

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

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

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

ENHANCING EDUCATION & TRAINING

- ▶ **Current training is inadequate** in terms of the number of hours and topics covered. Areas where training content is lacking include: geriatric specific content, cultural competency, palliative care, and soft skills training (IOM 2008).
- ▶ **Poor training contributes to poor quality** care, abuse and neglect, decline in resident health and functioning, and institutionalization (IOM 2008). Adequate training has a positive effect on recruitment and retention and care quality (IOM 2008).
- ▶ Several studies have found a **link between training and retention/turnover**. In the Partners in Caregiving program, providing staff training on communication and conflict resolution resulted in lower reported likelihood of quitting. In the Iowa caregivers Association CNA Recruitment and Retention Project, nursing facilities that provided CNA training in work skills and clinical skills, a CNA mentoring program, and CNA support group activities experienced significantly longer retention than the comparison facilities (ASPE 2004). ASPE noted that the Iowa project appeared promising but could benefit from further evaluation.

- ▶ Research supports **competency-based training**, which is based on specific outcomes that have been verified as essential for successful employment. Competency-based models require learners to perform each task proficiently (Larson & Hewitt 2005).
- ▶ **Realistic Orientation Programs** for new Employee Stress (ROPES) is a research-based approach to supporting new employees by helping reduce job stress (Larson & Hewitt 2005).
- ▶ Research indicates that DSPs who are **supported by their co-workers** are more likely to stay than those who are not (Larson & Hewitt 2005).
- ▶ **Mentoring** programs have been found effective in reducing turnover and preventing burnout (Larson & Hewitt 2005). One study found a significant 18-point increase in retention among DSWs who were mentored compared to no significant difference in the comparison group (ASPE 2004).

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

- ▶ **Continuing education**. The WIN A STEP UP continuing education program led to modest reductions in turnover, improved job performance, and improved quality of teamwork (BJBC 2008).
- ▶ Site-specific **cultural competency training** improved perceived workplace cultural competency in some facilities, which was associated with higher levels of job satisfaction (BJBC, 2008).

Research Gaps—Education & Training:

"More research is needed on what specific competencies are needed by different types of DSWs to provide high quality care, as well as how different levels and types of training affect quality of care"

—IOM 2008

"Until a thoughtful and comprehensive analysis is completed across sectors, it is not possible to fully understand the common core competencies. Once these are identified, career pathways that build from the core competencies could be developed and implemented."

—Hewitt et al, 2008

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

- ▶ **Volunteers.** Workforce needs could be partially satisfied by increasing the use of volunteers. Older adults have the highest volunteerism rate of any age group. In “village” models such as Beacon Hill Village in Boston, older adults in the community pay dues to receive support such as transportation, delivery of meals, and assistance with errands, and volunteers provide many of the basic services.
- ▶ **Family caregivers.** BJBC (2008) found that almost half of family caregivers were interested in caring for people who were not family when they were no longer caring for their family member.



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