

Inclusion

The Self-Perpetuating Turnover Cycle: Frontline Supervisors and Direct Support Professionals Reflect on Its Causes and Impacts

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Direct support professionals (DSPs) support people with intellectual or developmental disabilities (IDD) in areas such as daily living, health and safety, employment, relationships, and community participation (Bogenschutz et al., 2014). They are paid low wages, especially when their multiple roles and responsibilities are considered (Hewitt, Pettingell, Bershadsky, et al., 2021; Hewitt, Pettingell, Kramme, et al., 2021; Musumeci et al., 2021). In 2019, before the COVID-19 pandemic, Campbell and colleagues (2021) reported that there were 4.6 million people who worked in direct support with an estimated 1.3 million positions to be added from 2016 to 2028 for in-home care. By 2050, the aging population is projected to expand from 47.8 million to 88 million, requiring a significant increase in the number of workers needed for these supports (President's Committee for People with Intellectual Disabilities [PCPID], 2018; Campbell et al., 2021). With these numbers and other considerations, the direct support workforce will have the most noteworthy growth in the United States economy (Campbell et al., 2021). According to data from the National Core Indicators State of the Workforce 2021 Survey in which providers from 29 states participated, 18.0% of DSPs on the payroll as of December 31, 2021 had been continuously employed less than six months, 15.4% between six and 12 months, 15.5% between 12 and 24 months, 11.7% between 24 and 36 months, and 39.4% more than 36 months. DSPs are overwhelmingly female (71.2%). Although race and ethnicity of DSPs varies by state, overall, 40.1% of DSPs were Black/African American, 38.6% were White, 5.4% were Hispanic/Latine, 1.5% were Asian, and 10.3% of responses indicated "Don't Know" (National Core Indicators, NCI, 2022). Nearly half (42%) of workers received public assistance (Campbell et al., 2021).

The fundamental role of frontline supervisors (FLSs) is to guide the work of DSPs through training and management, but they often provide a significant amount of direct support

in addition to their supervisory responsibilities. However, less attention is paid to the FLS role in the workforce research. FLSs are more likely to be White than DSPs (46.9% vs 38.6%), followed by Black/African American (36.5%), Hispanic/Latine (4.2%), Asian (1.3%) American Indian or Alaska Native (1.1%), more than one race or ethnicity (1.3%), and “Don’t Know” accounted for 7.4% of responses. Comparable to DSPs, nearly three quarters (74.6%) of FLSs are female (NCI, 2022).

Although there is already an estimated 1.3 million DSPs across the United States (PCPID, 2018), the demand for home and community-based services provided by DSPs and FLSs in the direct support workforce is ever-increasing (PHI, 2021). Spreat (2022) estimates that the current direct support workforce in the IDD field is 90% of what is needed, with a shortfall of 73,000 workers. However, Spreat focused on congregate settings for this analysis and given the growth in individualized community-based supports, it is likely the shortage of DSPs is greater. NCI State of the Workforce 2021 data indicated an average turnover ratio of 43.3% (range 28.5% to 87.5%), average full-time vacancy rates of 16.5% (range 8.9% to 28.6%), and average part-time vacancy rates of 20.3% (range 11.3% to 30.2%) for DSPs (NCI, 2022).

Turnover and Vacancy in the Workforce

There are a number of factors associated with turnover and vacancy in the DSP workforce. Wages have a significant impact on DSP retention (Pettingell, Houseworth, et al., 2022). High DSP turnover rates are associated with low wages and limited access to full-time hours, paid time off, and health insurance (Houseworth et al., 2020). Early separation, when DSPs turnover within six months or less, is also impacted by an increase in part-time positions, a lack of paid time off, and health insurance (Houseworth et al., 2020). Predictors of DSP turnover also include burnout, negative interactions with coworkers, and a lack of social support (Ejaz et

al., 2015). There is a vast discrepancy between DSPs' pay and their working conditions and job responsibilities (Sheppard-Jones et al., 2022). The workforce shortage worsened during the COVID-19 pandemic. Many DSPs left their jobs due to low wages and poor health benefits (National Council on Disability [NCD], 2021). Long-standing DSP issues, such as work and financial stress, intensified during the pandemic (Sheppard-Jones et al., 2022). The direct support workforce has had persistently high turnover rates and high stress levels (Bogenschutz et al., 2014; Houseworth et al., 2020; PHI, 2021). DSPs have felt "overworked and underpaid" (Hall et al., 2022, p. 321). They felt undervalued and unsupported even with the extra roles and responsibilities they shouldered (Hall et al., 2022). DSP turnover has been associated with wages, access to health insurance, staffing ratios, the number of part-time workers, and Medicaid spending (Houseworth et al., 2020).

COVID-19 Impact on the Workforce

The COVID-19 pandemic worsened the shortage of direct support workers (NCD, 2021). Early in the pandemic, 4% (168,370) of DSPs were displaced from their positions (McCall et al., 2021). In the spring of 2020, 26% of DSPs and FLSs reported that their workplace was short-staffed (Hewitt et al., 2020). Six months later, in a follow-up survey, 50% of DSPs reported that their workplace was short-staffed (Hewitt, Pettingell, Kramme, et al., 2021). Since the beginning of the pandemic, staffing shortages have been especially evident for both in-home and group home services (Watts et al., 2021).

When staff left their positions, the workload of those who remained increased. In the first Direct Support Workforce Survey, at the onset of the pandemic, 10% of DSPs and 15% of FLSs reported working 16 to 31 or more additional hours a week due to COVID-19 (Hewitt et al., 2020). In the 6-month follow-up, these numbers had risen to 14% and 17% (Hewitt, Pettingell,

Kramme, et al., 2021). By the 12-month follow-up, the numbers were 12% and 24% (Hewitt, Pettingell, Bershadsky, et al., 2021). At the 24-month follow-up, 16% of DSPs and FLSs were still working 16 to 31 or more additional hours a week (Pettingell, Bershadsky, et al., 2022).

In addition to increased hours, 30% of DSPs and FLSs reported working different shifts at the beginning of the pandemic (Hewitt et al., 2020), 35% at the 6-month follow-up (Hewitt, Pettingell, Kramme, et al., 2021), 26% at 12-months (Hewitt, Pettingell, Bershadsky, et al., 2021), and 45% at 24-months (Pettingell, Bershadsky, et al., 2022). DSPs and FLSs were also working in different settings (29% at the pandemic onset, Hewitt et al., 2020; 28% at the 6-month follow-up, Hewitt, Pettingell, Kramme, et al., 2021; 20% at 12-months, Hewitt, Pettingell, Bershadsky, et al., 2021; and 40% at 24-months, Pettingell, Bershadsky, et al., 2022). DSPs and FLSs were providing supports to people that they had not worked with previously (18% at the 12-month follow-up, Hewitt, Pettingell, Bershadsky, et al., 2021; 37% at 24-months, Pettingell, Bershadsky, et al., 2022). When asked about the quality of their work-life status, 54% at the 6-months follow-up said their work-life had worsened since the beginning of the pandemic (Hewitt, Pettingell, Kramme, et al., 2021), 35% at 12-months (Hewitt, Pettingell, Bershadsky, et al., 2021), and 47% at 24-months (Pettingell, Bershadsky, et al., 2022). Additionally, Hall and colleagues (2022) found that DSPs worked overtime, were mandated to stay past their shift, and had to change locations to cover shifts. They took on extra responsibilities and felt a lack of support from their supervisors. FLSs experienced similar challenges and were often expected to cover open shifts as well as perform their typical duties (Hall et al., 2022).

The Role of FLS in Workforce Retention

Another important reason for turnover that is often under-discussed is the importance of the FLS role. According to the NCI State of the Workforce 2021 Survey report, each FLS supervises an average of 10 DSPs (NCI, 2022). In a review of the literature related to frontline

supervision across industries, Therkelson and Feibech (2004) found that the role of the FLS is key for effective communication and engagement of the employee. Factors such as fairness, care and concern, satisfaction with day-to-day activities, and trust were all important factors related to employee retention. In a survey of managers of nursing homes, home health care organizations, and IDD providers, negative social support was a predictor for turnover. Negative social support includes problems with coworkers, people supported, and supervisors as well as being a poor fit for the job (Ejaz et al., 2015). Zaheer and colleagues (2019) found that poor teamwork influences turnover intentions. In a study of turnover in programs that provide support to individuals with high behavior support needs, Deveau and McGill (2016) found that FLSs who use a leadership style which focused on the quality of life and support needs of the people being supported along with supporting staff to provide high quality supports that included regular supervision and team meetings had DSPs with higher job satisfaction.

Generally, FLSs have salaried positions and must often cover open shifts to provide direct support (Hall et al., 2022), this practice was exacerbated during the pandemic and subsequent workforce shortage. It is likely that supervisors who are covering multiple unfilled DSP shifts lack the time and resources to provide adequate supports and supervision to individual DSPs and work teams which may impact DSP retention. Given that the role of the FLS is critical to the quality of supports and job satisfaction of DSPs, understanding how the ongoing workforce crisis affects not only DSPs, but also FLS is important to finding solutions to the seemingly intractable problem.

While there is literature around turnover and vacancy at the organizational level, there is very little literature about turnover and vacancy from the perspective of the DSPs and FLSs –

those who are in the trenches doing the work and suffering the consequences of the workforce crisis which was exacerbated by the COVID-19 pandemic.

Purpose of the Study

This qualitative study aimed to explore and describe the factors that contribute to turnover and vacancy struggles during the COVID-19 pandemic and its impacts experienced by DSPs and FLSs from their own perspective.

The research questions included:

1. What were the contributing factors to the high levels of turnover reported by DSPs and FLSs during COVID-19?
2. How did staff turnover and vacancies during COVID-19 impact the workplace for DSPs and FLSs and their capacity to provide services and supports?

Method

Qualitative research methods were selected to better understand the experiences of direct support professionals (DSPs) and frontline supervisors (FLSs) 24 months after the beginning of the COVID-19 pandemic. Qualitative methods were the best fit to explore the perspectives of DSPs and FLSs, whose voices are not often heard, and develop an understanding of their experiences (Creswell, 2013).

Instrument

The COVID-19 Direct Support Workforce 24-Month Survey, the fourth in a series of four online surveys, was fielded in June and July of 2022 via Qualtrics. Information about the survey and the link to access it were disseminated on social media and sent to contacts across the United States. National organizations in the direct support workforce field endorsed the survey. They provided the access link directly to disability organizations and DSPs. The survey included

questions about respondent characteristics and work, vaccination, and personal experiences associated with the COVID-19 pandemic (Pettingell, Bershadsky, et al., 2022). This study focused on the open-ended questions, “What are 1 or 2 major ways that staff turnover and vacancies at your primary employer have affected you and your co-workers?” and “What are 1 or 2 major ways that staff turnover and vacancies at your primary employer (if any) have affected the people you support?” answered by DSPs and FLSs.

Participants

There were 2,657 participants in this online survey. The current analysis included only those DSPs (n=1,423) and FLSs (n=517) that answered one or both of the open-ended questions in the survey. DSP and FLS groups predominately identified as women, including transgender women (DSPs, 82%; FLSs, 83%). The average age was 47 years for DSPs and 45 years for FLSs. A higher percentage of FLSs than DSPs identified as white (81% vs. 77%). A higher percentage of DSPs than FLSs reported being Black or African American (12% vs. 11%). The remaining 7-10% for both groups included individuals from Asian, Pacific Islander, Native populations, or other groups. Seven percent of DSPs and 4% of FLSs reported being of Hispanic, Latino, or Spanish heritage. Notably, 70% of DSPs and 80% of FLSs had been with their primary employer for more than 36 months.

Data Analysis

The data were downloaded from Qualtrics and organized by DSP and FLS responses in Excel spreadsheets to prepare for analysis. The average word length per response was 17.02 words for the entire dataset. There was an average of 16.03 words per response for DSPs and 19.66 for FLSs. The length of each response ranged from one word (e.g., “wages”) to 167 words for DSPs and 279 words for FLSs. Most responses were written as 1-2 descriptive bullet points

(e.g., “working too much overtime”). Longer responses included descriptions, examples, and how their personal lives were impacted.

The first two authors analyzed the data using the qualitative data analysis software NVivo. We used the constant comparative method to analyze the responses of DSPs and FLSs to both open-ended questions (Creswell, 2013; Strauss & Corbin, 1998). During open and axial coding, we used an inductive data analysis process to compare data to emerging codes and organize codes into categories (Creswell, 2013). Each question was independently coded. The second author coded the question about how turnover and vacancy affected DSPs, FLSs, and their coworkers; the first author coded the question about how turnover and vacancy affected the people they supported to identify initial codes and create a codebook. Throughout the process, we held discussions to compare and clarify codes. After independently coding data during open coding, we discussed the general ideas we had about the data, emerging codes, and our memos. We compared the codes that were emerging for each question and discussed how they related to each other. We also compared the codes that were emerging from each group (i.e., DSPs and FLSs) and discussed their similarities and what made them unique. After developing more defined codes, we discussed the connections we found between codes and how the themes were emerging from the data. As we developed the codebook, we discussed the deeper meaning of codes and how codes may be grouped together. The codebook included 17 codes with descriptions and examples listed for each code. To check for the accuracy of the codes and collect inter-rater reliability data, we recoded the first 25% of each question using NVivo. We achieved a 98.5% overall agreement and did not add or delete any codes. During axial coding, we explored the relationships within the data and identified emerging themes. To do this, we discussed how specific codes related to each other, sharing quotes and examples found in the

data. We found patterns in the data that highlighted how codes about increased workload impacted turnover and how inadequate supports were created through many ways that were highlighted in the codes. We grouped the codes into related categories and further into themes.

Validation

In qualitative research, validation is the process of assessing the accuracy of the findings (Creswell, 2013). To establish validity, we used peer debriefing, investigator triangulation, and data triangulation (Brantlinger et al., 2005). Peer debriefing occurred throughout the process of analysis during our regular research meetings. Investigator triangulation included collaboration by the authors throughout the study, especially during data analysis. After independently coding data, we compared codes and discussed the connections between codes and emerging themes. The data were triangulated across the responses of DSPs and FLSs. During open coding, the responses about how the people supported were impacted were initially coded by the first author and the responses about how DSPs and FLSs were impacted were coded by the second author. We compared codes emerging from each survey question and each participant group (i.e., DSPs and FLSs).

Findings

Three primary themes emerged from the DSP and FLS voices regarding how turnover and vacancies during COVID-19 impacted their work. These included factors contributing to hiring challenges and turnover; the effects of turnover on the workforce; and how turnover and vacancies affected the supports and services being provided and, ultimately, the individuals receiving supports. See Table 1 for a description of the themes.

[Insert Table 1 about here]

Contributing Factors

Participants in this survey identified challenges with hiring and retention, poor hiring and training practices, and the lack of support from management or administration in organizations as significant factors during COVID-19 contributing to the workforce shortage.

Hiring and Retention Challenges

Participants reported that while there have been workforce challenges for years, the significance of the challenge during COVID-19 reached a level they had not seen before. One FLS noted, "we are seeing and facing a historic staffing crisis. We are struggling with getting retaining new hires and getting applications in for DSP's and Program Coordinators." The hiring challenges crossed all organizational levels, including DSPs, house-level coordinators, and lead staff to middle management or supervisory level employees. FLSs reported holding job fairs and raising wages had not improved the situation. Few people were interested in this type of work with the "current pay and benefit structure." Several participants noted that restaurants and retail jobs pay more in their area, making competing for the available workforce difficult. Some FLSs identified the underlying demographic shift as a primary contributing factor: "I would say it is the lack of people to fill positions as well as wage. There are not enough people to replace the generation that is retiring."

Participants also noted that if people are hired, few made it through their first few days of work. Others reported that new hires stay long enough to receive a sign-on bonus and then leave. Some organizations hired staff from out of state on contract to fill temporary positions. One DSP was frustrated with this practice because, rather than increasing the salaries of the staff who stayed and worked for the organization, money went into travelers:

They hire people from out of state who have no intentions of working here permanently. Then when they leave, we have to train someone else. Plus all that money for airfare,

hotel stays and their wage, they could be giving us more money per hour. Plus people who have worked for this company 10+ years only make \$1 more than people who just get hired and with no prior experience.

Hiring new staff at higher wages to get staff in the door may backfire when experienced staff feel unappreciated and leave when their wages are not increased: "They make \$2.00/hour more. They received a \$2,500 sign-on bonus. I have received a lump sum bonus in the amount of \$1,200."

Poor Hiring and Training Practices

Several participants noted that best practices related to hiring and training during COVID-19 were put aside in the urgency to hire new staff. A DSP said that "since this job does not require a degree or prior knowledge of people with disabilities it seems that any warm body off the street who is at least 18 years of age with a driver's license and can pass a background check is hired." New hires were also "turned out to work too soon." Another DSP noted, "I think it has impacted the amount of time we spend training new hires." For example, some participants described new hires who were seemingly unclear about what their job would entail and were surprised when they were expected to provide hands-on support.

Others noted challenges with "new hires expecting to work with higher functioning individuals. Some don't want to be hands on." Another participant reported that "new staff go thru training and start work at the houses then quit when they realize what the job is really like or they have to start taking on more responsibilities for the individuals." New hires were poorly prepared and "coming into this field expecting a 'light' day of work; not realizing the constant attention to our people served, redirection, and problem solving, cleaning involved in this field."

Lack of Support from Management

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Both FLSs and DSPs identified frustrations with management during COVID-19 that contributed to poor retention, particularly of longer-term employees. One DSP believed that "management is to blame for the turnover." Participants noted that poor communication was an ongoing issue: "We feel like we are not being heard when we say we need help." Another noted that from the perspective of DSPs, the organization is not trying to alleviate the workload. One DSP explained that, despite being down several positions, the organization was going to be supporting a new individual: "We cannot see that the Company is taking any possible steps to alleviate the workload (for instance, we understand that an open bed at our site is most probably going to be filled even though we have several open positions)."

Others explained that despite the increased workload and daily pressure to do more, they felt their efforts were unappreciated: "I don't want to work here anymore. The agency doesn't express gratitude very often and I feel like I have been pushed into a corner." DSPs want to know their work matters: "Employees showed they aren't valued. New Employees are starting to make more, then employees that have been here. Making it to where the employees with more experience want to find new jobs else where. Where it's shown the work they do matters. The vacancies are pushing people out, because people are feeling like they are being forced."

Turnover Effects

The effects of turnover on DSP and FLS work during COVID-19 fall into three main categories. Participants described the pressure to take on additional roles and responsibilities, the lack of leadership that led to poor quality supports, and the general impact on the workforce, including stress and burnout.

Additional Roles and Responsibilities

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FLSs and DSPs reported having to take on additional work due to turnover during COVID-19. A DSP at a day support program described the juggling that happened to provide supports:

Many staff have had to come in early to pick up transportation responsibilities due to vacant positions, and the staff who provide supervision to the individuals we support are being assigned to work with larger groups of clients to support because there is not enough staff to provide smaller group supervision. Administrative staff have had to step up to provide transportation and supervision, as well as carry out DSP work not typically assigned to them to be able to support the number of individuals attending the day program each day.

DSPs also described being sent to other locations to support people they did not know: "The staffing issues have caused other homes to need coverage causing staff to work in different locations that they aren't familiar with causing stress on staff and people."

For FLSs, additional roles and responsibilities often included covering direct support shifts in addition to their own workload: "As a frontline supervisor, I am expected to fill any open shifts that DSPs are not available to cover. Vacancies put pressure both on DSPs and on myself in this team to work extra shifts." FLSs and DSPs were expected to train in new employees, which added to an already burdensome workload: "Staff and myself have also done an increase in training sessions due to the amount of staff coming and going leading to more hours that I work over 40 that I don't get paid for due to being a salary employee."

Lack of Leadership

DSPs noted that they received less supervision and that poor employee performance was not addressed due to supervisors needing to fill DSP shifts: "The supervision is less in the

workplace because they are busy working on filling a schedule." The importance of having leadership was observed by another DSP, who noted that "when a manager/lead quits is usually when the house starts to fall apart." According to an FLS, "lack of connection and constant state of reacting versus engaging, training, planning has increased burnout, fatigue and distanced relationships in the workplace. The additional stress/hours leaves employees not performing at their best."

The lack of leadership also led to a breakdown in the ability of teams to function well: "We do not get along well. Stress levels are high. Staff is kept no matter what they do." Although one DSP reported that she had no issue with her coworkers because "all my coworkers are vacancies."

Impact on the Workforce

During COVID-19, the pressure to continue to work with inadequate support from coworkers or management has led to burnout and fatigue. DSPs report that "staff get burned out, become less patient, more apathetic." Others noted fatigue and lack of motivation. One DSP pointed out that when new staff come to a new position and see how burned out current staff are, they decide not to stay.

Impact on Services

The third theme described the impact of turnover on supports and services during COVID-19 and the people receiving supports. Participants reported services being cut or eliminated. The supports provided were inadequate, and the quality of life for people receiving supports has been negatively affected.

Reduced or Eliminated Supports

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Some providers closed service locations during COVID-19: "We have had to shut down some independent sites and crisis house," while others stopped providing services all together, leaving the people they supported with no services: "Most are not getting services due to company disbanding." Others referred to waiting lists or reduced services related to insufficient staffing: "They are on waiting lists to get back to program or employment."

The staffing shortage also affected the families of individuals receiving supports. Some families stepped in to fill shifts. As one DSP reported, "guardians have been stepping in to fill weekend shifts." Other individuals and families could not get important supports such as respite: "At Respite we at times have to drop capacity of who we can serve based on staffing. This is a huge impact to parents and families who rely on our services."

Inadequate Supports

Even when individuals could receive support during COVID-19, DSPs and FLSs reported that they were not always high quality. DSPs reported finding it harder to provide person-centered supports: "Sometimes there's so much to get done on shift, there is no time for fun interactions." Others note that participating in community activities had become much more difficult due to single staffing and that people only left the house for appointments: "They hardly ever see outside unless for a doctor's appointment." However, there were times when appointments were also canceled due to a lack of staff.

Both FLSs and DSPs reported health and safety concerns related to inadequate staffing during COVID-19. For example, more medication errors were occurring. One FLS noted that "we have had a few more incidents of abuse/neglect because the caliber of the staff is extremely low." DSPs were concerned about the safety of the people they support and themselves: "Our

safety and the individuals' safety is a concern." Another DSP noted that "less staff...with an aging population, means less safety for both staff and individuals."

Discussion

The DSP workforce has been in crisis for many years with turnover, recruitment, and retention challenges (Bogenschutz et al., 2014; Houseworth et al., 2020), and the pandemic exacerbated the problem. DSP turnover has been associated with poorer outcomes for people supported related to safety, health, being treated respectfully and fairly, exercising rights, having continuity of supports, community participation, and poorer relationships with friends and family (Friedman, 2018). This study supports previous findings stating that the current workforce crisis leads to adverse outcomes for individuals with IDD receiving long-term supports and services. Quality supports rely on a stable, well-trained workforce.

[Insert Figure 1 about here]

Figure 1 illustrates the self-perpetuating turnover cycle of DSPs and FLSs. External factors, including the workload and low wages, continue to stress the workforce. When there is turnover, FLSs are needed to cover direct support shifts and therefore have less time to supervise and support DSPs. This leads to the turnover of staff who feel unsupported and are burned-out. External factors also lead to unqualified candidates getting the job when there is pressure to fill vacant positions. These new hires remain poorly prepared when FLSs do not have time to properly onboard and train them. This leads to early turnover and continues the cycle.

While low wages have been identified as a significant contributing factor to the shortage of DSPs (e.g., Bogenschultz et al., 2014; Houseworth et al., 2020), wages and other compensation are often beyond the ability of providers and are dependent on policymakers to increase provider rates. These low wages paired with a heavy workload clearly contribute to

turnover. In order to stop the staff shortage, retention needs to be addressed. For example, a number of DSPs participating in this survey noted that new hires received wage increases while long-term staff who had stayed and had been covering extra shifts to ensure that people's support needs were met did not receive pay raises. DSPs also felt under-appreciated and taken for granted.

A key factor in addressing retention is to recognize the valuable role that FLSs play. Poor supervision and social support are predictive of turnover (Kim & Stoner, 2008; Mittal et al., 2009; Nissly et al., 2005) Previous studies have shown how FLS practices can improve job satisfaction and retention of DSPs (Deveau & McGill, 2016; Ejaz et al., 2015; Zaheer et al., 2019). When there are unfilled shifts, FLSs are often expected to fill in the staffing gaps, leaving them less time to provide leadership and supervision. This has a deleterious effect on DSPs as FLS lack the time to mentor and coach, leaving DSPs feeling unsupported and left to figure things out on their own. One FLS noted that "lack of connection and constant state of reacting versus engaging, training, planning has increased burnout, fatigue and distanced relationships in the workplace. The additional stress/hours leaves employees not performing at their best." This contributes to the cycle of burned-out and fatigued staff leaving, creating more work for those who stay. People who remain in their positions also burn out and leave, or they stay and become unmotivated and apathetic.

Another contributing factor is that the desperation to fill vacancies means new staff are hired and quickly placed into direct support roles with inadequate preparation. A case study of retention and turnover conducted in 2016 found that FLS spent, on average, 18% of their time on tasks related to turnover such as training new employees (Larson et al., 2016). Because FLSs are busy covering open shifts, they are not able to provide the level of training and support a new

hire needs to feel prepared for their work as a DSP, particularly if the person is new to the field. Poor onboarding practices that leave new employees feeling unprepared for job tasks are common reasons for intention to leave early in an employee's tenure (Kirchner & Stull, 2022; Shufutinsky & Cox, 2019). New DSPs who are not adequately trained, particularly if they are new to the field, add to the workload of DSPs with longer tenure and makes it less likely that the new hires will stay in their position long. This leads to a self-perpetuating cycle of high turnover and vacancies, which has been noted in previous DSP surveys during the COVID-19 pandemic (Hewitt, Pettingell, Bershinsky, et al., 2021; Hewitt, Pettingell, Kramme, et al., 2021).

Recommendations

The following recommendations are evidence-based practices which have been shown to improve recruitment and retention, thus reducing turnover. While all of these practices have costs, it is important to note that turnover in and of itself comes at a high cost not only to the organization's bottom line, but to the quality of life for the people receiving supports. A case study using data from 2004 of an organization that employed 962 DSPs and 52 FLSs had an annual turnover of 52% (Larson et al., 2016). Costs for 498 leavers and 449 new hires included the cost per leaver of \$3,278, which cost the organization a total of \$1,513,696 per year. Reducing the turnover by 50% would reduce the costs to \$812,917 per year. In 2023 dollars, these costs would be \$5,728 per leave, costing this organization a total of \$2,437,035 in today's dollars. Clearly, reducing turnover will save money in the long run.

Some practices are easier to implement than others and some may be more applicable to a particular organization's needs, which is why it is critical that leadership seek to understand the particular causes of retention and turnover issues in their organizations. It's important to remember the critical role that FLSs play in DSP competence, satisfaction, and retention. As

found in this study, FLSs were not able to provide the supervision and training DSPs needed when they had to cover an increasing number of direct support shifts due to vacancies resulting from high turnover. This lack of supervision and support led to further DSP turnover. It may serve organizations well to ensure that FLSs are receiving the support, mentorship, and coaching that they need before addressing DSP retention and turnover. It is also important that leadership listen to FLSs about DSP retention and turnover. Participants in this study reported that a lack of communication and frustration with management contributed to DSP turnover. FLSs are an important connection between leadership and the workforce.

Stabilizing the FLS Role

As noted, FLSs play a critical role in ensuring quality supports and services. As participants pointed out, when the FLS leaves, things "fall apart." Not having leadership also leads to a breakdown in teamwork. FLSs skilled at supervision, and who treat their employees fairly, have a more stable workforce (Larson, Lakin, et al., 1998). As noted previously, FLS practices can lead to improved DSP satisfaction and retention. Often people are promoted to the FLS supervisory position without adequate preparation for a leadership role. Having well-trained and supported FLSs can lead to better recruitment, training, and retention of DSPs, ultimately leading to a stronger workforce and higher quality supports.

Realistic Job Previews

Some FLSs in this study offered suggestions to address the problem, all of which have evidence to support them. One FLS suggested "being more upfront about what to expect." Realistic job previews are an effective hiring practice that let people know what to expect before starting work (Hewitt & Larson, 2007) and reduce the likelihood that they will quit (Larson, Lakin, et al., 1998).

Mentoring

Mentoring new employees was suggested by another FLS as a way to extend training after DSPs were hired. Mentoring has been demonstrated to be successful in reducing turnover and has also been successful in high-stress jobs, including teaching or nursing when used with new employees starting their careers (Fox, 2010; Ragins et al., 2000; Smith & Ingersoll, 2004). Mentoring could be part of training new DSPs or new FLSs to ensure they have the skills and support needed to provide good leadership. When FLSs have limited time to mentor staff, experienced DSPs may mentor new or less experienced DSPs (Taylor et al., 2001). In formal peer mentoring, the focus is to build confidence and competence as mentors socialize mentees to the organization and support their skill development goals (Taylor et al., 2001).

Other Evidenced-Based Practices

Some participants stated that new hires did not understand the job well and had different expectations about what they would do. Since it is an entry-level job, new hires often did not have the knowledge or skills needed to work with people with disabilities. Other evidence-based practices that have been successfully used in recruitment and retention interventions to address these issues include structured behaviorally-based interviewing (Hewitt & Larson, 2007), competency-based training (Bogenschutz et al., 2014), and improved onboarding practices such as networking opportunities to meet with peers (Larson, Sauer, et al., 1998). Promoting DSP self-care and wellness may also improve DSP retention (Keesler et al., 2020).

Financial Policies

While there are evidenced-based practices that organizations can adopt to improve recruitment and retention, the workforce crisis is ultimately a systemic problem that requires both federal and state level solutions. The reimbursement rates for long-term supports and

services are insufficient to provide DSPs and FLSs with a living wage. They are not even competitive with jobs that require less skill and responsibility. For example, participants stated that restaurants and retail jobs paid more where they lived. Wages are positively associated with DSP retention (Houseworth et al., 2020; Pettingell, Houseworth, et al., 2022). Policymakers need to adjust reimbursement rates to ensure living wages and increases for regular cost of living. It is important for providers, advocacy organizations, people who receive supports, and the direct support workforce to continue to work together to advocate for better compensation and training for the direct support workforce.

Limitations

Despite a large sample, data were collected using a convenience sampling approach; therefore, the characteristics and demographics of the respondents do not mirror that of the overall direct support workforce. The length of tenure in their position was primarily 36 months or more, and the participation rate by people of color was lower than expected compared to PHI (2021) and NCI State of the Workforce 2021 data (NCI, 2022); therefore, findings may not reflect the perspectives of DSPs and FLSs who are newer to the field and/or are people of color.

Conclusion

The direct support workforce was fragile before the pandemic; however, the pandemic has pushed it to the breaking point. Recruitment, turnover, and retention challenges are reducing the quality of supports and services and reducing the availability of much needed supports and services, leaving individuals with IDD and their families in precarious situations. While implementing evidenced-based workforce strategies may slow turnover and reduce vacancies, it is insufficient to completely address the current workforce challenges. Policymakers must address the financial barriers to providing a competitive wage to attract qualified and competent

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workers. Along with increased reimbursement rates, policymakers need to revise rules and regulations to promote self-direction and flexibility. The field, as a whole, needs to find different and creative ways to provide supports that allow individuals who use long-term supports and services to live, work, and participate fully in the communities that they choose.

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Figure

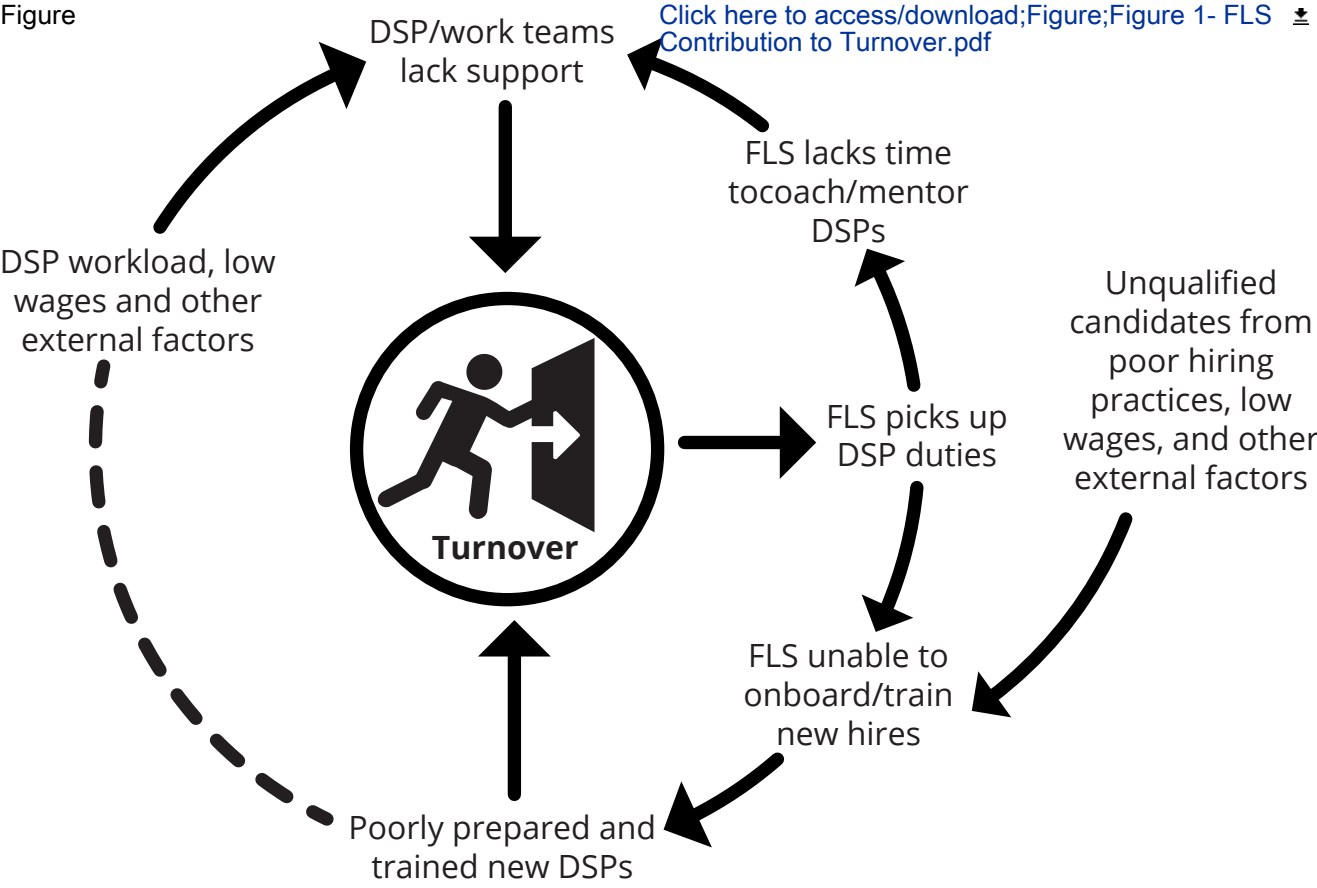


Table 1*Description of Themes*

Themes	Categories	Codes	Description of Codes
Contributing Factors	Hiring and Retention Challenges	Hiring and Retention	The staffing crisis, low wages, lack of applicants, temporary positions, and tenured staff not getting paid as much as new hires impact turnover.
		Staff Churn	New hires are a poor fit for the job, have limited training, and quit early. Tenured staff train new hires who don't stay, work with unskilled coworkers, experience burnout, and quit.
	Poor Hiring and Training Practices	Poor Hiring Practices	The urgency to hire led to lower standards. New hires did not understand direct support and were not interested in the work.
		Poor Training	Filling positions quickly led to limited, poor, or no training. New hires were poorly prepared.
	Lack of Support from Management	Lack of Support	Unsupportive leaders communicated poorly, increased workload, pressured staff to work more hours, and didn't show appreciation.
Turnover Effects	Additional Roles and Responsibilities	New and More Responsibilities	Staff took on different roles, duties, and responsibilities. They covered vacant positions, moved to new locations, worked with larger groups, and supported new people.
		FLS Responsibilities	Salaried FLSs also covered shifts and were not paid overtime.
	Lack of Leadership	Lack of Leadership	There was less supervision and no consequences for poor performance. Stress affected teamwork and relationships,
	Impact on the Workforce	Impact on the Workforce	Staff experienced burnout, stress, anxiety, a lack of motivation, and had a negative work-life balance.
Impact on Services	Reduced or Eliminated Supports	Fewer Services	People supported had a loss of services or limited services when programs were closed or had limited capacity, their housing was changed or lost, and they were on waiting lists.
		Less Support	People supported had less one-on-one time with staff. Families did not receive respite and had to cover shifts.
	Inadequate Supports	Reduced Quality of Support	People supported experienced a decline in the quality of care and support received from staff with less person-centered supports.
		Less Community Access	People supported had less access to and involvement in the community. They missed activities and appointments and had fewer social interactions.
		Health and Safety Concerns	The health and safety of people supported were in the hands of overworked, exhausted, and potentially untrained staff. They were at times more vulnerable to abuse and neglect.
		Reduced Quality of Life	People supported experienced a decline in their quality of life due to inadequate support.