have indicated that age was related to turnover (Butler et al., 2014; Li, 2007; Office of the Assistant Secretary for Planning and Evaluation, 2006). In this sample, age was not associated with any of the 15 factors thought to potentially explain why DSPs stay. In contrast, age was significantly negatively correlated with two factors associated with why DSPs might leave: the degree to which DSPs felt safe on the job ( $r = -.44$ ;  $p < .05$ ) and employees desiring less responsibility ( $r = -.38$ ;  $p < .05$ ) (see Tables 6 & 7.)

#### **Opinions from Member Checkers (n = 2)**

Two study participants were contacted after data collection was complete to act as member-checkers to assess the quality of the data (member-checker #1 is referred to as “MC1”; member-checker #2 is referred to as “MC2.”) The first author shared and discussed the themes with the member checkers by phone. The key take-away points from the phone conversations are described below.

When listing the reasons why participants stated they would leave their organizations- or the reasons they have known others to leave their organizations in the past- both member-checkers were surprised that only six people cited “pay.” (Note: as described earlier, the current study did not focus specifically on why people leave their organizations, and thus, the question was not specifically asked.)

MC1 noted that burnout is another important reason DSPs leave. He/she was surprised that more people did not talk about the job being tiring (however, again, this

was not targeted in the interview questions and the sample was limited to persons who were satisfied with their jobs). Also, during the conversation, MC2 described another reason that DSPs leave their jobs: “Lack of Acknowledgement/ Appreciation.” (S)he also mentioned that employees should be continually recognized for their ethics/integrity on the job, and for when they go above and beyond expectations.

With regards to the reasons why DSPs stay, both member-checkers thought the themes “made sense” (MC1, MC2). MC2 stressed that loyalty to clients and coworkers was paramount. When talking about the culture of an organization, MC2 brought up how a company cannot improve unless their culture changes. (S)he agreed that open communication is important, but that:

“Lots of staff lie because they don’t want to get in trouble. Things are not reported, and when they are, it feels like you are looked down on for rocking the boat... Until there are positive outcomes for trying to change the culture, many employees will not feel comfortable speaking up” (MC2).

## DISCUSSION

DSPs are direct care workers who assist individuals with intellectual and developmental disabilities (ID/DD) in living fuller, more meaningful lives. Their attrition is of enormous concern because turnover can lead to lower quality services, negatively impacting vulnerable clients and decreasing staff morale (Manion, 2004). Prior empirical research has mainly focused on why DSPs leave their jobs, rather than on why they stay. Moreover, prior work on retention has not focused on long term satisfied employees, exactly the kind of worker agencies would like to identify and hire. Accordingly, the primary goal of this study was to interview experienced DSPs who have been in their positions for five or more years to examine the factors promoting their retention. Twenty-seven Direct Support Professionals (DSPs) recruited from 10 agencies in a Midwestern state described the reasons they continue working with adults with intellectual and developmental disabilities, despite the high turnover rates prevalent in their field.

This discussion section is organized around the three answerable research questions of the current study: (1) “What are the factors promoting retention for DSPs?”; (2) “Are the factors associated with staying for DSPs consistent with prior research on retention for other direct care workers who assist other client-populations, or unique to DSPs who work with clients diagnosed with ID/DD?”; (3) “Do the reasons why DSPs stay, and the reasons why they leave their jobs, differ?” As stated earlier, the fourth research question, “Are there differences in the reasons why DSPs stay vs. leave, based on the settings in which they work?” could not be answered using the current sample, and it is not discussed.

### **Research Questions One and Two: What Are the Factors Promoting Retention for DSPs, and How Are They Unique to Staff Working with Adults with Intellectual and Developmental Disabilities?**

Several factors (themes) emerged from the qualitative interviews that describe why DSPs stay in their jobs. These factors were broadly grouped under three categories: Intrinsic, Extrinsic, and Individual. Importantly, the factors that DSPs self-endorsed as

contributing to why they stay were also mainly consistent with those rated in the quantitative portion of this study.

### **Intrinsic Factors**

When DSPs described the job-specific factors that contributed to why they stayed, workplace relationships with supervisors, coworkers, and clients emerged as critical in the interviews and were also rated highly in the quantitative data. In the direct care literature, Ellenbecker (2004) also reported the significance of coworker and supervisor relationships impacting retention for nurses under the themes: “Group Cohesion Physician” and “Group Cohesion Peers.” Li (2007) noted that organizational factors including relationships with residents, coworkers, and supervisors impacted the retention of staff in urban assisted-living facilities. Mittal and colleagues (2009) also demonstrated the value of on-the-job relationships, particularly “personal relationships with residents,” as impacting why longer-term staff stay in their jobs when caring for the elderly.

With respect to their supervisors, DSPs described several themes that contributed to why they stay: supervisors who are caring and supportive, supervisors who promote availability and open communication, and supervisors who demonstrate qualities of a mentor. Within the literature, the quality of supervision has been shown to impact retention in the child welfare services industry (Dickinson & Comstock, 2009; Benton, 2011) and for certified nursing assistants (CNAs) (Choi & Johantgen, 2012). Similarly, for social workers, effective supervision not only reduces worker burnout and increases staff retention, it has been shown to affect worker and client outcomes (Collins-Camargo et al., 2009). Specifically, social workers have stated that supervision improves their overall wellbeing throughout their careers, or at certain points along the way; accordingly, supervision is one of the reasons social workers report staying in their positions (Chiller & Crisp, 2012).

Supervision has been described as serving three different functions: management, support, and professional development (Chiller & Crisp, 2012). All three functions were referenced by DSPs in the current study as important to why they stay. For example, good supervisors did not micromanage, were reliable and were “always there,” and made sure staff were well-trained and prepared to carry out their responsibilities on the job.

Chiller and Crisp (2012) reported findings similar to the current study when they interviewed six social workers who were in the field for 10 or more years. Their participants reported supervision was useful because it “acts a medium through which stresses and concerns can be externalized and explored” (Chiller & Crisp, 2012, p. 236); supervision helped to improve workers’ skills and addressed weaknesses. These findings support the theme of “Demonstrating Qualities of a Mentor” that emerged in the current study.

In addition to supervisors, coworkers also provide social support in the workplace (Chou & Robert, 2008) which contributes to why DSPs stay. The current participants described their coworkers as being supportive, like family members; relationships could be “amazing” at times. However, even though DSPs valued positive interactions with coworkers, reports of tense relationships and stressful interactions (e.g., when coworkers performed tasks incorrectly, showed up late, or left their jobs, which resulted in turnover and more work for those who stayed) outnumbered the positive reports. That is, an important factor in retention is that DSPs also need to be able to adapt to problematic interactions with coworkers. Consistent with the current findings, in the general literature, coworkers have been found to be both a source of support, and of conflict; the former leads to greater retention, and the latter leads to greater turnover. In the direct care worker literature, supports from coworkers have been linked to greater organizational commitment for nursing home social workers (Simons & Jankowski, 2007), and coworker involvement and relations have been linked to greater job satisfaction (Okediji et al., 2011; Bergbom & Kinnunen, 2014).

The impact of coworkers on why DSPs stay varied across participants. For example, seven DSPs reported having few, or neutral interactions with coworkers, and coworkers had little impact on why participants stayed. Sometimes these neutral reports were from DSPs who worked in more isolated settings or in residential placements where less contact with coworkers was required. Given that DSPs reported mixed interactions with their coworkers, it will be important to examine the factors associated with these different kinds of interactions. It may also be important to consider for DSPs, “What happens to those who are left behind?” For example, when coworkers leave, new coworkers may be hired or older coworkers may move, potentially changing the social

milieu and sense of support for those left behind. Because staff turnover occurs frequently, it will be useful to examine how turnover impacts the DSPs who do stay, both objectively and subjectively.

In recognizing that both supervisors and coworkers provide supports for DSPs when things are going well, we can also further examine the types of social supports that these groups provide (e.g., instrumental, emotional). Instrumental supports are the materials or resources provided (guidance, physical assistance, or knowledge), while emotional supports pertain to the care, sympathy, and trust that one may receive (Chou & Robert, 2008). When Chou and Robert surveyed 984 direct care workers in 108 assisted living facilities in Wisconsin, job satisfaction was positively associated with receiving both instrumental and emotional support from supervisors and solely emotional support from coworkers. In the current study, both instrumental and emotional supports were described by DSPs as related to why they stayed when relationships were positive with supervisors. For example, supervisors were caring and open to concerns (providing emotional support), unless it was hampered due to supervisors being overworked; when emotional supports decreased, the relationship was disrupted. DSPs also described supervisors as being present “on the floor,” and being helpful, reliable, and responsive, which is indicative of supervisors providing instrumental support to DSPs. However, when supervisors were reported to be unavailable and overworked, they could not supply the necessary instrumental supports, which impacted their relationships with DSPs.

Similarly, coworkers in the current study provided emotional support to one another, e.g., listening to one another because they shared similar struggles. However, in contrast to the findings of Chou and Robert, DSPs in the current study also alluded to the importance of instrumental social support as important to why they stayed, such as taking on responsibilities for, or with others, during a time of need or crisis. For example, DSPs can offer support to one another during times when a coworker is not feeling well, to help a distressed client who is displaying self-injurious behavior, or to join together to prepare dinner for individuals within a group residence. In the current study, participants described feeling as though they were part of a team when relationships with coworkers were favorable. They noted that they and their colleagues “worked well together.”

However, similar to Chou and Robert, they reported receiving emotional support more often than they reported receiving tangible support from coworkers.

It is not yet clear which functions (i.e., management, support, and professional development) and types of social support (i.e., instrumental, emotional) supervisors and coworkers provide for DSPs across different work settings (e.g., day program settings vs. residential settings) are critical to retention and whether the current findings will generalize to other samples of DSPs. Thus, although the current findings point to the value of DSPs' relationships with supervisors and coworkers as factors associated with retention for DSPs and other direct care workers, it will also be important to examine the nuances within the supervisory relationships and the coworker relationships independently. For example, research should explore which aspects of the relationships are most important to DSPs, the types of supports these relationships provide, and the circumstances under which they are provided.

As noted, another important aspect of the social milieu that can impact retention is relationships with clients. DSP participants reported enjoyment in seeing progress and change in their clients. They appreciated their clients' successes when they accomplished their goals and/or learned new skills. The value DSPs placed on their relationships with clients was consistent with reports from other literatures (e.g., Li, 2007; Mittal et al., 2009; Jack et al., 2013). However, in spite of the potential for clients to foster a sense of pride in the participants, DSPs also reported difficult relationships with clients, at times, which was a source of stress. As described by Neben and Chen (2010), clients' aggressive and manipulative behaviors can lead to reduced patience, feelings of powerlessness and disengagement, and ultimately requests to transfer positions. In the current interviews, DSPs described some clients as being hard to work with due to their medical conditions (e.g., requiring enteral feeding or having seizure disorders), lack of adaptive skills (e.g., inability to bathe/dress independently), and aggression (e.g., lacking skills to properly cope when feeling stressed or angry). Thus, one key factor associated with promoting retention, cohesion with clients, is also potentially a challenge, in addition to being a source of satisfaction on the job. Perhaps matching staff to clients based on their skill-sets and preferences (Job-Person match) would be part of meeting this challenge. In addition, on-the-job training can focus on potential challenges with

clients, including target behaviors, and provide DSPs with coping strategies and ways to reduce maladaptive behavior. DSPs can also turn to more seasoned coworkers and supervisors for assistance when faced with problems or stressors on the job. Mentoring relationships, both with supervisors and coworkers can also be established when DSPs begin their new positions. The use of mentors and additional strategies that have been recommended to retain direct care workers, from the empirical literature, are discussed below.

Another potentially salient factor for retaining DSPs is relationships with the clients' family members. In the current sample, family members did not strongly impact DSPs' desires to stay. This may be because the DSPs in the study cared for clients who did not live in family homes. Thus, DSPs may have had fewer opportunities for interactions with family members than they would have had with family members of younger clients or with family members of clients who live with their family members. Nevertheless, family members' impact on DSPs' desire to stay or leave their jobs should be reevaluated in other samples. When staff members' relations with family members were examined among caregivers in assisted living facilities, the importance of creating environments where both staff and family members were empathetic towards one another and viewed themselves as partners in the caregiving process was evident (Kemp et al., 2009). DSPs may also find it beneficial to view themselves as partners with clients' family members.

In addition to relationships at work, another set of Intrinsic factors impacting retention pertained to workers' subjective views of their organizational culture: Perceptions of Characteristics of the Organization and Company Culture (i.e., Company Philosophies Espousing Camaraderie, Belonging, Valuing Everyone and Excellence; Job Meets Personal Expectations; Client First Mentality; Valuing Loyalty and Feeling Reciprocal Loyalty from the Organization, Coworkers and Clients). Camaraderie and a sense of belonging to the organization were held in high regard by DSPs. DSPs frequently cited the importance of being welcomed to communicate with other staff members and members in leadership positions to voice their concerns. When able to express their opinions, DSPs felt as though they were really a part of a team, that they were valued and belonged as critical members. A sense of organizational belonging has



also been linked to engagement, productivity, and performance in employees generally (Belle et al., 2015). In a study of 420 registered nurses ages 45 and older in Canada, workers felt a strong sense of belonging when their organization engaged in practices tailored to their needs, their supervisors implemented such practices fairly, and the organization valued their contributions (Armstrong-Stassen & Schlosser, 2011). Similarly, first-year college students who develop a sense of belonging through the creation of caring, supportive, welcoming environments (through positive relationships and supports) are more likely to be retained (O’Keeffe, 2013). These strategies can be tailored to improve company culture for DSPs to further increase their sense of belonging and retention in their organizations.

DSPs also reported that loyalty impacted whether they stayed and that loyalty was strengthened when they felt their loyalty was reciprocated. That is, in some sense loyalty is “earned.” The general worker literature notes that loyalty can be induced by employers through recognition, by rewarding employees, giving praise and rewards publicly, giving trophies with an employee’s name on it, and organizing special awards nights (Agugliaro, 2016). Since DSPs already reported staying in their positions due to their loyalties to their clients and the rewards they feel when they are appreciated by their clients, it makes sense that DSPs would also create greater loyalties to their agencies when feeling appreciated by their agencies for their time and efforts. The specific relationships between DSPs’ receipt of recognition, their loyalty to their organizations, and intentions to stay should be examined in future research.

Whether DSPs’ job expectations were met was also potentially crucial, because a mismatch between employee expectations and the requirements of a job and the organizational climate can reduce satisfaction and organizational commitment, leading to voluntary turnover (Larson & Hewitt, 2012). Many participants in the current study felt they were performing duties similar to what they expected to be doing and cited the importance of having their previous conceptions of their position verified or explained well during training (i.e., realistic job previews [RJPs]; see Premack & Wanous, 1985). When job expectations are met, organizational outcomes (e.g. performance, attrition) have been shown to increase for direct care workers (Phillips, 1998). Employees are more

likely to feel comfortable and prepared for their job and to stay if they are provided with realistic and accurate descriptions of what to expect.

The remaining theme within the Intrinsic category of Perceptions of Characteristics of the Organization and Company Culture, “Client First Mentality”, spoke, to one degree or another, of the importance for retention of working for a company that put the client first, and had a commitment to more than the bottom line. For example, DSPs highlighted the importance of working for a company that is focused on developing clients' independence where staff are to “work themselves out of a job.” DSPs reflected that within such a culture, staff will be more likely to be thinking about promoting clients' independence, and to do things “with” clients, rather than “for” them, to help clients to acquire the skills and independence to live as independently as possible. Similarly, participants valued organizations that displayed “client first” mentalities as part of their company's culture. This attitude was reflected in DSPs' appreciation for working for companies that supported high-need clients with dedication and excellence to help those whose cannot take care of themselves. DSPs who feel connected and aligned with a company's mission can feel as though they are a part of something that is larger than themselves, and be reminded of why they are in this line of work. Similar findings have been reported for nurses, where displaying a commitment to the missions, values, and goals of a hospital have been linked to intentions to stay (Luthans, 2005).

### **Extrinsic Factors**

DSPs described two Extrinsic themes as critical to why they stay: “Flexibility, Benefits, and a Supplemental Income” and “Training.” The importance of benefits and flexibility of direct care work are described in the literature for other direct care workers as well. Nurses in Ellenbecker (2004) cited the autonomy of work hours/activities, salary and benefits, and perceptions of opportunity as playing a role in why employees stay; nursing aides and nurses in Castle and Engberg's (2005) study cited income as an important factor; and home health care aides in Butler and colleagues' (2014) study described higher wages and a greater sense of autonomy as contributing to why they stay.

Workers across a range of industries report being grateful for the benefits and supports they receive on the job. In a 2015 study of 486 adults between the ages of 25

and 54, fifty-six percent stated perks were “very” or “moderately important” in evaluating their jobs (Technology Advice, 2015). Some participants stated they would trade salary increases for on-the-job perks such as flexible schedules, a gym membership, or a casual dress code. Participants in the current study also described the importance of opportunities to work multiple shifts with flexible hours. One DSP reported taking advantage of his/her Employee Assistance Program and appreciated the benefits offered. Moreover, these qualitative reports from the interviews were mirrored in the quantitative data. DSPs rated “Flexibility in Schedule” and “Hours Available to Work” as being two of the most important factors (rated second and third) in contributing to why they stay in their positions. Similarly, alternative work arrangements (e.g., telecommuting and flexible work hours) across a variety of industries, have been found to benefit employers by increasing retention, and to benefit employees by increasing job satisfaction (Breugh & Farabee, 2012).

Although some DSPs seemed to value the training they received, others cited training as an area that could be improved. Moreover, few participants in this study directly mentioned the training they received in a positive light ( $n = 4$ ). Thus, it is unclear in this sample whether quality training is a critical factor potentially impacting retention for DSPs. Nevertheless, recent research has been conducted showing the potential importance of competency-based training programs for direct care workers (e.g., Larson & Hewitt, 2012; Bogenschutz et al., 2015). These programs are discussed in more detail, below, as a potentially valuable retention strategy.

### **Individual Factors**

Below, I discuss the personality traits, behavioral patterns and job attitudes that were most frequently endorsed by DSPs as impacting retention. Being loving/ empathetic was the trait most often described by DSPs as important for retention in the current study. This is particularly salient because DSPs are the ones who spend the most time with their clients on a daily basis. Moreover, the individuals with severe disabilities that DSPs assist are often viewed negatively by others and can be difficult to care for. Thus, individuals who find those with severe disabilities unattractive or difficult to like may be poor candidates for the DSP role. Importantly, the care DSPs pour into their work can provide

them with meaning for why they stay and have a positive impact on clients. The emotional aspects of caregiving can provide meaning to direct care staff, both through satisfaction with client relationships themselves, and through effects on care outcomes (Ball et al., 2009). Moreover, the impact of a positive caring attitude is strongly appreciated by clients, who often have few people in their lives who truly take the time to get to know or spend time with them. When Dodevska and Vassos (2013) studied the interpersonal characteristics of direct care workers by seeking out the opinions of both individuals with ID/DD and their resident managers, persons with ID/DD most strongly valued staff members who interacted with, and spent time with them. Managers, too, appreciated staff members who displayed good rapport with clients, who treated people with respect, and were supportive.

DSPs in the current study also endorsed patience as a critical trait impacting retention. Because individuals with ID/DD may take longer to complete activities than typically-developing individuals and/or may require more time to process information, it can take patience to wait for clients to complete activities of daily living, to finish a meal, or to express their wants and needs. Like other helping professionals, DSPs develop their patience over time because it is a requirement of their job. However, if staff members possess greater patience initially, it can be very beneficial. The importance of patience was also cited by direct care staff who assisted the elderly, who noted that, “good care” meant having “affectionate, respectful, and patient attitudes toward residents” (Chung, 2013).

DSPs also described the importance of having an interest in working with individuals with disabilities and the desire to perform a public service or to fulfill a moral obligation as important to retention. Underlying each of these factors is an acknowledgement that long term DSPs view their work as fulfilling a higher public or moral need and the necessity of a genuine interest in helping the disabled. These characteristics are consistent with the literature that describes the benefits of feeling “called” to do one’s work. For example, across 771 U.S. employees who had participated in the Baylor Religion Survey (BRS), organizational commitment was reportedly strongest when both spiritual calling and job satisfaction were strong. Interestingly, having a spiritual calling towards one’s work was also associated with organizational

commitment even when one's job was not satisfying (Neubert & Halbesleben, 2015). These findings pertaining to feeling called to do one's work may have implications for direct care staff, including DSPs. Although their work may not be consistently satisfying, a protective factor of "feeling called to do one's work" might result in greater job commitment, and ultimately, retention.

Being flexible was also endorsed by DSPs in this study as being important to retention. Although the importance of having flexible working conditions has been described by direct care workers working with varied client populations as a factor associated with retention (e.g., Li, 2007; Butler et al., 2014; Mittal et al., 2009; Lincoln et al., 2014), the *trait of being flexible* has not emerged previously as a critical factor impacting retention. Thus, it is unknown whether this trait is also important for direct care workers in other industries, as it is for DSPs. For the DSP role in particular, it makes sense that where employees constantly alter their approaches and are quick to transition to plan "B," should plan "A" not work out, flexibility is warranted. Moreover, the high turnover endemic to the field produces work situations that are often in flux. If DSPs are unable to accommodate changes to their schedules, bubbling tensions with new and old coworkers, and the demanding, challenging and often unpredictable behaviors their clients exhibit, which may arise at a moment's notice, it may be difficult to remain successful in their positions. Thus, the data indicate that possessing certain traits is important to the retention of DSPs and may result in greater satisfaction and success on the job. These personality traits could be examined as part of Person-Job (P-J) Fit theory and may subsequently contribute to greater job match. Such implications are described in more detail, below.

### **The Relative Importance of Intrinsic, Extrinsic and Individual Factors**

A number of factors emerged that were grouped under each of the three categories: Intrinsic, Extrinsic, and Individual. Overall, the factors associated with retention in the current study (e.g., "Caring, Available, and Supportive" supervisors, "Having Job Expectations Met") are mainly consistent with the literature and existing models on retention for other direct care workers, although some factors may be unique to DSPs (e.g., "Seeing Progress and Change in Clients", "Desire to Perform a Public

Service or Fulfill a Moral Obligation.”) However, since other researchers (e.g., Ellenbecker [2004] and Morgan et al. [2013]) noted the strong impact of Extrinsic factors (e.g., financial rewards, benefits, and career growth opportunities) on retention, I had also expected Extrinsic factors would play a larger role in why DSPs stay. Although Extrinsic factors were rated highly on the quantitative measure, longer-term DSPs did not describe many distinct Extrinsic factors that contributed to why they stay when interviewed. Only two Extrinsic categories emerged. Thus, it may be that staff working with adults with ID/DD have different priorities that contribute to their retention, or that Extrinsic factors were merely less critical to the current sample of DSPs. Overall, then, of the factors DSPs identified as impacting the reasons why they stay in this study, some appear to be unique to DSPs, and others are consistent with those seen across direct care workers generally. Additional research will be required to expand on these potential differences, using larger and more geographically diverse samples.

### **Research Question Three: Are Factors Promoting Turnover and Retention Two Sides of the Same Coin?**

Below, I discuss findings pertaining to the third research question, “Do the reasons why DSPs stay and the reasons why they leave, differ?” It is important to note that the findings in this area are based on weaker evidence. As discussed more fully below, as a study limitation, there was a concern that the participants may have misunderstood the quantitative questions. Moreover, with respect to the qualitative data, the interviews did not specifically ask DSPs why they would leave their jobs. Nevertheless, there is some preliminary evidence from both the quantitative and qualitative data to suggest that, at least in part, the reasons DSPs stay may be different from the reasons they leave. The sections above discussed reasons for staying, and below I focus on the reasons for leaving and contrast them to the reasons for staying.

#### **Why DSPs Would Leave Their Jobs**

The primary method used to assess why DSPs might leave was to ask them to rate a list of pre-identified factors and state how important the factors would be as reasons for leaving. However, none of the factors were rated as playing even a minor role (on

average) in explaining why DSPs might leave. That is, no major or even minor factor in why DSPs leave was identified by this sample of DSPs. Of the factors that were rated quantitatively, “salary” and “benefits” (Extrinsic factors) were the highest rated factors to explain why DSPs would leave their current positions. Personal health issues, the degree to which DSPs perceived safety on the job, and family issues (Individual factors) were also cited as reasons that would play at least a very small role in why they would leave.

It is of no surprise that DSPs would cite salary and benefits, however weakly, as reasons they would leave their jobs. This is consistent with the turnover literature (e.g., Morgan et al., 2013; National Direct Service Workforce Resource Center, 2009). In fact, the connection between low wages and turnover is so prevalent that, in the year 2000, 18 states approved or implemented a form of Wage Pass Through (WPT) to increase wages/benefits for direct care workers who work with adults with ID/DD. However, in spite of recent initiatives, low wages remain of enormous concern (Stone, 2004; National Direct Service Workforce Resource Center, 2009). Interestingly, when Wyoming enacted a wage pass-through in 2002 to allow for Medicaid-reimbursed funds to be allocated specifically to increase the compensation of direct care workers, turnover rates decreased (Hewitt, 2013).

Participant responses also identified two factors (themes) that may help to explain why DSPs leave: 1) financial constraints and 2) viewing jobs as temporary. The concern about financial constraints, particularly low wages, is consistent with, and supports the quantitative data pertaining to why DSPs leave. Moreover, both member checkers expressed surprise that financial issues did not emerge more consistently and strongly endorsed the importance of low pay as a concern for DSPs. In addition, DSPs described some of their coworkers as being “transient,” in that they are college-age students or individuals who are not taking on direct-care work as full-time careers. Thus, DSPs who are more career ambitious or upwardly mobile may be more likely to leave. As one participant described, unless the DSP role becomes viewed as a professional career and not as a “stepping stone to something else” (T10), this attitude and its impact on turnover may prevail.

To summarize, although DSPs reported that potential reasons for *leaving* their jobs would mainly be due to Extrinsic factors including financial constraints, benefits

they did or did not receive, and the flexibility of their job, they reported *staying* mainly due to the Intrinsic characteristics of their jobs (e.g., relationships with clients, coworkers and supervisors) and due to the fit they felt between their Individual characteristics and the job (e.g., having patience). These findings may have implications when developing DSP-specific interventions.

However, again, it is important to note the limitations of these findings. The DSPs who may benefit most from an intervention (i.e., those who are considering leaving their jobs) were not surveyed. Rather, the participants in this study were the staff who were satisfied and remained in their positions for five or more years. Also, it is possible DSPs may have misunderstood the prompt when answering the quantitative items about why they would leave, or they might have found it difficult to imagine why they would leave, if they had little desire to leave in the first place. It is unclear whether participants were consistent in how they responded across all 15 items in the quantitative measure. Thus, these summative findings concerning the reasons DSPs leave should be viewed very cautiously. Also, as discussed as a limitation below, the results from the qualitative interviews concerning why DSPs may leave were also potentially limited and problematic. Specifically, the interview questions did not directly ask DSPs why they would leave, since the current study focused primarily on retention.

### **Implications for the Recruitment of DSPs**

Human resource leaders and administrators can use this information about the factors shown to promote retention for DSPs to improve the recruitment process. For example, job match appears to be crucial, and it is a two-way street. Organizational psychologists have described the importance of Person-Environment Fit Theory (P-E Fit), which consists of both Person-Job Fit (P-J Fit), the degree to which there is a match between “hard” elements such as an employee’s abilities, skills, and interests and the job, as well as Person-Organization Fit (P-O Fit), which measures “softer” elements, such as whether an individual’s beliefs and values are congruent with the culture, norms, and values of an organization (French et al., 1982). Perceived Person-Organization (P-O) Fit has predicted the general job satisfaction of nurses and the quality of patient care (Risman et al., 2016). Having less P-O Fit (Yueran et al., 2016) and displaying lower levels of



value congruence with one's organization (Kristof, 1996, p. 28) have also been linked to poorer employee attitudes and turnover intentions.

With respect to Person-Job (P-J) Fit, DSPs described factors that implied a good fit with their jobs in the current study. For example, several DSPs reported applying for their positions because they thought the job description sounded like something they would enjoy doing. Thus, it may be useful to ask DSPs during interviews, "Why are you applying for this job?" In the current sample, almost half of the DSPs previously held direct-care positions in similar organizations. That is, they already had experience with direct care work and were seeking a similar experience as a DSP at their current agency. Study participants also decided to apply for DSP positions because they were seeking more meaning in their work, because they wanted to be of service and give back, and to gain greater flexibility in their schedules. Also, DSP participants endorsed personality traits (Individual factors), which may contribute to their P-J Fit. As described above, the personality/behavioral characteristics most frequently endorsed by DSPs were being 1) Caring, Loving, Empathetic, 2) Adaptable and Flexible, and 3) Interested in Working with Individuals with Disabilities/ Job Match; and having 4) Desire to Perform a Public Service or Fulfill a Moral Obligation, and 5) Patience. Thus, individuals who are low in these traits or who do not view their desired job as requiring these characteristics will likely be a poor fit for a DSP position.

With respect to person-organization fit (P-O Fit), DSPs expressed strong preferences for particular organizational characteristics and culture. For example, when DSPs shared positive attributes of their company's culture, they mentioned how their job met their personal expectations and they felt a sense of collaboration, teamwork, and belonging. They also were proud that their organizations fostered a client first mentality by promoting self-determination and individualized care for clients. To help ensure a good fit with these desired factors, DSPs can learn about organizations' corporate culture and values during the interview process by asking questions. These organizational characteristics associated with employment within the organization and with the DSP role can be listed on job descriptions to entice potential applicants. Summer internships, job shadowing opportunities, and mentoring programs are also strategies that can be helpful to allow potential employees to gain a better idea of what to expect in a job placement

and to recognize whether they might be a good fit for an organization (see Larson & Hewitt, 2005).

It is also important to ensure a match between employees' expectations of their job and the actual requirements of their job (Larson & Hewitt, 2012). In the current study, DSPs noted the importance of a fit between their anticipated and actual experience on the job. One DSP suggested that new-hires be sent into residential facilities right away, during orientation, so they can gather accurate impressions of what to expect on the job (T18). This mirrors the literature that supports the use of realistic job previews (RJPs) and newcomer orientation programs (Wanous, 1993) to improve retention and to reduce stress for employees. Realistic Job Previews help to increase retention by decreasing on-the-job "disillusionment" by setting appropriate expectations (Wanous, 1972). Since many DSPs who leave their positions do so within the first 6 months after being hired (Larson et al., 1998) and 15% of new hires are fired in the first year (Hewitt, 2013), realistic job previewing is important for DSPs. For DSPs, RJPs have been shown to increase retention rates by 9-17% on average (Hewitt, 2013).

### **Implications for the Retention of DSPs**

The factors rated and described by longer-term DSPs that impact why they stay can assist organizational leaders by pointing out what is working well. In the current study, DSPs rated salary and benefits as relatively minor factors impacting why they stay. Similarly, salary and benefits were not associated with retention in nurses; instead, self-concept played a role (Cowin et al., 2008). Thus, it may be that DSPs who stay long term are not as motivated by pay and may be less inclined to move up the career ladder. Longer-term DSPs also may begin to adapt to and accept the (lack of) available financial reinforcements in their jobs. Specifically, because DSPs are low paid and receive only modest raises (Bogenschutz et al., 2014; National Direct Service Workforce Resource Center, 2009), the perceived impact of raises on retention may be depressed. However, it is also possible that the findings on the importance of better pay may be artifactually depressed due to ceiling effects related to the low wages endemic to the field and to the longer-term sample used. Future research is needed to more clearly understand the impact of pay on retention of DSPs. Regardless, whether or not pay and benefits has a substantial

impact on retention for DSPs, stakeholders can aim to motivate and foster retention for DSPs in other ways, such as by providing recognition and appreciation on the job.

The qualitative and quantitative findings in the current study present evidence that supervisors strongly impact the work environments of DSPs and whether or not they feel valued and respected (National Direct Service Workforce Resource Center, 2008), thus affecting retention. Specific competencies required of supervisors were developed in Minnesota (Hewitt, et al., 2004) and were validated in a national study (Larson et al., 2007, as cited in National Direct Service Workforce Resource Center, 2008). The long term, satisfied DSPs who were interviewed in the current study, strongly valued feeling appreciated by their supervisors. They rated on-the-job relationships with supervisors as critical reasons they stay, both when interviewed and in the quantitative measures they completed.

In addition to helping DSPs feel more appreciated at work, supervisors can impact other factors associated with DSP turnover including insufficient orientation, lack of career growth, inadequate training, job satisfaction, a poor understanding of the organization's mission, and lack of clarity about job demands (National Direct Service Workforce Resource Center, 2008). Stabilizing the supervisor role, then, is also a critical component of future intervention work (National Direct Service Workforce Resource Center, 2008). However, although the need to improve supervision is understood, clear models for keeping costs down (e.g., covering the time it takes for supervision to occur) have impeded progress. The importance of having strong relationships with supervisors also has been noted across other disciplines (e.g., substance abuse, clinical social work; National Direct Service Workforce Resource Center, 2008).

In addition to valuing recognition from their direct supervisors, DSPs value feeling appreciated by their clients, as well as from their company at large. This was reflected in the Intrinsic themes: "Feeling Love, Concern, or Appreciation from Clients," and "Company Philosophies Espousing Camaraderie, Belonging, Valuing Everyone and Excellence." The importance that DSPs place on feeling appreciated suggests that companies could continue providing recognition to DSPs, e.g., awarding them for their performance and demonstration of key values such as integrity, in front of their peers. Additional possibilities include small financial gifts (e.g., gift card) or social

reinforcements (e.g., staff member of the month). This desire for appreciation aligns with findings from a study of direct care workers who assisted the elderly; participants sought out respect, "...primarily from management, and to some degree from the larger society as well" (Mittal et al., 2009, p. 627). Based on the current findings, DSPs feel rewarded and more satisfied on the job when they see growth and progress in their clients, but they also wish to be *recognized* for their hard work from those with whom they work.

Because managing client behaviors was cited as a challenge of the job by almost half of the current sample, to help retain DSPs and to enhance the quality of their services, organizations may also wish to provide specific supervision and training in this area. Initial and ongoing training curricula can address the nature of maladaptive behaviors and outbursts by educating DSPs on the antecedents and consequences of behavior by teaching the principles of functional analysis (Sturmev & Bernstein, 2004). This knowledge may assist DSPs in recognizing how their own actions and the way they address their clients' behaviors can shape their daily experiences at work. In addition, DSPs should be trained on what to do when a maladaptive behavior occurs, including safe de-escalation techniques and behavior management strategies. Because agencies have control over the training staff receive, they can provide strong competency-based training to retain staff (see Bogenschutz et al., 2015).

### **Summary of Findings and Implications**

The current study adds to the existing body of literature about DSPs who work with adults diagnosed with ID/DD. In synthesizing feedback from employees who have successfully filled roles as DSPs for 5 or more years in their current organizations, it is evident that both organizational and individual factors contribute to why DSPs stay in their jobs.

Importantly, data from DSPs in the current study appear to be consistent with the general recruitment-hiring-training-retention framework for other direct care workers and can inform job selection and retention strategies for DSPs. With regards to the job factors that an organization has most control over (extrinsic factors), they can be tailored to meet the needs of staff. For example, participants mentioned the importance of flexibility, benefits and training. Although the current study produced scant evidence for the

importance of higher pay having strong associations with retention, as noted above, this may be an artifact of the low wages endemic to the field and of the longer-term sample used. Moreover, given the general finding that DSPs are poorly paid (e.g., Bogenschutz et al., 2014; National Direct Service Workforce Resource Center, 2009), organizations also may wish to offer competitive pay.

Organizations should then select and hire DSPs who possess the Individual factors described in this study. For example, organizations might wish to hire those who are a good match with their organization, both in terms of Person-Job Fit (P-J Fit), e.g., possessing certain traits such as patience and empathy, and Person-Organization Fit (P-O Fit), e.g., those who respect the organization's mission and are aligned with their culture of a client first mentality. It also appears there are subjective (intrinsic) workplace factors that contribute strongly to why DSPs stay. Such categories were described during interviews and in quantitative ratings as relationships with clients, relationships with supervisors, relationships with coworkers and perceptions of characteristics of the organization and company culture. Although there is literature to strongly support the importance of worker-supervisor cohesion (e.g., Ellenbecker, 2004; Li, 2007; Larson & Hewitt, 2012; U.S. Department of Health and Human Services, 2006; Chiller & Crisp, 2012) and the importance of having positive interactions with coworkers (e.g., Ellenbecker, 2004; Li, 2007), less is known about the nature of these relationships for DSPs. More empirical research is needed to study these interactions.

### **Strengths of the Current Study**

The current study shares the unique perspectives of 27 DSPs who live and work in a Midwestern state. This study has several strengths. Perhaps the greatest strength is the focus on sampling DSPs who are satisfied with their jobs and had worked at least five years in the field, to study DSPs who are successful in their jobs. Another strength is the use of both quantitative and qualitative research methods to allow DSPs the chance to speak in their own voices. Information was collected using both interviews and quantitative questionnaires. A third strength is that participants came from 10 unique agencies, enhancing the external validity of the findings. The research team also referenced COREQ guidelines (Tong et al., 2007) to ensure best practices for qualitative

research. The first author was reflective in avoiding personal biases and was open to examining alternative explanations for the data. No participants' accounts weighed more heavily than others. Also, by working with three research assistants, the interpretations of multiple individuals were included and accounted for, and consensus across coders was evident.

Another strength is that the participant sample seemed broadly representative of DSPs generally. Sample characteristics paralleled those of direct support staff who work with adults with intellectual and developmental disabilities (see Larson & Hewitt, 2012). For example, similar to the description in Hewitt (2001), most direct support professionals in the current sample were females (81%) and had at least some college education. Moreover, nearly half of the participants had earned a college degree (48%), although this was somewhat greater than the percentage reported by Hewitt (33%, Hewitt, 2001). The current sample was also heterogeneous (non-white = 41%), which reflects the growing number of DSPs across the country from diverse cultural, ethnic and linguistic backgrounds.

### **Limitations and Suggestions for Future Research**

There are limitations with regards to the sample surveyed in this study. DSP participants were somewhat older than the age range cited by Hewitt (2001) of 18-40 years (mean age in the current sample = 48 years). Thus, it is not clear whether current findings will generalize to a group of younger DSPs. It is possible that the average age of participants limits the generalizability of the findings in the current study. Although age was not correlated to any variables identified with respect to why DSPs stayed, this may be due to a restricted range in the ages of the DSPs. Moreover, age may have biased the qualitative data due to an age cohort effect. For example, increased employee age has been associated with measures of intent-to-stay and retention in nurses (Ellenbecker, 2004, p. 308). Moreover, older age may be a proxy for other variables such as satisfaction and autonomy that may alternately explain the findings and also limit the generalizability of the sample. For example, the association between age and retention may be due to satisfied employees remaining longer in their jobs, and thus growing older over time. It is possible that tenure may also be indirectly related to job satisfaction through autonomy,

that is, as employees acquire more control and freedoms on the job (the longer they are employed), they may become more likely to stay. Autonomy has been associated with increased employee satisfaction in nurses working in the United States (Han et al., 2015). It will be helpful to stratify and compare larger samples of DSPs by age in future studies, to compare differences in reports across age groups and to disentangle the potential interrelationships between age, satisfaction, tenure and autonomy.

A second limitation pertaining to the current sample is that participants were recruited from two primary regions in a Midwestern state, which may limit the generalizability and external validity of the results to the nation as a whole. In addition, one agency supplied participants ( $n = 8$ ) with a separate, paid incentive to participate in the study (a gift-card to a grocery store), while other agencies provided no additional incentive. The presence of the additional incentive may have impacted the eight participants' motivation to participate and could have potentially impacted their responses, although the overall impact of such a bias is unknown because it was not measured.

A third sampling limitation is that the current sample was mostly female (81%). It is unclear whether these findings will generalize to a larger sample of male DSPs. Future researchers should attempt to recruit more male participants to make cross-gender comparisons. Fourth, this was a convenience sample and there was no effort to proportionally sample from different job settings. Consequently, it was not feasible to divide groups into residential vs. community based settings to conduct between-group analyses due to the small sample size of the community-based group. Thus, the fourth research question could not be answered in the current study. In a future study, greater efforts can be made to recruit more DSPs to stratify the sample within settings and to survey staff who work in both residential and community-based settings.

Fifth, as both a strength and a weakness, the current study focused on a satisfied group of DSPs who stayed with their organizations for five or more years (rather than focusing on those who considered leaving and/or worked for fewer than five years at their organizations). One downside to this is the limited ability to answer questions about factors promoting retention versus turnover across DSPs broadly, i.e., Research Question three concerning whether DSPs stay or leave for different reasons, could not be answered

with full confidence, because DSPs in the current study were much less likely to report thinking of leaving their jobs, compared to samples of DSPs studied in other samples. For example, in this study, only a few DSPs had considered leaving frequently, i.e., only 4 reported thoughts of leaving their job more frequently than once a month. By failing to include the perspectives of DSPs who are less satisfied, the data may not be as helpful for explaining why DSPs leave. Although this difference in intentions to leave means that the current findings may not generalize to an unselected sample of DSPs, the sample provides a unique opportunity to understand the perspectives of long serving DSPs who enjoy their work. Surveying a satisfied group of DSPs is helpful in that successful traits are emphasized and in turn may be identified and taught. For example, in knowing that DSPs who stay tend to value open communication with coworkers and supervisors, this strategy can be taught and encouraged during on-the-job training.

In addition to sampling limitations, there were methodological limitations in this study. Specifically, when comparing the reasons DSPs stay and leave (research question three), there was the concern that participants may not have understood the quantitative question to rate the factors that might explain why one would leave his/her job (since participants, themselves, may not have had a strong desire to leave). Second, because the variables included in the quantitative measures were chosen a priori, it is possible that critical variables were not included in the quantitative measures that may contribute to why DSPs stay, e.g., patience, seeing growth/ progress in their clients. Thus, data collection was limited to the questions answered via the interviews and quantitative items. Third, as described earlier, the researcher did not specifically ask participants about why DSPs leave in the qualitative interview. Fourth, not all interview questions were asked with a focus on retention. For example, DSPs were asked how they cope with the challenging circumstances of their jobs. Although answers provided useful information about DSPs' personal qualities related to retention, the question as originally posed did not focus directly on retention, which is a limitation. For example, instead, the researcher could have asked, "How does clients' challenging behavior impact your job and contribute to why you stay in your current position?" Last, researcher bias may have been a limitation. The first author's interviewing style may have pulled specific content from DSPs and, or, human error, when interpreting interview responses, could have



impacted the data received and/or the interpretation of the data. However, by using multiple coders, the latter point was at least partially addressed.

Finally, more research is needed to determine not only which factors are associated with retention for DSPs, but how they are impacted over time during an employee's tenure. For example, we know coworkers, clients, and supervisors play a role in why DSPs stay, but we do not fully understand the mechanisms by which these groups of employees impact DSPs to affect job satisfaction, and ultimately, retention. In future research, we can take our research questions one step further, by not merely asking, "Tell me about your *coworkers* and how they impact your desire to stay or leave your organization", we can ask follow-up questions to determine the ways coworkers impact retention, and the processes through which these relationships occur.

### **Conclusion**

The current study was designed with the purpose of improving our understanding of the factors associated with retention for DSPs, which, in turn, may assist stakeholders, leaders, and human resource directors to hire employees who will be successful, engaged, and motivated in their positions, thereby reducing the rates of turnover and increasing retention among DSPs who work with adults with ID/DD. Interview data were collected from long-term DSPs (employed for five or more years) who were satisfied with their current jobs. Information was gathered, and themes emerged to identify factors that promote retention for DSPs. Data from a quantitative questionnaire also provided insights into key variables that contribute to why DSPs stay or leave their organizations. Employers and managers may wish to apply the findings from the current study to modify their policies to promote better recruitment, retention, and continued programming for DSPs within their organizations. For example, by advertising the attributes and characteristics that successful DSPs hold, and by supplying realistic job previews (RJPs) through internships and apprenticeships, potential employees may be better able to judge their goodness-of-fit as DSPs, which should lead to better job match, thus improving retention for those applying to join the ranks to fill these important positions.

## TABLES

Table 1.

*Demographic characteristics of study participants*

<b>VARIABLE</b>	<b>Total (N = 27)</b>
<b>Age</b>	48.00 (11.15)
<b>Gender</b>	
Male	5
Female	22
<b>Education Level</b>	
No College	7
Some College	7
College Degree / Certificate	13
<b>Marital Status</b>	
Married	12
Not married	15
<b>Race</b>	
White	16
Non-White	11

Note: Of the participants who identified as “Non-White”, nine identified as Black/African-American, one identified as West African, and one identified as having more than one ethnicity. Ten DSPs were unmarried (single), twelve were married/living as married, four were divorced, and one was widowed. Seven participants earned their High School Diploma/GED, seven completed some college coursework, four earned their Associates degree, seven earned their Bachelor’s degrees, and one earned a Master’s degree (a Master’s of Business Administration [MBA]).

Table 1 Continued.

*Background characteristics of study participants*

	<b>Total (N = 27)</b>
<b>Satisfaction with job*</b> (screening item; scale = 1-4)	3.54 (.58)
<b>Number of DSPs in Employment Settings</b>	(n)
Residential (private)	3
Residential (5 or more clients)	4
Residential (4 or fewer clients)	12
Adult Day Program	3
Community	5
<b>Length of time working with individuals with ID/DD (years)</b>	14.48 (6.99)
<b>Hours worked/week</b>	38.94 (4.07)
<b>Number of DSPs Working Shifts</b>	(n)
Day	14
Evening	6
Third (night)	2
Combination	5
<b>Number of Part Time Jobs Held</b> (aside from current full-time job as DSP)	(n)
0	22
1	4
2	1
<b>Number of Full Time Jobs Held</b> (aside from current full-time job as DSP)	(n)
0	2
1	23
2	2
<b>Roles/Responsibilities</b>	
<b>% Time in Direct Care Role</b>	(n)
0	1
30	1

Table 1 Continued.

*Background characteristics of study participants*

<b>% Time in Direct Care Role</b>	(n)
50	1
60	1
70	1
75	2
80	5
90	10
95	4
<b>% Time Completing Paperwork</b>	(n)
0	1
5	5
10	10
15	1
20	5
25	2
30	2
<b>% Time Supervising Staff</b>	
0	23
5	2
10	1
<b>Number of clients with a mental health diagnosis</b>	2.29 (2.40)
<b>Number of clients with an ASD diagnosis</b>	.96 (1.19)
<b>Number of clients with an ID diagnosis</b>	3.09 (2.89)
<b>How frequently have you considered leaving your job in the past 6 months? (scale = 1-6)</b>	*4.89 (1.40)
<b>How likely are you to leave your job in the next 6 months? (scale = 1-5)</b>	*4.18 (1.11)

**Note:** \*Higher scores indicate greater satisfaction.

Table 2.

*Research Question 1: Why Do DSPs Stay in Their Positions?*

<b>Interview Questions</b>	<b>Ellenbecker's Category Name(s)</b>	<b>Sub-category Name in the Current Study</b>	<b>Themes Reported in the Current Study</b>
<b>INTRINSIC CHARACTERISTICS</b>			
Tell me about your <i>co-workers</i> and how they impact your desire to stay or leave your organization.	Group Cohesion Peers	(1) Relationships with Coworkers	1) Supportive Collaborations/ Teamwork, Strong Communication, and Friendships (n = 9) 2) Being able to Deal with Problems with Coworkers (n = 4)
Tell me about your <i>supervisors</i> and how they impact your desire to stay or leave your organization.	Group Cohesion Physicians	(2) Relationships with Supervisors	1) Being able to Deal with Negative Aspects of Supervision (n = 11) 2) Caring and Supportive (n = 7) 3) Promoting Availability and Open Communication (n = 6) 4) Demonstrating Qualities of a Mentor (n = 5)
- Tell me about your <i>clients</i> and how they impact your desire to stay/leave - Tell me about specific times when you felt very satisfied in your daily work. - What are you most proud of?	N/A	(3) Relationships with Clients	1) Seeing Progress and Change in Clients (n = 15) 2) Being Able to Deal with Negative Client Behaviors (n = 12) 3) Feeling Love, Concern, or Appreciation from Clients (n = 9)
Tell me about your <i>clients' family members</i> and how they impact your desire to stay/ leave.	N/A	(4) The Impact of Clients' Family Members	No themes.
- What is it about the <i>culture</i> at [your organization] that contributes to why you stay? - What is it about [the organization] that has kept you here?	Characteristics of Organization	(5) Perceptions of Characteristics of the Organization and Company Culture	1) Company Philosophies Espousing Camaraderie, Belonging, Valuing Everyone, and Excellence (n = 20) 2) Job Meets Personal Expectations (n = 14) 3) Client First Mentality (n = 12) 4) Valuing Loyalty and Feeling Reciprocal Loyalty from the Organization, Coworkers and Clients (n = 6)

Table 2 Continued.

*Research Question 1: Why Do DSPs Stay in Their Positions?*

<b>Interview Questions</b>	<b>Ellenbecker's Category Name(s)</b>	<b>Sub-category Name in the Current Study</b>	<b>Themes Reported in the Current Study</b>
<b>EXTRINSIC CHARACTERISTICS</b>			
- What is it about [the <i>organization</i> ] that has kept you here?	Stress and Workload; Autonomy and Control of Work Hours; Autonomy and Control of Work Activities; Salary and Benefits	No sub-categories.	1) Flexibility, Benefits, and a Supplemental Income (n = 9) 2) Training (n = 4)
<b>INDIVIDUAL CHARACTERISTICS</b>			
- What is it about <i>you</i> that has kept you in your job?  - Why did <i>you</i> first apply to work at your organization?	Responsibility e.g., age, tenure, gender, kindship	(1) Personality Traits	1) Caring, Loving, Empathetic (n = 16) 2) Adaptability, Flexibility, and Openness to Change (n = 11) 3) Patience (n = 5) 4) Detail-Oriented and Hardworking (n = 3)
		(2) Behavioral Patterns and Job Attitudes	1) Interested in Working with Individuals with Disabilities/ Job Match (n = 8) 2) Desire to Perform a Public Service or Fulfill a Moral Obligation (n = 8) 3) Enjoyment of Teaching and Communicating (n = 4) 4) Tired of Changing Jobs, Valuing Stability (n = 3)

Table 3.  
*Research Question 1: Integration of quantitative and qualitative factors associated with why DSPs stay*

<b>Quantitative Survey Items (Factors Rated)</b>	<b>Mean Rating (1 = lowest rating; 5 = highest rating)</b>	<b>Related Qualitative Themes</b>
Client relationships (INT)	4.85 (.36)	1) Seeing Progress and Change in Clients (n = 15) 2) Being Able to Deal with Negative Client Behaviors (n = 12). 3) Feeling Love, Concern, or Appreciation from Clients (n = 9)
Flexibility in schedule (E)	4.41 (1.01)	Flexibility, Benefits, and a Supplemental Income (n = 9)
Hours available to work (E)	4.37 (.74)	Flexibility, Benefits, and a Supplemental Income (n = 9)
Safety <sup>1</sup> (IND)	4.19 (1.24)	N/A
Supervisor relationships (INT)	4.04 (1.06)	1) Being able to Deal with Negative Aspects of Supervision (n = 11) 2) Caring and Supportive (n = 7) 3) Promoting Availability and Open Communication (n = 6) 4) Demonstrating Qualities of a Mentor (n = 5)
Coworker relationships (INT)	3.81 (1.39)	1) Supportive Collaborations/ Teamwork, Strong 2) Communication, and Friendships (n = 9) 3) Being able to Deal with Problems with Coworkers (n = 4)
Degree of Training (E)	3.78 (1.25)	Training (n = 4)
Desire less responsibility (IND)	3.22 (1.45)	N/A
Family responsibilities (IND)	3.04 (1.60)	N/A
Benefits (E)	2.96 (1.26)	Flexibility, Benefits, and a Supplemental Income (n = 9)

Table 3 Continued.

*Research Question 1: Integration of quantitative and qualitative factors associated with why DSPs stay*

Salary (E)	2.81 (1.18)	Flexibility, Benefits, and a Supplemental Income (n = 9)
Percentage of "down" time (IND) <sup>2</sup>	2.37 (1.28)	N/A
Religion/spirituality (IND)	2.30 (1.75)	N/A
Personal health issues (IND)	2.00 (1.33)	N/A
Work being a haven (IND) <sup>3</sup>	1.69 (1.18)	N/A

**Note:** Scale ranges from 1 to 5: 1 = "No Role"; 5 = "Major Role". Order of variables ranges from highest to lowest across all participants (N = 27). <sup>4</sup>Trend towards significance. (E) = Extrinsic Factor. (INT) = Intrinsic Factor. (IND) = Individual Factors. <sup>1</sup>Safety = subjective interpretation of the degree to which DSPs felt safe on the job. <sup>2</sup>Subjective interpretation of whether DSPs enjoy having downtime on the job, and how much it contributes to why they stay. <sup>3</sup>Work being a haven (escape) from events at home.



Table 4.

*Research Question 2: How do current findings compare with the retention literature for direct care workers?*

<b>Outside Study (Authors, year of publication, sample)</b>	<b>Themes Noted in Outside Study</b>	<b>Comparable Category Name (theme) in Ellenbecker's (2004) Model</b>	<b>Comparable Category Name (theme) in Current Study</b>
<b>(1) Butler et al. (2014)</b>	Variables identified in regression analyses for home care aides in Maine who provide services to the elderly and physically disabled.		
	a) Older age	Individual (age)	NR <sup>1</sup>
	b) Living rurally	NR <sup>1</sup>	NR <sup>1</sup>
	c) Lower physical functioning	NR <sup>1</sup>	NR <sup>1</sup>
	d) Higher wages	Extrinsic (Salary & Benefits)	Extrinsic (Flexibility, Benefits, and a Supplemental Income)
	e) Greater sense of autonomy	Extrinsic (Autonomy & control of work hours & activities)	Extrinsic (Flexibility, Benefits, and a Supplemental Income)
	f) Less frequent experiences of personal accomplishment	Extrinsic (Perceptions of, and real opportunities)	NR <sup>1</sup>

Table 4 Continued.

*Research Question 2: How do current findings compare with the retention literature for direct care workers?*

<b>(2) Castle and Engberg</b> Turnover for nursing aides and licensed practical nurses (LPNs) in			
	(a) Positive assessments of their supervisors	Intrinsic (Group Cohesion)	Intrinsic (Relationships with Supervisors: four themes)
	(b) Who valued helping Others	Individual	Individual (Desire to Perform a Public Service or Fulfill a Moral Obligation)
	(c) Income was perceived as rewarding	Extrinsic (Salary & Benefits)	Extrinsic (Flexibility, Benefits, and a Supplemental Income)
<b>(3) Jack and colleagues</b> Factors contributing to retention in mental-health workers in Ghana. (2013)			
	(a) Desire to help those in need	NR <sup>1</sup>	Individual (Desire to Perform a Public Service or Fulfill a Moral Obligation)
	(b) Positive interactions with patients	Intrinsic (Autonomy in patient relationships)	Intrinsic (Relationships with Clients: three themes)
	(c) An academic or intellectual interest in psychiatry or behavior	NR <sup>1</sup>	Individual (Adaptability, Flexibility, and Openness to Change)
	(d) Positive relationships with colleagues	Intrinsic (Group cohesion peers)	Intrinsic (Relationships with Coworkers: two themes)

Table 4 Continued.

*Research Question 2: How do current findings compare with the retention literature for direct care workers?*

<b>(4) Li (2007)</b> Study of personal and workplace factors leading to direct care worker retention in urban assisted living facilities outside of Atlanta, GA.			
	(a) Personal factors: e.g., race, gender, age, career stage, employment history	Individual (e.g., Age, Tenure, Family Income)	NR <sup>1</sup>
	(b) Workplace Factors: e.g., relationships with residents, relationships with coworkers, relationships with supervisors	Intrinsic (Autonomy in patient relationships, Group cohesion peers, Group cohesion physicians)	Intrinsic (Relationships with Clients [three themes], Relationships with Coworkers [two themes], Relationships with Supervisors [four themes])
	(c) Workplace Factors (Continued): Management style, rewards-pay, benefits.	Extrinsic (Stress & Workload; Salary & Benefits)	Extrinsic (Flexibility, Benefits, and a Supplemental Income)
<b>(5) Lincoln et al. (2014)</b> Semi-structured interviews and focus groups for allied health professionals working with ID/DD in New South Wales			
	(a) Having a choice of location in where one works	Extrinsic (Autonomy & control of work activities)	Extrinsic (Flexibility, Benefits, and a Supplemental Income)
	(b) Having professional support structures in place, i.e., professional development and supervision from strong therapists	Intrinsic (Group cohesion physicians; Group cohesion supervisors)	Intrinsic (Relationships with Coworkers [two themes] and Relationships with Supervisors [four themes])
	(c) Access to continued professional training	NR <sup>1</sup>	Extrinsic (Training)

Table 4 Continued.

*Research Question 2: How do current findings compare with the retention literature for direct care workers?*

<b>(6) Mittal et al., 2009</b>	Focus groups with direct care workers who work with the elderly and intellectually disabled.		
	(a) Being "called to service"	NR <sup>1</sup>	Individual (Desire to Perform a Public Service or Fulfill a Moral Obligation)
	(b) Patient advocacy	NR <sup>1</sup>	Individual (Caring, Loving, Empathetic)
	(c) Personal relationships with residents	Intrinsic (Autonomy in patient relationships)	Intrinsic (Relationships with Clients: [three themes])
	(d) Religion/spirituality	NR <sup>1</sup>	NR <sup>1</sup>
	(e) Work being a haven from problems at home	NR <sup>1</sup>	NR <sup>1</sup>
	(f) The flexibility of the job	Extrinsic (Autonomy & control of work activities)	Extrinsic (Flexibility, Benefits, and a Supplemental Income)
<b>(7) Morgan et al. (2013)</b>	Intentions to stay in frontline workers across the United States		
	(a) Higher financial rewards	Extrinsic (Salary & Benefits)	Extrinsic (Flexibility, Benefits, and a Supplemental Income)
	(b) Benefits	Extrinsic (Salary & Benefits)	Extrinsic (Flexibility, Benefits, and a Supplemental Income)
	(c) Career growth opportunities	Extrinsic (Perception of and real opportunities elsewhere)	NR <sup>1</sup>

**Note:** NR<sup>1</sup> = theme not reported in the described sample.

Table 5.

*Research Question Three: Factors associated with why DSPs stay and leave their organizations*

<b>Variable Ratings:</b>			
<b>WHY DSPs LEAVE (N = 27)</b>		<b>WHY DSPs STAY (N = 27)</b>	
<b>Benefits (E)</b>	2.78 (1.55)	<b>Client relationships (I)</b>	4.85 (.36)
<b>Salary (E)</b>	2.74 (1.46)	<b>Flexibility in schedule (E)</b>	4.41 (1.01)
<b>Personal health issues (IN)</b>	1.85 (1.41)	<b>Hours available to work (E)</b>	4.37 (.74)
<b>Safety<sup>1</sup> (IN)</b>	1.81 (1.24)	<b>Safety<sup>1</sup> (IN)</b>	4.19 (1.24)
<b>Family responsibilities (IN)</b>	1.70 (1.10)	<b>Supervisor relationships (I)</b>	4.04 (1.06)
<b>Hours available to work (E)</b>	1.67 (1.04)	<b>Coworker relationships (I)</b>	3.81 (1.39)
<b>Flexibility in schedule (E)</b>	1.55 (1.01)	<b>Degree of Training (E)</b>	3.78 (1.25)
<b>Supervisor relationships (I)</b>	1.52 (.75)	<b>Desire less responsibility (IN)</b>	3.22 (1.45)
<b>Degree of Training (E)</b>	1.48 (.89)	<b>Family responsibilities (IN)</b>	3.04 (1.60)
<b>Client relationships (I)</b>	1.44 (1.01)	<b>Benefits (E)</b>	2.96 (1.26)
<b>Coworker relationships (I)</b>	1.44 (.80)	<b>Salary (E)</b>	2.81 (1.18)
<b>Desire less responsibility (IN)</b>	1.41 (.75)	<b>Percentage of "down" time (IN)<sup>2</sup></b>	2.37 (1.28)
<b>Percentage of "down" time (IN)<sup>2</sup></b>	1.30 (.78)	<b>Religion / spirituality (IN)</b>	2.30 (1.75)
<b>Work being a haven (IN)<sup>3</sup></b>	1.20 (.63)	<b>Personal health issues (IN)</b>	2.00 (1.33)
<b>Religion / spirituality (IN)</b>	1.08 (.28)	<b>Work being a haven (IN)<sup>3</sup></b>	1.69 (1.18)

**Note:** Scale ranges from 1 to 5: 1 = "No Role"; 5 = "Major Role". Order of variables ranges from highest to lowest across all participants (N = 27). <sup>1</sup>Trend towards significance. (E) = Extrinsic Factor. (I) = Intrinsic Factor. (IN) = Individual Factor. <sup>1</sup>Safety = subjective interpretation of the degree to which DSPs felt safe on the job. <sup>2</sup>Subjective interpretation of whether DSPs enjoy having downtime on the job, and how much it contributes to why they stay. <sup>3</sup>Work being a haven from events at home.

Table 6.

*Correlations between the 15 factors associated with staying and DSPs' ages*

	<b>What is your age?</b> (Correlation Coefficients)
<b>Your salary</b>	0.01
<b>Your benefits</b>	-0.03
<b>Degree of training</b>	-0.02
<b>Hours available to work</b>	0.18
<b>Flexibility in your schedule</b>	-0.13
<b>Family responsibilities</b>	-0.28
<b>Safety</b>	-0.05
<b>Percentage of "down time" on the job</b>	-0.09
<b>Coworker relationships</b>	0.14
<b>Client relationships</b>	0.17
<b>Supervisor relationships</b>	0.02
<b>Desire less responsibility</b>	0.32
<b>Personal health issues</b>	-0.19
<b>Religion or Spirituality<sup>1</sup></b>	0.18
<b>Work Being Haven from Events at Home<sup>1</sup></b>	-0.24

**Note:** <sup>1</sup>N = 13. \*Correlation is significant at the 0.05 level (2-tailed).

Table 7.

*Correlations between the 15 factors associated with leaving and DSPs' ages*

	<b>What is your age?</b> (Correlation Coefficients)
<b>Your salary</b>	-0.22
<b>Your benefits</b>	0.02
<b>Degree of training</b>	-0.09
<b>Hours available to work</b>	0.11
<b>Flexibility in your schedule</b>	0.02
<b>Family Responsibilities</b>	-0.24
<b>Safety</b>	-.44*
<b>Percentage of "down time" on the job</b>	-0.06
<b>Coworker relationships</b>	-0.15
<b>Client relationships</b>	-0.09
<b>Supervisor relationships</b>	-0.07
<b>Desire less responsibility</b>	-.38*
<b>Personal health issues</b>	-0.07
<b>Religion or spirituality<sup>1</sup></b>	-0.31
<b>Work being a haven from events at home<sup>2</sup></b>	-0.36

**Note:** \*Correlation is significant at the 0.05 level (2-tailed). <sup>1</sup>N = 13. <sup>2</sup>N = 10.

# FIGURE

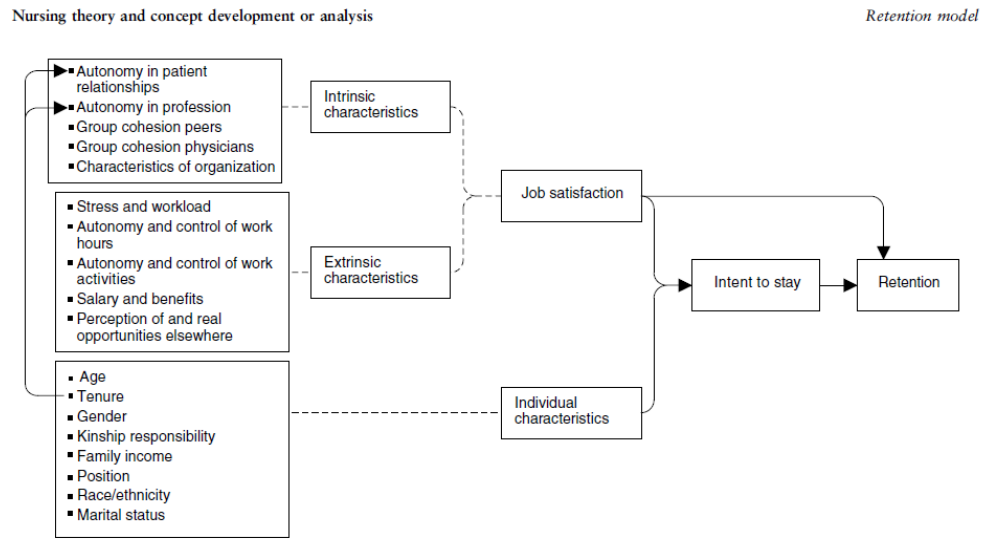


Figure 1 Theoretical model of job retention for home health care nurses.

Figure 1 Theoretical model of job retention for home health care nurses



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## **APPENDIX**

IRB Study # 1411713134

### **Indiana University Study Information Sheet For**

A Qualitative Examination of the Factors Predicting Workplace Retention in Direct Support Professionals Working with Adults with Intellectual and Developmental Disabilities: What do successful long-term employees say?

You are invited to participate in a research study for Direct Support Professionals (DSPs). You were selected as a possible subject because you currently work as a DSP for 20 or more hours each week. We ask that you read this form and ask any questions you may have before agreeing to be in the study. The study is being conducted by Teri Belkin, M.S., doctoral student in Clinical Psychology at Indiana University- Purdue University Indianapolis.

### **Study Purpose**

The purpose of this study is to gather information from DSPs to understand why some staff remain successful in their roles in spite of the high turnover rates that are common in the field.

### **Number of People Taking Part in the Study**

If you agree to participate, you will be one of up to 35 subjects who will be participating in this research.

## **Procedures for the Study**

If you agree to be in the study, you will do the following things:

You will (1) complete a short Demographic and Background Questionnaire (DBQ) and (2) answer open-ended questions about your role as a DSP. (Your responses will be tape-recorded.) Your contact with a researcher will take place in person at convenient location and/or over the telephone, the background questionnaire will take 10-15 minutes to complete along with the interview will not take longer than 75 minutes. Possible two follow up interviews will not last longer than 60 minutes

## **Benefits of Taking Part in the Study**

There are no direct benefits to participation, but it is hoped that the participants may contribute to a greater understanding of the factors that promote retention for DSPs.

## **Alternatives to Taking Part in the Study**

Instead of being in the study, you have these options: to not participate in the study.

## **Confidentiality**

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Aspects of your responses may also reveal your identity. However, any mention of names, locations, or descriptive information will be altered and de-identified.

The researchers may share aspects of your responses in publications and presentations. We will only use the information for research purposes. The electronic database in which your responses will be stored will be secured and password protected. The interview tapes will be destroyed, and de-identified transcripts will be retained in protected files.

Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as the study investigator and her research associates, the IU Human Subjects Office or its designees, and (as allowed by law) state or federal agencies, specifically the Office for Human Research Protections (OHRP).

### **Payment**

You will not receive payment for taking part in this study.

### **Contacts for Questions or Problems**

For questions about the study or a research-related injury, contact the researcher Teri Belkin at [tbelkin@iupui.edu](mailto:tbelkin@iupui.edu). If you cannot reach the researcher during regular business hours (i.e. 8:00AM-5:00PM), please call the IU Human Subjects Office at (317) 278-3458 [for Indianapolis] or (812) 856-4242 [for Bloomington] or (800) 696-2949. After business hours, please call 317-652-1685.

In the event of an emergency, you may contact Teri Belkin at [tbelkin@iupui.edu](mailto:tbelkin@iupui.edu).

For questions about your rights as a research participant or to discuss problems, complaints or concerns about a research study, or to obtain information, or offer input, contact the IU Human Subjects Office at (812) 856-4242 or (800) 696-2949.

### **Voluntary Nature of Study**

Taking part in this study is voluntary. You may be contacted by the researcher(s) on more than one occasion to supply follow-up information. You may choose not to participate in the initial contact or the follow-up contact, or you may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled. Your decision whether or not to participate in this study will not affect your current or future relations with your employer.

Form date: November 26, 2014

**Participant ID Number:** \_\_\_\_\_

**STUDY PACKET**

**SCREENING QUESTIONNAIRE (SQ)**

1. Are you over the age of 18? (*Please circle.*)

Yes

No

2. Do you work with individuals with intellectual and/or developmental disabilities for 32 or more hours each week? (*Please circle.*)

Yes

No

3. Have you been working for your current employer for 5 or more years? (*Please circle.*)

Yes

No

4. Did you graduate from High School? (*Please circle.*)

Yes

No

5. How satisfied are you with your job, on a scale from 0 to 4? (0 = not satisfied, 4 = extremely satisfied) (*Please circle.*)

1

2

3

4



**Participant ID Number:** \_\_\_\_\_

**PART 1: OPEN-ENDED INTERVIEW PROTOCOL**

*“I have some questions to ask you today, in order to understand the factors promoting retention for DSPs within the contexts of their unique workplaces.”*

- 1) What is your title, and how long have you been in your current position?
  
- 2) A. What do you do in your job?  
B. What are your typical responsibilities?
  
- 3) A. Why did you first apply to work at [\_\_\_\_]?  
B. Why did you choose to enter the disability field?
  
- 4) Are there differences between what you thought you were being hired to do and what you actually do?
  - What are those differences?
  
- 5) Describe what a typical workday is like for you.
  - Who do you have contact with on the job?
  - How do you feel at the end of a shift?

**Participant ID Number:** \_\_\_\_\_

6) You have been working for [\_\_\_\_] for a long time... what has kept you in your job?

- What is it about you that has kept you here?
- What is it about [the organization] that has kept you here?

7) What things are most rewarding about your job?

8) What has been challenging or stressful about your job?

- How have you overcome those challenges or stressors?

9) Tell me about specific times when you felt very satisfied in your daily work?

10) I want to learn more about the people you interact with during your time at work.

Tell me about the people you work with. How do they impact your desire to stay or leave your organization?

- Clients
- Coworkers
- Supervisors
- Clients' family members
- Additional staff members

**Participant ID Number:** \_\_\_\_\_

11) What is it about the culture at [\_\_\_\_] that contributes to you staying on the job?

(Definition of organizational culture = “The values and behaviors that contribute to the unique social and psychological environment of an organization...including an organization's expectations, experiences, philosophy, and values that hold it together, and is expressed in its self-image, inner workings, interactions with the outside world, and future expectations.” ~ Business Dictionary

12) Is there anything else you would like to tell me to help me understand your work?

Participant ID Number: \_\_\_\_\_

## PART 2

### Demographic/ Background Questionnaire

*Please answer the questions below to the best of your ability. If you do not wish to answer a question, please leave the item blank.*

**1. In what type of setting do you primarily work? (Please circle the option that is the closest to your situation.)**

- a. Residential (in a private home with family members or additional caregivers sometimes present)
- b. Residential (in a company-owned group home with **5 or more** clients)
- c. Residential (in a company-owned group home or supported living environment with **4 or fewer** clients)
- d. Adult Day Program
- e. Inpatient Hospital
- f. Other (please state) \_\_\_\_\_

**2. For verification purposes, what is the name of the organization that you work for?**

\_\_\_\_\_

Participant ID Number: \_\_\_\_\_

**3. How long have you worked with individuals with developmental and intellectual disabilities?**

\_\_\_\_\_ years    \_\_\_\_\_ months

**4. How many hours do you typically work each week?**

\_\_\_\_\_ hours/ week

**5. What shift(s) do you primarily work?**

a. Day

b. Second (evening)

c. Third (night)

**6. How many jobs (part-time or full-time - including this job) do you currently hold?**

\_\_\_\_\_ (part-time)    \_\_\_\_\_ (full-time)

Participant ID Number: \_\_\_\_\_

**7. What percent of your time is spent in the following activities:****A. Direct care** \_\_\_\_\_**B. Administrative tasks (e.g., charting, paperwork)** \_\_\_\_\_**C. Supervising other staff** \_\_\_\_\_**D. Other** \_\_\_\_\_

*(Please specify on the second blank line what “other” means for you: e.g., research, teaching, interacting with caregivers)*

**8. A. How many clients do you currently serve?**

*(If you are not sure, please approximate.)*

\_\_\_\_\_

**B. How many of your clients have the following diagnoses:**

*(If you are not sure, please approximate or circle “Not sure”.)*

i. A mental health diagnosis (e.g., Depression, Anxiety, Bipolar Disorder, Schizophrenia)

\_\_\_\_\_

Not sure

ii. An Autism Spectrum Disorder (e.g., Autism, Asperger’s syndrome, PDD-NOS)

\_\_\_\_\_

Not sure

iii. An Intellectual Disability (e.g., Down syndrome)

\_\_\_\_\_

Not sure

**Participant ID Number:** \_\_\_\_\_

**9. What is your sex?**

- a. Male
- b. Female

**10. What is your race (please select one)?**

- a. American Indian or Alaska Native
- b. Asian
- c. Native Hawaiian or Pacific Islander
- d. Black or African American
- e. White
- f. Other (Please specify \_\_\_\_\_)

**11. Are you Hispanic? (Please circle.)**

**Yes**

**No**

Participant ID Number: \_\_\_\_\_

**12. What is the highest level of education you have completed (please select one)?**

- a. High School degree/GED
- b. Some college coursework
- c. Associates degree
- d. Bachelor's degree
- e. Master's degree
- f. Doctorate degree
- g. Other (Please specify \_\_\_\_\_)

**13. What is your age?**

\_\_\_\_\_

**14. What is your marital status?**

- a. Single
- b. Married/ living as married
- c. Divorced
- d. Separated
- e. Widowed



Participant ID Number: \_\_\_\_\_

### **PART 3**

#### **Turnover Intentions and Intentions to Stay Questionnaire**

**1. How frequently have you seriously considered leaving your job in the past six months? (*Please select one.*)**

- a. Several times a week
- b. Once a week
- c. Several times a month
- d. Once a month
- e. Once every few months
- f. Never

**2. How likely are you to leave your job in the next six months? (*Please select one.*)**

- a. Very likely
- b. Likely
- c. Somewhat likely
- d. Not very likely
- e. Not likely at all

Participant ID Number: \_\_\_\_\_

**3. Please rate the degree to which the following factors contribute to you STAYING in your current position.**

(1 = No Role) (2 = Very Small Role) (3 = Minor Role)

(4 = Somewhat Moderate Role) (5 = Major Role)

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
a. Your salary					_____
b. Your benefits					_____
c. Degree of training					_____
d. Hours available to work					_____
e. Flexibility in your schedule					_____
f. Family responsibilities					_____
g. Safety					_____
h. Percentage of “down time” on the job					_____
i. Coworker relationships					_____
j. Client relationships					_____
k. Supervisor relationships					_____
l. Desire less responsibility					_____
m. Personal health issues					_____
n. Religion or Spirituality					_____
o. Work being a haven from events at home					_____

Participant ID Number: \_\_\_\_\_

**4. Please rate the degree to which the following factors would contribute to you****LEAVING your current position.**

(1 = No Role) (2 = Very Small Role) (3 = Minor Role) (4 = Somewhat Moderate Role) (5 = Major Role)

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
a. Your salary					_____
b. Your benefits					_____
c. Degree of training					_____
d. Hours available to work					_____
e. Flexibility in your schedule					_____
f. Family responsibilities					_____
g. Safety					_____
h. Percentage of “down time” on the job					_____
i. Coworker relationships					_____
j. Client relationships					_____
k. Supervisor relationships					_____
l. Desire less responsibility					_____
m. Personal health issues					_____
n. Religion or Spirituality					_____
o. Work being a haven from events at home					_____

**RECRUITMENT STRATEGIES**  
**(APPROVED BY THE IRB ON 11/26/14)**

(1) The following recruitment email will be sent out by John Dickerson, Executive Director of the Arc of Indiana, who is a colleague of the PI (Dr. John McGrew). Mr. Dickerson works closely with a number of agencies who house Direct Support Professionals (DSPs), who are the potential participants of the current study.

“One of my long-standing friends Dr. John McGrew at IUPUI contacted me today. He has a doctoral student beginning work on a dissertation and has chosen the issue of direct support professionals. The particular aspect of this study will be people who have been successful as a DSP and have chosen to stay in the role. There is so much research on why people leave, this is the first time I have heard of a study of why people stay. John asked me to refer him to a few select agencies that would help by asking any DSP’s who have been in that role for five years or longer and been successful if they would be willing to be part of the study. They would be asked to take part in an interview –either telephone or face-to-face – done at their convenience. They estimate that the interview will be 30-60 minutes long. They will need a total of 15-25 participants with hopefully each agency coming up with 5 candidates. I immediately thought of you as someone that could be great resource for them. I have copied John on this and feel free to reach out to him if you would like to participate. I think it is a great opportunity to add to our body of knowledge on the issue. On a personal note, John is also a parent of a young man with autism who has experienced much of our system. I have absolute faith in any project he would take on in helping a doctoral student and know you can trust him as well. You can reach John at the email above if you would be kind enough to share some folks.”

(2) If the first recruitment strategy (the email message) does not assist in finding all of the required study participants, word of mouth will also be used.

## VITA

### TERI KRAKOVICH

Indiana University- Purdue University Indianapolis  
Department of Psychology • Purdue University School of Science  
402 N. Blackford St., LD • Indianapolis, IN 46202

### EDUCATION

- 2017      **Doctor of Philosophy**  
Ph.D. Clinical Psychology (APA Accredited)  
Dissertation: A Mixed Methods Study Examining the Factors Associated  
with Retention in Direct Support Professionals.
- 2016 -      **Pre-doctoral Internship in Clinical Psychology**  
2017      Nebraska Internship Consortium in Professional Psychology  
Beatrice State Developmental Center (BSDC)  
(APA Accredited)
- 2013      **Master of Science**  
Clinical Psychology  
Indiana University- Purdue University Indianapolis (IUPUI)  
Thesis: Psychosocial Outcomes of Adult Siblings of Adults with Autism  
and Down Syndrome

2008            **Bachelor of Arts**, with Honors  
 Lehigh University, Bethlehem, PA  
Major: Behavioral Neuroscience  
Minor: Psychology

### **SPECIALIZED COURSEWORK**

2015            Principles of Applied Behavior Analysis; Foundation Course.  
 Florida Institute of Technology (Online)  
 GPA: 4.0

### **SELECT HONORS, AWARDS, AND STATE TITLES**

2015            Annual Disability Grant Recipient; American Psychological Association  
 of Graduate Students (APAGS)  
 2013            Award for Research: 2<sup>nd</sup> Place; Indiana Psychological Association (IPA)  
 2013            Professional Scholarship for the Milestones Conference, Cleveland, OH  
 2012            Educational Enhancement Grant (EEG) Travel Award  
 2008            Lehigh University Research Scholar  
 2008            National Society of Collegiate Scholars- Member  
 2008            Who's Who Among Students in American Colleges and Universities

### **LEADERSHIP, ADVOCACY, AND PROFESSIONAL SERVICE**

2014 -           Graduate Student Representative to the Board of Directors  
 2016            Indiana Psychological Association (IPA)  
 (Monthly Responsibilities)  
 Indianapolis, IN

- 2015 - Finance Committee Member
- 2016 Indiana Psychological Association  
(Monthly Responsibilities)  
Indianapolis, IN
- 2013 - Graduate Student Committee and Conference Planning Committee  
2016 Indiana Psychological Association (IPA)  
(Monthly Meetings)  
Indianapolis, IN
- 2013 - Mentored & Independent Reviewer  
2015 Journal of Autism and Developmental Disorders
- 2013 - Regional Advocacy Coordinator (RAC) of the Southwest Region.  
2015 American Psychological Association of Graduate Students (APAGS)  
(Weekly Responsibilities; Monthly Phone Meetings)  
APAGS Headquarters: Washington, D.C.
- 2014 - Research Ethics Committee: Community Member  
2015 The Behavior Analysis Center for Autism (BACA)  
(Quarterly Responsibilities)  
Headquarters: Fishers, IN
- 2013 - Research Committee Member  
2014 The Sibling Leadership Network (SLN)  
(Quarterly Responsibilities)  
SLN Headquarters: Chicago, IL
- Fall 2013 Student Liaison at the Clinical Psychology Faculty Meetings  
(Bi-Weekly Meetings; one semester)  
IUPUI  
Indianapolis, IN
- 2012 - Government Affairs Committee: Student Member  
2013 Indiana Psychological Association (IPA)  
(Bi-Monthly Meetings)  
Indianapolis, IN
- 2012 - State Advocacy Coordinator (SAC) of Indiana

- 2013 (Weekly Responsibilities)  
American Psychological Association of Graduate Students (APAGS)  
APAGS Headquarters: Washington, D.C.
- 2011-2012 Campus Representative (CR) of IUPUI  
(Weekly Responsibilities)  
American Psychological Association of Graduate Students (APAGS)  
APAGS Headquarters: Washington, D.C.

## **CLINICAL PRACTICA AND SUPERVISED TRAINING EXPERIENCES**

August 2015 – July 2016

### **The Hope Source: Center for Dynamic Minds**

Castleton, IN

Supervisor: Momi Yamanaka, Ph.D., H.S.P.P

Practicum student: Conducts therapy sessions with adolescents and teenagers with Autism Spectrum Disorder using behavioural treatment strategies, i.e., Relationship Developmental Intervention (RDI), Applied Behavior Analysis (ABA), and Cognitive Behavior Therapy (CBT). Runs four social groups each week (ages from 11-19 years). Provides behavioral assistance for clients in a special education setting; consults with BCBA to design and implement behavior plans. Consults with supervisor to develop treatment plans using the Dynamic 12 assessment, which scores clients across a number of domains, including social cognition, flexibility, social motivation, and emotional engagement. Leads the development and implementation of a Relationship, Dating, Sexual Education curriculum (tested on 5 teenagers: November 2015 – present). Writes treatment plans and conducts psychological assessments, i.e., Vineland- Second Edition, Social Responsiveness Scale- Second Edition. Attends weekly, three-hour group supervision meetings with Clinical Team: licensed social worker,



Master's level therapist, two Board Certified Behavior Analysts (BCBAs), speech and occupational therapists, and clinical supervisor (licensed psychologist).

May - October 2014

**Easter Seals Crossroads: Autism Diagnostic Clinic**

Indianapolis, IN

Supervisor: Tracy Gale, Ph.D., H.S.P.P.

Practicum student: Conducted intake assessments and wrote reports for children suspected of an Autism Spectrum Disorder (ASD) ages 18 months to 8 years. Received training in the Autism Diagnostic Observation Schedule- Second Edition (ADOS-II) and the Stanford Binet- 5<sup>th</sup> Edition. Attended staff meetings and collaborated in a multi-disciplinary setting with physicians, occupational therapists, social workers, and behavior analysts.

January – May 2014

**Riley Hospital for Children: Mood Disorders/Anxiety Clinic**

Indianapolis, IN

Supervisor: Ann Lagges, Ph.D., H.S.P.P.

Practicum student: Provided therapy and interventions for children and adolescents with mood disorders, e.g., Bipolar Disorder, ADHD Disruptive Behavior Disorder, Anxiety, Depression. Therapy and intervention approaches incorporated evidence-based practices and included, but were not limited to using the following techniques: cognitive behavior therapy, interpersonal therapy, parent training, behavior management, and supportive therapy.

January - August 2013

**Indiana MENTOR: Behavioral Consulting**

Indianapolis, IN

Supervisors: Dallas Mulvaney, Ph.D., H.S.P.P.

Fritz Kruggel, M.S., BCBA

Laura Bassette, Ph.D., BCBA-D

Practicum student: Trained on the basics of implementing functional behavior analyses, writing task analyses, and developing and implementing behavioral interventions for adults with Autism Spectrum Disorder, developmental disabilities, mood disorders, and severe mental illnesses. Became familiar with evidence-based practices for treating autism and the principles of Applied Behavior Analysis (ABA). Viewed webinars and attended staff meetings with behavioral consultants and supervisors. Received didactic training and observed behavioral consultations in school, day-program, and residential settings. Interacted with over 50 clients from 8 group homes, 4 supported living environments, and 3 day-programs. Led and designed weekly skills groups for adults with moderate intellectual disabilities in a local Arc day program facility. Co-wrote two behavior plans and designed a self-management intervention for an adolescent with mild intellectual disability, autism, and ODD.

April 2012 - January 2013

**Indiana University School of Medicine: Pediatric Neuropsychology**  
Indianapolis, IN

Supervisors: Jennifer Katzenstein, Ph.D., ABPP-CN

Practicum student: Trained to become proficient in the use of neuropsychological assessment measures to evaluate pediatric patients who ranged from 3-18 years of age. Conducted assessments on children with neurological conditions and learning disabilities, e.g., brain tumors, stroke, memory impairments, ADHD. Report writing and clinical interviewing skills were strengthened. Met with clinical supervisor weekly, to discuss readings on disorders of childhood, participated in

pediatric tumor boards, neuropsychology case conferences, and fact-finding sessions.

August - December 2011

**Larue D. Carter Memorial Hospital: Adult Inpatient Unit**

Indianapolis, IN

Supervisors: Sarah Landsberger Ph.D., H.S.P.P.

Noah Spring, Psy. D., H.S.P.P.

Practicum student: Provided psychotherapy using cognitive, behavioral, and motivational interviewing techniques to adults with severe mental illness, developmental disabilities, and personality disorders in an inpatient setting. Co-led two groups: 1) Anger Management and Mindfulness and 2) Making Relationships Work. Provided psychotherapy to 4 individual adult clients. Saw four clients, weekly, for individual therapy.

October - December 2006

**Good Shepherd Rehabilitation Center**

Allentown, PA

Supervisor: Francis Musto, Ph.D.

Undergraduate Extern: Interacted with pediatric and geriatric patients in both inpatient and outpatient rehabilitation settings. Observed physical and occupational therapists who performed orthopedic, cognitive, hand, and aquatic therapy. Shadowed MRI technicians and received in-depth explanations of patients' scans.

October - December 2006

**Lehigh University and St. Luke's Hospital**

Bethlehem, PA

Supervisor: Jennifer Swann, Ph.D.

Undergraduate Extern: Shadowed and spoke with a multitude of healthcare practitioners in the Lehigh Valley, including registered nurses, gynecologists, and public health workers.

## **CLINICAL EMPLOYMENT**

September 2015 – December 2016

**Independent Contractor: PEERS Social Skills Parent Group Leader**

Indianapolis, IN

Co-Instructor: Susan LeVay

Co-Director of Independence Academy of Indiana

Parent Group Instructor (4 hours/week): Leads a 12-week group with seven families. Conducts pre and post-assessments, runs all parent-group treatment sessions. Provides support and consultation to the Teen-group co-instructor. Co-supervises social coaches (one undergraduate clinical assistant and two peer mentors).

Online Consultant: Provided online coaching sessions to parents who had children enrolled in a PEERS class.

June 2015 – July 2016

**The Hope Source: Center for Dynamic Minds**

Lawrence, IN

Supervisor: Julie Gordon, LCSW, President

Clinical Therapist & Transition Specialist: Runs four social skills groups and a sexual education group. Conducts therapy that is cognitive-behavioral in nature to targets social/ developmental functioning of individuals diagnosed with Autism Spectrum Disorder (ASD). Assists in developing vocational programs and individualized treatment plans. Serves 40+ clients as a member of the Clinical Team. Works with Ms. Gordon and external researchers to conduct a project emphasizing inter-

disciplinary collaborations during clinical team meetings. Conducts the Community-based Skills Assessment tool (Autism Speaks/VCU, 2014) to develop transition-focused treatment goals for high-school age clients.

January- June 2015

**The Behavior Analysis Center for Autism (BACA)**

Fishers, IN

Supervisor: Tracy Harrison, Ed. S, BCBA, NCSP

Behavior Technician (25 hours/week): Conducted Applied Behavior Analysis (ABA) with individuals with Autism Spectrum Disorders ranging in age from 8-22 years. Graphed data and executed ABA programs that were developed by a Board Certified Behavior Analyst (BCBA). Ran clinic and home-based therapy sessions and assisted in developing behavior plans.

January – May 2015

**Independent Contractor: PEERS Social Skills Parent Group Leader**

Indianapolis, IN

Co-Instructor: Susan LeVay

Co-Director of Independence Academy of Indiana

Parent Group Instructor: Co-Founded PEERS at Independence Academy. Conducted the evidence-based Program for Education and Enrichment of Relationship Skills (PEERS) program for teenagers with Autism Spectrum Disorder. Lead a 14-week Parent group of seven, conducted pre and post-assessments, provided support and consultation to the Teen-group Co-Instructor.

October 2009 - June 2010

**The Association for Special Children and Families**

West Milford, NJ

Supervisor: Angela Abdul, Founder & Director

Children's Program Coordinator:

- *Instructor of Project Helping Early Language and Play Skills (HELPS):*

Improved communication and social skills of toddlers with developmental delays while working with a social worker and child life specialists.

Responsible for all paperwork and administrative details. Worked with family members and provided materials for a Parent group.

- *Founder & Coordinator of Project Boost:* Built a tutoring program for elementary-school age children with learning disabilities. Recruited and trained tutors. Worked with tutors individually to develop curricula for their tutee according to each child's IEP and their parents' goals.

Developed paperwork and documentation forms to track children's progress throughout the duration of the program.

- *Instructor for Computer Buddies:* Worked with children (ages 2-5) with disabilities side by side their typical peers to teach computer and social skills on a Young Explorer Learning Center computer. (Project was funded by NJ Council on Developmental Disabilities.)

## **SUPERVISION OF OTHER STUDENTS**

Fall 2015-Spring 2016

**Supervised undergraduate student:** Rachael Baker

**Supervised post-graduate student:** Kyla Flanagan

PEERS social skills groups at Independence Academy of Indiana  
Indianapolis, IN

Fall 2015 - 2016

**Supervised graduate student mentee:** Brittany Polanka

IUPUI, Indianapolis, IN

April – November 2015

**Supervised four undergraduate Research Assistants:**

Kyla Flanagan, Dawn Lambert, Rachael Baker, and Douglas Roberts.

Each RA worked approximately 3-5 hours/week to assist with my dissertation project (transcribing and coding data).

IUPUI, Indianapolis, IN

Fall 2014 – Summer 2015

**Supervised teaching assistant:** Megan Miller

IUPUI, Indianapolis, IN

Fall 2014

**Supervised peer graduate student:** Lauren Luther

(4 hours/month including direct contact + didactic training)

IUPUI, Indianapolis, IN

Summer 2014

**Supervised teaching assistant:** Megan Stringer

IUPUI, Indianapolis, IN

Spring 2014

**Supervised peer graduate student:** Dominique White

(4 hours/month including direct contact + didactic training)

IUPUI, Indianapolis, IN

Fall 2012

**Supervised teaching assistant:** Jason Noice

## **TRAINING IN CONSULTATION, TEACHING, DIVERSITY, AND SUPERVISION**

Fall 2014

### **Seminar on Clinical Supervision**

Supervisor: John Guare, Ph.D., H.S.P.P.

Monthly meetings with Senior-level graduate students.

Discussed topics pertaining to clinical supervision, e.g., theoretical approaches to supervision.

Location: Indiana University- Purdue University Indianapolis

Fall 2011 - Fall 2014

### **Meta-supervision Meetings**

Supervisor: John Guare, Ph.D., H.S.P.P.

Monthly clinical supervision meetings with peers, to discuss practicum rotations, e.g., to share experiences and review audio tapes of sessions.

Location: Indiana University- Purdue University Indianapolis

January 2013

### **Clinical Workshop on Consultation in Psychology**

Applications of consultation as a career option.

Presenter: Angie Rollins, Ph.D., Roudebush VA Medical Center

July 2012

### **Seminar on Teaching**

Supervisor: Lisa Contino, Ph.D.

Trained in teaching philosophies and the multicultural components of classroom instruction.

Location: Indiana University- Purdue University Indianapolis



June 2011

**Insource of Indiana**

Volunteer training: special education laws in Indiana.

Location: Indianapolis, IN

October 2011

**Consultation Workshop, COMPASS Model**

Presenter: Dr. Lisa Ruble, Ph.D., University of Kentucky

Consultation in schools for children with Autism Spectrum Disorder (ASD).

Location: Indiana University- Purdue University Indianapolis

August 2010 - Present

**Proseminar on Professional Topics in Clinical Psychology**

Weekly professional development course on various topics, e.g., clinical case presentations, research, diversity, ethics, supervision, professionalism, licensure.

Location: Indiana University- Purdue University Indianapolis

**RESEARCH EXPERIENCES**

2010- 2017

**Department of Psychology, IUPUI**

Chair: John McGrew, Ph.D.

Graduate Researcher:

**Dissertation Research (2015- 2017):**

A Mixed Methods Study Examining the Factors Associated with Retention in Direct Support Professionals.

**Preliminary Exam Research (2014):**

The Effectiveness of Interventions for Adults with Autism Spectrum Disorder: A Meta-Analysis

**Master's Thesis Research** (2012-2013):

The Psychosocial Outcomes of Adult Siblings of Adults with Autism and Down Syndrome

2012- 2016

**The Autism Research Group (ASRG) Collaboration**

Department of Psychology, IUPUI

Department of Psychology, University of Kentucky

Supervisors: John McGrew, Ph.D.

Lisa Ruble, Ph.D.

Research Collaborator: Participate in collaborative quantitative and qualitative research projects and grant preparation in the field of Autism Spectrum Disorders. Topics include: stress in parents of children with ASD, longitudinal outcomes of adults with ASD, interventions for individuals with ASD, and the development of individualized education plans (IEPs) for individuals with ASD in school settings: (The Collaborative Model for Promoting Competence and Success [COMPASS]).

July 2013 – September 2013

**Department of OBGYN, Indiana School of Medicine Department of Psychology, IUPUI**

Supervisors: Brownsyne Tucker Edmonds, M.D., M.P.H.

Michelle Salyers, Ph.D.

Research Assistant: Coded transcripts of conversations between neonatologists, obstetricians, and their patients to assess the presence of shared decision- making between physicians and their patients.

September 2012- May 2013

**Department of Psychology, IUPUI**

Assertive Community Treatment (ACT) Lab

Supervisors: Michelle Salyers, Ph.D.

John McGrew, Ph.D.

Research Collaborator: Participated in lab meetings and monthly ACT center collaborator meetings with psychologists, community mental health specialists, post-doctoral fellows, and graduate students to discuss topics pertaining to evidence based practices that assist in the recovery of consumers with severe mental illness and chronic disabilities.

January - June 2009

**Brain Injury Research Center, Mount Sinai Medical Center**

New York, New York

Supervisor: Joshua Cantor, Ph.D.

Intern: Assisted with the development of a web-based Brain Injury Screening Questionnaire (BISQ) for patients with traumatic brain injuries. Administered questionnaires: Functional Independence Measure (FIM), Disability Rating Scale (DRS), and Supervision Rating Scale (SRS), to assess patients' recoveries from one or more traumatic brain injuries. Entered coded study data and tracking information into SPSS and Microsoft Excel for future analysis. Assisted post-doctoral fellows, neuropsychologists, and research investigators with current projects. Co- led a Cognitive Skills group, to assist patients who were part of a day-treatment cognitive rehabilitation program.

January - May 2008

**Trauma Surgery Department, Lehigh Valley Hospital**

Allentown, Pennsylvania

Supervisor: Robert D. Barraco, M.D., M.P.H., FACS

Lehigh University Research Scholar: Assisted in submitting the IRB paperwork to launch a retrospective analysis to determine precipitating factors of hospital re-admittance of patients with non-operative management of epidural or subdural hematomas. Observed trauma and ICU surgeries and pre-surgical patient consultations

July - August 2007

**Department of Community Health**

Bethlehem, Pennsylvania

Supervisor: Hollie Gibbons, M.P.H.

Intern: Performed SPSS and Microsoft Excel data entry to assist in a research project that assessed the need for a Hepatitis C clinic in the Lehigh Valley region of Pennsylvania. Performed educational outreach with hospital staff members to children and adults who were at risk for contracting HIV/AIDS.

**PUBLICATIONS**

**PEER-REVIEWED JOURNAL PUBLICATIONS**

1. **Krakovich, T.M.**, McGrew, J.H., Yu, Y., Ruble, L.A. (2016). Stress in parents of children with autism spectrum disorder: An exploration of demands and resources. *Journal of Autism and Developmental Disorders*.

**NEWSLETTER PUBLICATIONS**

1. **Belkin, T.** (2014). Reflections of a Student Representative. *The Indiana Psychological Association: Spring Newsletter, 2014*.

2. **Belkin, T.**, Barbera, T. (2013). Students devise and complete a legislative bill review project. *The Indiana Psychological Association: Federal Advocacy Update, July 2013*.

## POSTER PRESENTATIONS

1. **Belkin, T.**, Yu, Yue, McGrew, J.M. (2015, May). Mediators of Problem Behaviors and Psychosocial Outcomes in Siblings of Adults with Autism Spectrum Disorder and Down Syndrome. Presented at the International Meeting for Autism Research (IMFAR), Salt Lake City, Utah.
2. **Belkin, T.**, Rodgers, A., McGrew, J.M. (2015, May). The Effectiveness of Interventions for Adults with ASD: A Meta-Analysis. Presented at the International Meeting for Autism Research (IMFAR), Salt Lake City, Utah.
3. **Belkin, T.** Yu, Yue, & McGrew, J. (2014, November). The Role of Problem-Focused and Passive-Avoidant Coping Strategies as Mediators of Caregiver Burden in Adult Siblings of Adults with Down Syndrome. Presented at the Indiana Psychological Association Conference, Indianapolis, IN.
4. **Belkin, T.** Yu, Yue, & McGrew, J. (2014, November). The Role of Threat and Challenge Appraisal Strategies as Mediators of Caregiver Burden and Reported Benefits in Adult Siblings of Adults with Down Syndrome. Presented at the Indiana Psychological Association Conference, Indianapolis, IN.
5. **Belkin, T. M.**, McGrew, J. H., Ruble, L.A. (2014, May). Predictors of Child and Parent Domain Stress Profiles in Parents of Children with Autism. The International Meeting for Autism Research (IMFAR), Atlanta, GA.

6. Odom, J., Ruble, L.A., McGrew, J.H., & **Belkin, T. M.** (2014, May). Longitudinal Outcomes of Adults with Autism. The International Meeting for Autism Research (IMFAR), Atlanta, GA.
7. **Belkin, T.** & McGrew, J. (2013, November). Predicting Reported Benefits in Adult Siblings of Adults with Autism and Down Syndrome. Presented at the Indiana Psychological Association Conference, Indianapolis, IN.
8. Coskunpinar, A., **Belkin, T.**, Gao, S., Hake, A.M., Kareken, D.A., Lane, K., Moser, L.R., Callahan, C.M., Hendrie, H.C. & Unverzagt, F.W. (2013, November). Mild Cognitive Impairment in an Urban Primary Care Environment. Presented at the Indiana Psychological Association Conference, Indianapolis, IN.
9. **Belkin, T.**, Mulvaney, D., Kruggel, F. (2013, October). The History of Applied Behavior Analysis in Indiana. Presented at The Hoosier Association for Behavior Analysis, Indianapolis, IN.
10. **Belkin, T.** (2013, October). Problem Behaviors and Adaptive Behavior in Adults with Autism: Effects on the Psychosocial Outcomes of Non-Disabled Adult Siblings. Presented at The Hoosier Association for Behavior Analysis, Indianapolis, IN.
11. Coskunpinar, A., **Belkin, T.**, Gao, S., Hake, A.M., Kareken, D.A., Lane, K., Moser, L.R., Callahan, C.M., Hendrie, H.C. & Unverzagt, F.W. (2013, June). Mild Cognitive Impairment in an Urban Primary Care Environment. Presented at The 11<sup>th</sup> Annual American Academy of Clinical Neuropsychology Conference, Chicago, IL.
12. **Belkin, T.** & McGrew, J. (2013, June). Adult Siblings with Autism: Reported Benefits in Sibling Relationships. Displayed at The Milestones 11<sup>th</sup> Annual Autism Spectrum Disorder Conference, Cleveland, OH.

13. **Belkin, T.** & McGrew, J. (2013, June). Caregiver Burden and Health-Related Quality of Life in Adult Siblings of Adults with Autism and Down Syndrome. Presented at The 137<sup>th</sup> Annual Meeting and Conference of the American Association on Intellectual and Developmental Disabilities (AAIDD) and the Sibling Leadership Network Conference, Pittsburgh, PA.
  
14. **Belkin, T.** & Katzenstein, J. (2012, November). Neuropsychological and Functional Outcomes of Children Diagnosed With a Brain Tumor At Age 3 or Younger- A Review. Presented at The 32<sup>nd</sup> National Academy of Neuropsychology Conference, Nashville, TN.

### **INVITED PRESENTATIONS**

1. **Krakovich, T.** (2017, May). Case Presentation.  
To be presented at the NICPP Consortium Day.  
Beatrice, NE.
  
2. **Krakovich, T.** (2015, November). Case Conceptualization Presentation.  
Presented at the Clinical Psychology Proseminar Meeting, IUPUI,  
Indianapolis, IN.
  
3. **Belkin, T.** & Armstrong, H. (2013, October). Developmental Disorders: Facets of Diagnoses, Treatments, and the Human Experience. Presented at Meaningful Day Services, Indianapolis, IN.
  
4. **Belkin, T.** (2013, October). Adult Siblings of Adults with Autism and Down Syndrome. Presented at the Clinical Psychology Proseminar Meeting, IUPUI, Indianapolis, IN.

## CLINICAL & RESEARCH-FOCUSED TRAININGS

January 2016

**Interpersonal Process Group Therapy (Full Day)**

Presenter: Di Sobel, Ph.D., University of Kentucky Counseling Center

Location: Indiana University- Purdue University Indianapolis

March 2015

**Acceptance and Commitment Therapy Workshop (Full Day)**

Presenter: Jennifer Lydon-Lam, Ph.D., Roudebush VA Medical Center

Location: Indiana University- Purdue University Indianapolis

July 2014

**PEERS® Social Skills Training Seminar (3 Days)**

Presenter: Elizabeth Laugeson, Psy. D., Mina Park, Ph.D.

Location: University of California at Los Angeles (UCLA)

Los Angeles, CA

April 2014

**Biofeedback Tools and Techniques (Half-day)**

Presenter: Eric Scott, Ph.D. Indiana University School of Medicine

Location: Indiana University- Purdue University Indianapolis

August 2013

**Workshop on Meta-Analysis (3 Days)**

Presenter: Noel Card, Ph.D., University of Arizona

Location: Indiana University- Purdue University Indianapolis



April 2013

**Self-Hypnosis for Chronic Pain Management Workshop** (Half-day)

Presenter: Mark P. Jensen, Ph.D., University of Washington

Location: Indiana University- Purdue University Indianapolis

March 2011

**Group Schema Therapy: Borderline Personality Disorder** (Full Day)

Presenter: Joan Farrell, Ph.D., Indiana University School of Medicine

Location: Indiana University- Purdue University Indianapolis

## **PROFESSIONAL CERTIFICATIONS, MEMBERSHIPS, AND AFFILIATIONS**

2015 - 2016	Toastmasters International
2014 - Present	PEERS® Social Skills Certified Provider
2013 - 2014	The Hoosier Association for Applied Behavior Analysis (HABA)
2013 - 2015	The International Society for Autism Research (INSAR): Student Affiliate
2012 - Present	Indiana Psychological Association (IPA): Graduate Student Affiliate
2009 - Present	American Psychological Association (APA): Graduate Student Affiliate



## **ADDITIONAL VOLUNTEER, SERVICE, AND COURSEWORK EXPERIENCES**

- January - May 2014    Volunteer at Easter Seals Crossroads
- (2 hours/week)
  - Provided direct support to clients in an adult day program setting
  - Indianapolis, IN
- January - May 2014    Autism Speaks Walk Volunteer
- (1-3 hours/month)
  - Community Outreach & Planning Committee Member
  - Indianapolis, IN
- May - August 2013    Volunteer at the Arc of Greater Boone County
- (2 hours/week)
  - Ran skills groups for adults with developmental disabilities
  - Lebanon, IN
- 2008, 2010 - 2012    Team captain to raise money for autism research
- Allentown, PA & Indianapolis, IN
- July 2010                Academia Buenos Aires, Buenos Aires, Argentina
- (Three weeks)
  - Spanish Language

January - May 2007 Denmark International Study Abroad Program

- (Semester Program)
- Copenhagen, Denmark
- Concentrations: Human Health and Disease; Child Psychology and Development