**How Humans Show Up in Human Service Roles**

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A Capstone Project

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The Faculty of the Fred S. Klipsch Educators College

Marian University

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In Partial Fulfillment

of the Requirements for the Degree

Doctor of Education in Organizational Leadership

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by

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## Abstract

The United States is experiencing a paradox related to the care and support of individuals with developmental and intellectual disabilities. As diagnoses of these disabilities increase, there are not enough people to provide the supportive care needed. As an alternative to researching turnover for human service professionals, this study investigated why human service professionals choose to stay in these demanding roles. Using a phenomenological approach, human service professionals in a large, midwestern, nonprofit developmental disability services organization participated in an investigation of their lived experiences. This action research paper explored the experiences of longer tenured employees, as well as new employees entering the system, and the decisions that led to them to stay with the organization. With an emphasis on the first hundred days of employment, an intervention was created to influence elements of retention. Participants then evaluated the program and its impact on their retention decisioning process. Data was collected and analyzed via focus groups, follow-up interviews, pre-tests and post-tests using the Work and Meaning Inventory and the Perceived Person Environment Fit Scale. The predominant qualitative theme for all participants was the need for emotional support during disorienting experiences. While quantitative data suggests the intervention did not have a statistically significant impact on the pre-test versus post-test scores, retention was improved by 21.5%.

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APPROVAL OF THE CAPSTONE PROJECT

This capstone project, How Humans Show Up in Human Service Roles, has been approved by the Graduate Faculty of the Fred S. Klipsch Educators College in partial fulfillment of the requirements for the degree of Doctor of Education.

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2/12/24
Date

## Dedication

Time is a most valuable resource. This capstone is dedicated to the people who forfeited the most time with me so I could achieve a dream. First and foremost, to my daughters, Riley and Reese. It is the joy of my life to be their mom and to have learned such important lessons about humanity and humility through raising them to be women of resilience, brilliance, and courage. Next, it is dedicated to my husband, Brian. His quiet confidence in me pushed me forward day in and day out. To my bonus sons, Jackson and Bryson, I'm so grateful that you spent so much time with your dad while I was tucked away researching. Additionally, this project is dedicated to my parents, Jay and Sally Peters, who believed in me long before I ever believed in myself. I love you all so much.

Finally, I'm grateful to God for the gifts He instilled in me, including the ability to navigate this path. I pray that the experiences I learned through this doctoral program will be used to bless others, according to God's will.

*Who knows? Perhaps you were born for such a time as this. Esther 4:14*

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## Chapter 1: Introduction and Background

The idea of being too big to fail is one that relates to the financial institutions of the world. Young (2021) explains that in the simplest form, it means the entity is so important that the government would not allow it to go bankrupt because of the seriousness of the economic repercussions. While coined for the financial industry, there are other industries and organizations people rely on that seem to be too big to fail. I work for one. My organization is the largest provider of developmental and intellectual disability services in Indiana. The organization's greatest weakness for years has been attracting and retaining enough human service workers to match the ever-expanding need for services. This capstone process is a glimpse into that system and an attempt at an intervention that might produce progress.

The United States is experiencing a paradox relating to the care and support of individuals with developmental and intellectual disabilities. As diagnoses of these disabilities increase, there are not enough people to provide the supportive care needed. The President's Committee for People with Intellectual Disabilities (2017) outlined the workforce crisis stating:

> This currently untenable crisis stems from the following factors: high staff turnover; growing demand for services due to the growth and aging of the U.S. population in general; increased survival rates for people with intellectual disabilities; demographic shifts resulting in fewer people moving into the direct support professional (DSP) workforce; persistently non-competitive aspects of direct support employment, including low wages, poor access to health insurance, and lack of paid time off and other benefits; high stress and demands of direct support employment, including round-the-clock, seven-days-a-week work; insufficient training and preparation for DSP roles; and lack of professional recognition and status for skilled DSPs (p.8).

**Brief History of Human Services**

The developmental disabilities industry is a sub-category of the health and human services field. The human service industry has been formally recognized in the United States since the early 1900s. In 1912, President Roosevelt's first White House Conference urged the creation of the Children's Bureau to combat exploitation of children. Several decades later, in 1953, the Cabinet-level Department of Health, Education, and Welfare (HEW) was created under President Eisenhower. With the creation of the Department of Education, in 1980 HEW became the Department of Health and Human Services (Department of Health and Human Services, n.d.). People who enter the human services field as a career do so to meet human needs through a variety of mechanisms, including prevention and remediation of problems, improving quality of life for vulnerable populations, and improving accessibility and accountability among agencies and individuals in service delivery. Human service professionals work in community, residential care, or institutional settings where they provide direct services such as leading a group, providing for activities of daily living, organizing an activity, offering behavior support, or conducting counseling. The National Organization for Human Services (n.d.) describes human services as an umbrella term for clinical, professional, and paraprofessional jobs in diverse settings, including group homes, intellectual and developmental disability centers, community mental health centers, family and child service agencies, and residential treatment facilities, among others.

Through the years, the need for human service workers has grown exponentially. St. John (2022) states nearly 600,000 job openings are projected each year over the next decade. The U.S. Bureau of Labor Statistics (2021) projects that employment opportunities for this talent pool will grow by 33% until 2030, significantly faster than the average for all other occupations. Despite

growth projections, salaries for human service workers remain low. In the same study, the U.S. Bureau of Labor Statistics noted the median salary for these individuals was $29,889, compared to an average median U.S. salary of $45,760. A major contributing factor to the low wage is that most organizations who employ human service workers take part in a public-private partnership. Most funding comes from the nation's public health insurance program for people with low-income, Medicaid. Because this funding comes from Medicaid, agencies are price-takers, not price-setters. The rate at which they are paid is set by their state through the Medicaid federal-state partnership. In this arrangement, ANCOR (2017) explains service providers lose negotiation power; and most state funding does not consider wage rates in competing occupations. Wages are not commensurate with the responsibility required of the human service workers.

Indiana survey data reveals that human service paraprofessional workers are predominantly women. The Indiana FSSA (2018) found the typical direct support professional in Indiana is a 38-year-old single mother, who has been in the field approximately three years. The National Association of Social Workers (2020) reports on professional roles, noting social workers are 90% women, with over 22% of new social workers identifying as Black/African American and 14% identifying as Hispanic/Latino.

The human services industry has long been one with low retention and high turnover. ANCOR (2017) reports service providers, particularly employers in the intellectual and developmental disabilities (ID/DD) realms, are contending with external market disruptions which severely impact workforce retention and recruitment, with a national turnover rate in this field of 45%. High turnover impacts the quality of services provided and continuum of care for vulnerable clients, particularly those with ID/DD diagnoses. Families and individuals who

receive services report inconsistent support and diminished quality and continuity of care attributed to the employment shortfall. In a state-specific report of human services workforce, Indiana FSSA (2018) notes that approximately 18,000 direct support professionals are employed at Indiana agencies assisting over 40,000 disabled residents. The same report states that on average, providers reported approximately 15% of their positions were vacant. Because of the vacancies, direct support professionals work a significant amount of overtime.

**The Organization**

The human services organization being studied is a large, nonprofit organization headquartered in Indianapolis, Indiana. The organization serves 1,500 clients daily with developmental, intellectual, and behavioral disabilities. The overarching goal of the organization is to move individuals with disabilities to a more independent lifestyle. Serving people from two years old to the end of life, the organization offers a continuum of care for individuals and their families. The services provided fall under several categories, including: residential treatment for youth between 6-22; in-home one-on-one support services for children and adults; education via a public charter school and a private academy; behavior management programs; crisis intervention, diagnosis and treatment services for youth; foster care services; community-based, court-ordered supports; medical care; and a variety of autism therapies and treatments offered on the residential treatment campus, as well as in clinics across Central Indiana.

Founded in 1967 by families who wanted their disabled children to receive treatment while still having family involvement, the organization has grown into the largest developmental disability services provider in Indiana. With an annual operating budget approaching $100 million, the organization's headquarters sits on its 82-acre residential treatment campus. The organization works closely with the Department of Child Services (DCS) to care for some of the

state's most abused and neglected children, as well as those with the most profound and pronounced developmental disabilities. The organization is one of the top payees for the state's DCS dollars.

As a trauma-informed environment, the organization lists innovation, teamwork, positivity, and client-centered treatment among its core values (Internal Document, 2022a). In this 24-7 operation, the frontline staff work directly with clients on goals established with a care team. The organization is accredited by the Council on Accreditation (COA), Commission on Accreditation of Rehabilitation Facilities (CARF), and Behavioral Health Center of Excellence (BHCOE).

**The Challenge**

Boiled down, the challenge is there are simply not enough frontline caregivers. The burden of meeting this need is often shouldered by families of disabled individuals, who also carry the economic impact of care (or lack thereof). In their report, the Indiana Behavioral Health Commission (2022) found that untreated mental illness costs Indiana approximately $4.2 billion each year. Researchers observed premature mortality cost Indiana more than $1.4 billion per year, productivity losses were estimated at $885 million, and direct healthcare costs were $708 million. Further, Medicaid costs were $142 million, private insurance costs were $567 million, the Indiana criminal justice system incurred costs of $106 million, there were $566 million in caregiving costs, $407 million in unemployment benefits and an additional $9 million spent through homeless supports in Indiana.

Much like the paradox the United States and Indiana, specifically, faces regarding those needing care and those willing to provide it, this organization is at a critical nexus. The waitlist for individuals needing ID/DD services is long and can only be reduced when there are

employees available to provide services. Without support from organizations, families without training are left to do the best they can to support their loved one at home. Research from the National Institute of Child Health and Human Development (2021) shows that early intervention results in better outcomes for those with ID/DD diagnoses in physical skills, thinking skills, communication skills, social skills, and emotional skills. Thus, to help face the rising demand for needed services, the organization is increasingly focusing on capacity-building efforts. In a white paper commissioned by the organization, an outside consultant, Ironstrike, LLC (2020) noted the key to building the organization's capacity to serve more people is to attract and retain top talent. In this study, capacity-building was explored from a different lens, particularly how building the emotional capacity of the human service professionals might impact retention.

With human service professionals in the ID/DD industry being the focus, I hoped to ascertain the thoughts, opinions, needs and lived experiences of these individuals related to role fit, job satisfaction, and the triggering moments or decisions they make to stay employed at the organization. The goal of the study was to determine the contributing factors for why human service professionals choose to stay employed at the organization, and what supports could be implemented to increase their likelihood of longer tenure at the organization or within the field. The following research questions guided this study:

- How do human service professionals experience working in the ID/DD environment?
- In what ways does the *Caring for the Caregiver Program* influence elements of retention for human service professionals?

# Chapter 2: Diagnostic Work

## System Diagnosis

The organization measures and reports turnover to the board of directors, providing an annual calculation of the fiscal year's results in September. For fiscal year 2021, annual turnover was 41%, followed by 43% in fiscal year 2022 (Internal Document, 2022b), making the retention rate 59% in FY21 and 57% in FY22. This rate is on par with national industry standards. In a 2020 Staff Stability Survey, the National Association of State Directors of Developmental Disabilities Services and the Human Services Research Institute published their survey report of 2,987 providers in 26 states. The combined turnover rate was 43.6% (National Core Indicators, 2020). While the organization's annual retention rate for key care and support positions is aligned with the average within the disability industry, its annual retention rate averages 19-21% below the accepted, desired national average of 78% across all industries, as outlined in a 2019 North America Mercer Turnover Survey (Mercer, 2020). Internal records show that the organization averages 930 employees and 170 open positions, realizing a rolling vacancy of 18%. Last year, the organization started 481 new employees and exited 391 employees, with 42% of those exits being employees with six-months or less of tenure (Internal Document, 2022c).

The organization has implemented several technical fixes to provide employee support and encourage engagement and retention over the past several years. Some examples include raising wages for new, client-facing staff by $3.25 per hour from $12.00 to $15.25; creating a free daycare program; increasing tuition reimbursement; providing an annual retention bonus; offering free lunches; providing free legal aid services; enhancing the employee benefits plan; creating a care and concern committee that offers confidential, emergency financial assistance;

providing additional training; and offering career advancement coaching. While these extra supports have become standard offerings in the employee experience, these additional benefits have not generated a marked improvement in the retention rate. In fact, the retention rate is lower year-over-year. Further, employees are leaving faster than ever. Whereas employee turnover used to spike in the system closer to six months on the job, employee turnover is now spiking around 99 days.

In the initial diagnostic work, informal discussions were held with a dozen human service professionals at the organization. The positions of the people who took part in these one-on-one discussions ranged from management to clinical to front-line direct support professional, encompassing a broad perspective of the organization. From these discussions emerged five agreements or shared values: 1) the work is important and challenging; 2) most enjoyed the work - seeing the larger rewards of helping others; 3) people enjoyed helping the clients or helping others succeed; 4) most staff identified the team as a critical factor in their success, as well as the connection with the clients when they have a tough day; and 5) the majority identified the work they were currently doing as either a calling or a chosen career path. The stakeholders identified below, with their responsibilities and values, completed the initial system diagnosis.

- **Clients and their Families**: Most clients, particularly those in residential treatment, are primarily concerned with gaining more independence and moving on from the organization. Those that have active family involvement will work to reunify with family. Those that do not have family involved will move on to a less-restrictive environment, including group homes, foster care, or another agency.
- **Direct Support Professionals (DSPs)**: These individuals are concerned primarily with the physical health, safety, and behaviors of the clients. They are responsible for the

clients' activities of daily living and provide support towards gaining more independence. DSPs do not need an education beyond high school and no formal training is required, as the organization provides training through the on-boarding program called New Employee Orientation (NEO). By far, the clients spend most of their time with the DSPs.

- **Frontline Managers**: These individuals, who manage DSPs and others, are primarily concerned with clients' needs, client safety, compliance, and communication within and to other teams about clients' needs. Frontline managers typically get promoted from the DSP career-track: DSP to lead staff to unit manager. A college education is not required, but at least one year of experience working with the client population is a requirement.
- **Clinical Professionals**: These individuals are Masters-level therapists who are primarily concerned with the clients' mental health, treatment plans, goals, and independence. They work on developing or enhancing behavior-based intervention and management. They have assigned client caseloads based on their areas of expertise (e.g., autism, behavioral diagnoses, sexually acting out, and so forth).
- **Directors and others in Administratio**n: These individuals are primarily concerned with safety, financial stability, and measuring client outcomes. Directors of non-client-facing teams (e.g., finance, human resources, marketing, etc.) are primarily concerned with career development within the context of the organization. A minimum of a bachelor's degree is required for these positions.
- **Executive Team**: These individuals are primarily concerned with the health of the organization and the long-term plans for service to more clients. A minimum of a master's degree is required for these positions.

- **Board of Directors**: This group of volunteers from the community is primarily concerned with performance and risk management, as well as growth.
- **Funders**: Mostly government-backed, funders pay for the care of clients predominantly through the channels of Department of Child Services, Medicaid, Department of Education, and private-pay insurance. Their primary concern is quality care at the lowest reimbursement rate possible.
- **Referral Sources**: Most referral sources to the organization are agencies or other child welfare organizations, including the Department of Child Services, Department of Education, and the juvenile justice department. They are primarily concerned with finding the appropriate, safe fit for the client. They ensure oversight of care through providing case workers and treatment team members for each client served by the organization.

At a high level, this list summarizes what the stakeholders were looking for. For the purposes of this study, there was not an attempt to further sub-divide these stakeholders into more firmly delineated factions, because of the notion of the study.

In compiling the stakeholders for this study, it appeared that the business model of the organization centered its focus on the client. Instead, this study considered if there was another way to frame the work of the organization which would also emphasize focus on the relationship between the client-facing staff and their clients. There is ample research on why people say they leave an organization. In a study of social workers in the Louisiana child welfare sector, Crayton (2021) found that large workloads, long hours, career ladder uncertainty, inadequate training, and supervisor issues were key factors leading to high turnover rates. In another recent study of a major healthcare organization, Ross (2021) analyzed five years of exit data, finding that

employees most often cited stress, overwork, and lack of promotion as reasons to leave the organization. In the framing of retention, with enhanced retention being a key goal for the organization, this research focused on why these people chose to stay. What were the internal motivators and drivers that pulled them back to this work and how could these be leveraged to make progress on the organization's biggest challenge? Could extra supports be put into place to help these staff navigate the difficulties and blessings of client care? What would that look like? What does the research say and what theories can be explored to support the individuals who support others?

Because the framing of this study was retention, the initial diagnostic work was revisited, as informal discussions were held with additional human service professionals in the organization that had been employed for at least two years. The goal of these discussions was to inform the intervention by hearing more about why these individuals stayed with the organization when they could have left. Four themes emerged from these conversations:

- **Peer support**: Discussions with these staff uncovered the peer-to-peer support that is critical to forming early bonds within the organization. One woman spoke of a fellow employee who "took me under her wing" and helped me learn how to deal with the environment. She noted that while in different roles, the two maintain a close friendship forged through the trauma of the environment.
- **Supervisor belief**: While there were mixed reviews regarding on-the-job training, staff spoke of the dichotomy of how supervisors view employees now versus when they were originally hired. A staff shared, "I tried to quit three times my first month. My supervisor just kept rejecting my letter of resignation, so I kept coming back." Another said that because of the high turnover rate, supervisors now have to decide if they have the

capacity to pour into new staff - navigating a new cost-benefit analysis - the cost of time spent versus the low potential for employee retention. One staff wondered, “Why would managers take the time when staff is just going to leave, anyway?”

- **I am special**: Some staff likened their early days at the organization to boot camp in the military. There was a collective sense that if you made it through the early days, you were more special than those that did not make it. One staff remarked, “They used to tell us who they thought would make it and who wouldn’t. They were tough, and I liked that. I liked the drill instructor style and that they saw something in me.”
- **There is no one else**: In making their retention decisions, staff also noted the clients and what might happen to them if the staff left. The thought process was that if they were not there, who would be there for these individuals in need? Would they get the care they needed, or would they be left with disengaged, low-performing staff?

It is important to note my deep respect for individuals with ID/DD diagnoses and their families. Any discussion of the stress caused to employees through client experiences or behaviors is done so knowing that these very individuals are on their own treatment path. This was not a study about clients, rather it was a study about those who show up for clients and how they might show up differently. While not a direct goal, and not something covered, it is hoped that client care would improve as the staff’s emotional capacity improves. Perhaps this is an area of future research.

## Literature Review

Building emotional capacity, navigating losses, analyzing turnover intention, and exploring the choices human service professionals face at work were at the heart of this study. What draws someone to a role? Why do they stay or leave? What do the wins and losses on the job feel like? Is there a common pain point or a moment that these workers choose role abandonment over commitment? These were the questions at the heart of this study's exploration.

### Early Theoretical Influences

The collection of research on why people are drawn to roles and whether they stay or leave has matured considerably over the past decades. Early study of the topic was released in 1909 by Frank Parsons. An influencer in the vocational guidance movement, Parsons (1909) created the trait and factor theory. The theory holds that the better the fit between the individual and the occupation, the better the person's satisfaction and success. Parsons, whose book on the topic was published posthumously, was the director of the Vocation Bureau and Breadwinners' Institute in Boston. In the book he writes, "No step in life, unless it may be the choice of husband or wife, is more important than the choice of a vocation" (p. 3). Several decades later, Social Psychologist Kurt Lewin proposed that the behavior of an individual in response to a proposed change is a function of group behavior (Lewin, 1947). Any interaction or force affecting the group structure also affects the individual's behavior and capacity to change. Therefore, the group environment, or field, must always be considered in the change process. Parsons' 1909 trait-and-factor model and Lewin's 1940s field theory work both suggest that when the environment is compatible with the worker's personal characteristics and vice versa, positive work experiences are more likely to occur. While both theories present an interesting look at

worker behavior, they fail to account for the personality of the individual. John Holland attempted to speak to that in his theory of vocational choice.

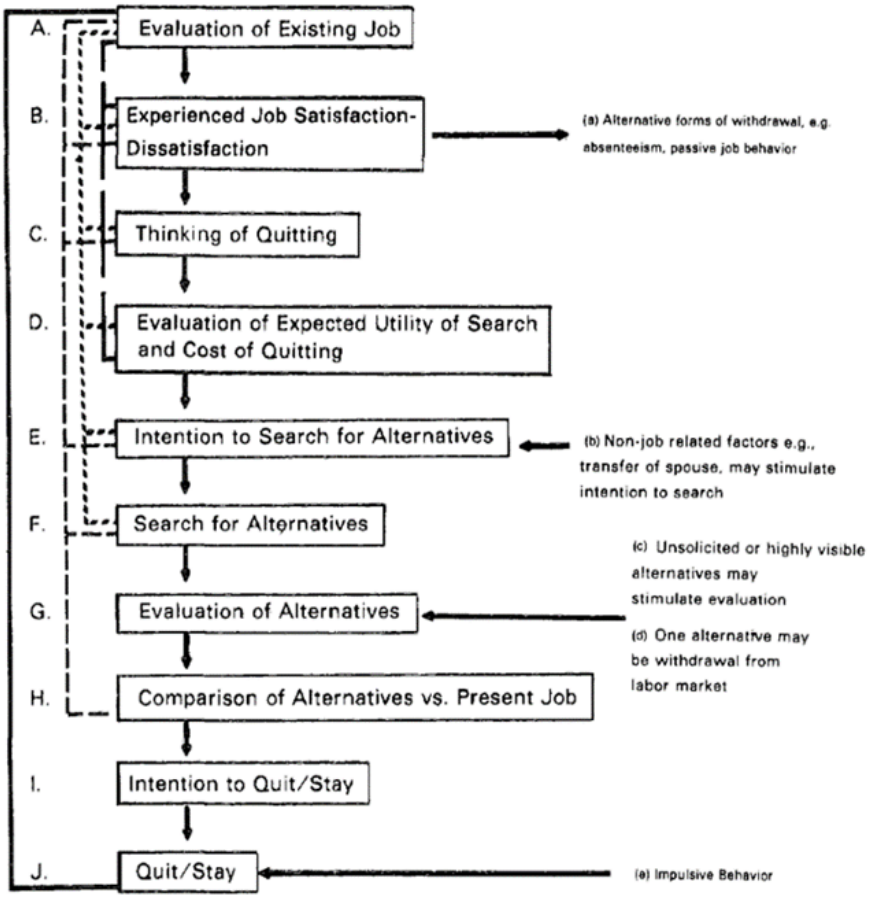
Speaking to the question of the role of personality, Holland (1959) authored the theory of vocational choice. The theory's core idea was that most people resemble a combination of six personality types: realistic, investigative, artistic, social, enterprising, and conventional (commonly abbreviated with the acronym RIASEC). Each type was characterized by interests, preferred activities, beliefs, abilities, values, and characteristics. Holland concluded individuals search for and enter work environments that permit them to exercise their skills and abilities, express their attitudes and values, and take on agreeable problems and roles (p. 35). This was the early work that would later become Holland's person-environment fit theory.

A relatively newer theory, Lent et al. (2002) introduced social-cognitive career theory, which explains how different career development aspects are interrelated. Incorporating concepts from earlier career theories, Lent et al. noted three variables that inform the theory: self-efficacy beliefs, outcome expectations, and goals. Self-efficacy beliefs come from four primary sources of information: personal performance accomplishments, vicarious experiences (e.g., observing similarities to others), social persuasion, and physiological and emotional states. Outcome expectations are beliefs about the consequences or outcomes of performing particular behaviors (e.g., What will happen if I do this?). Personal goals are a person's intentions to engage in a particular activity. In a distilled explanation, this theory says that people are likely to form an interest in an activity when they view themselves as competent at performing it and when they expect the activity to produce valued outcomes. Conversely, interests are unlikely to develop in activities for which people doubt their competence and expect negative outcomes. Interests do not develop when individuals do not form strong self-efficacy and positive outcome beliefs.

While explaining the psychology behind why people do what they think they are good at, what this theory does not account for is the variance in self-efficacy within individuals, particularly individuals with a weak sense of self-efficacy. A further critique of this theory is that having a high sense of self-efficacy does not guarantee positive outcomes, because it does not mean that a person has all the resources necessary for success.

As social psychology on career fit and choice was maturing throughout the 20th century, so was the research on turnover intention. In his work, Mobley (1977) provided a psychological understanding of the intent to leave a job. Noting the relationship between job satisfaction and turnover intention, Mobley outlined the decisioning process for employee turnover seen in Figure 1.

*Figure 1: The Employee Turnover Decision Process*



In labeling the steps, he invited researchers to view turnover as a process and not an event. That process was based on two main variables: job satisfaction and organizational commitment. An alternate theory of turnover developed by Lee et al. (1996) proposed employees follow one of five cognitive pathways when deciding to leave an organization. Deemed the unfolding theory of turnover, the cognitive pathways described how employees interpreted their work environment, identified options, and enacted responses. The first three pathways began with a "shock" event that somehow jarred the employee. The shock could be personal and positive event (e.g., an employee's spouse gets a job in another city), a negative organizational event (e.g., an unfair performance review), or neutral (e.g., an unexpected job offer). The final two pathways did not begin with shock but were characterized by job dissatisfaction. In these two scenarios, the employee either left without another job or with another job.

**Influencing Factors on Human Service Worker Satisfaction**

The overarching theme of the theories regarding why people choose roles and how they leave them seems to be that career decisions are complex, multifaceted, personal, and they certainly impact other areas of life. In a study on people's relations to their work, Wrzesniewski et al. (1997) found that work satisfaction accounted for 20% of the variance of the entire measure of quality of life. This quality-of-life variance prompted an initial focus on the influencing factors of turnover intention and job satisfaction. Surveying the research landscape of voluntary turnover with human service professionals, there were many differing perspectives on influencing factors for both satisfaction and turnover. Further, many approaches to this topic were constrained by their focus, having been framed into stuckness through a narrow, though necessary, approach. Some examples of this framing are explained below.

- **Culture**: Cameron and Quinn (2006) recognized that having a supportive organizational culture is correlated to job satisfaction; however, there are several subcultures that can exist within an organization. Reis et al. (2016) identified the subcultures known as clan, adhocracy, hierarchical, and market cultures each have their own characteristics and influencing factors on an organization's outcomes, profitability, productivity, and employee engagement. Exploring these subcultures in her study of 150 service industry employees, Cossey (2022) found that there was no statistically significant relationship between any organizational subculture types and job satisfaction.
- **Personality traits**: Michels (2022) investigated the relationship between personality traits and job satisfaction specifically with direct support professionals. Using the five-factor model personality inventory and a general job satisfaction scale, Michels studied 47 participants in an immediate care facility serving individuals with intellectual disabilities. She found no correlations between the personality factors and job satisfaction.
- **Intrinsic/extrinsic motivators**: While direct support professionals' personality factors were not correlated to job satisfaction, Krakovich (2018) found when examining intrinsic and extrinsic motivators, a connection emerged. Krakovich studied 27 direct support professionals and their intent to stay in their current role. The direct support professionals cited mostly extrinsic factors for leaving their jobs: financial constraints, benefits they received (or not), and flexibility. The direct support professionals reported staying at their jobs because of intrinsic characteristics, such as relationships with clients and coworkers and their fit between their characteristics and the job.

- **Supervisor competency**: Stiffler (2008) investigated whether a correlation existed between the competencies of a supervisor and the commitment/intent to leave for direct support professionals in Kansas. While these professionals viewed their supervisors as having high levels of competence, the study showed that those perceptions had a minimal effect on the overall commitment of the direct support professional. Even where strong relationships with the supervisor existed, those relationships did not impact the commitment of the individual to the organization.
- **Faith-based versus secular values**: Hanson (2021) commissioned a comparative study of direct support professionals from faith-based and secular organizations, attempting to determine if there were differences in values, motivations, and co-worker commitments. This study surveyed 100 direct support professionals from a faith-based organization and 87 direct support professionals from a secular organization. Results showed both groups valued relationships, teamwork, and their clients. Interestingly, a spiritual component was not named as a top three motivator in the faith-based organization, but it was in the secular organization. The researcher could not capture a more comprehensive look at the differences, so concluded that most direct support professionals share similar values and concerns no matter their faith background.
- **Organizational identity**: Does teamwork make the dream work? Meurer (2022) attempted to find out in his study on organizational identity and influence over employee intention to resign through the lens of social identity theory. Social identity theory says that a person's identity is based on the groups that they belong to. Meurer found that a strong organizational identity correlated with reduced, perceived role conflict and ambiguity. An employee with a strong organizational identification is more likely to

experience lower levels of perceived role conflict and role ambiguity. He concluded a company may improve turnover by improving the company identity.

- **Stress, autonomy & recognition**: Previous studies in healthcare settings and hospitals found that different factors such as stress, autonomy, and recognition have contributed to turnover. Those factors have not been consistently studied in direct support professionals, so Lugo (2022) created a quantitative analysis of 89 residential facilities. The results indicated that there was no statistical significance between stress, autonomy, recognition, and turnover in residential settings. The study could not establish a connection that these factors were significant precursors to direct support professionals leaving their jobs.
- **Burnout**: When looking at the correlation between stress, burnout, and depression among African immigrant direct support professionals (for which the organization in this study has a significant amount), Onyejose (2021) found that stress significantly predicted burnout and depression. Further, job stress predicted burnout and depression in African immigrants working as direct support professionals in the United States. A separate study on burnout by Klaver et al. (2020) found that exposure to challenging client behaviors was associated with burnout symptoms in direct care professionals regardless of nationality.
- **Congruence**: Research by Berg et al. (2013) on person-job fit suggests that when employees see more of a fit between themselves and their jobs, they are more likely to experience their work as personally meaningful and respond with enhanced job performance, job satisfaction, and retention.
- **Meaningfulness and calling**: More recently, Duffy and Dik (2013) began linking having a job calling to heightened career commitment, maturity, job meaning and satisfaction,

and life meaning and satisfaction. This is an area that has so far not been explored directly with human service workers.

**The Why Behind the Work: Meaningfulness and Calling**

Much like the organization's stakeholders who have focused primarily on clients and client outcomes, focusing only on why employees leave organizations ignores an important input in employment process: what draws people to the roles they choose in the first place. Interestingly, there is little data available on why individuals choose to work where they work. Nearly 25 years ago, Wrzesniewski et al. (1997) studied people's relations to their work by looking at 196 employees at two sites with a wide range of occupations. The results showed that most people can easily assign their work role into one of three categories: a job, a career, or a calling. Further, the highest work and life satisfaction was realized by individuals who viewed their work as a calling. The conclusion of that study created the platform for modern-day investigation into work as calling theory and the concept of meaningful work.

Berg et al. (2013) defines meaningful work as work that employees believe is significant because it serves an important purpose. One way to measure meaningful work is through the work and meaning inventory (WAMI), which is based on research by Lips-Wiersma and Wright (2012) on meaning in work. The inventory assesses three core components of meaningful work: the degree to which people find their work to have significance and purpose, the contribution work makes to finding broader meaning in life, and the desire and means for one's work to contribute positively to the greater good. As Steger et al. (2012) note, many people desire meaningful work. Their study of 370 employees from a large, western research university indicated that there was a correlation between meaningful work and overall well-being. People engaged in meaningful work appeared to be more satisfied and committed to their work.

Meaningful work was also important to workers' job satisfaction and contentment in their organizations. People engaged in meaningful work seemed to have characteristics desirable within organizations, namely less risk of turnover, greater commitment, and greater involvement in citizenship behaviors. Duffy et al. (2018) further determined that those living a calling tend to be happiest, most committed, and most engaged employees.

What is a calling? Calling is an ancient concept with religious and philosophical roots. As Yama (2018) observed, while there is no universal definition, the current approach is that it consists of three elements: it is experienced through external transcendent summons; it holds a higher purpose of meaning; and serves a prosocial purpose. The fact that there is not a unified definition suggests there is much to learn about meaningfulness and the identification of calling to a profession. Researchers are taking note. White (2018) determined there were 21 studies on calling prior to 2007, and in the past 15 years, there have been over 200 studies. The evidence provided by Duffy et al. (2018) indicates linking calling to work creates an increased sense of meaning and satisfaction with one's career, work, and life. Coyer (2021) estimated that 50% of American workers perceived they had a calling, while 68% of college students believed it applied to their career decision-making. A second, separate study by White (2018) netted similar results, indicating that 43-45% of people feel it is mostly or totally true that they have a calling to a particular kind of work. Initial diagnostic work with the organization in this study suggested similar results, with over half saying they felt called to do the work they were currently doing at the organization.

As Banaga (2000) noted in his research, the impact of work on a person's life is huge. His phenomenological study aimed to shed light on the inner world of the person who works instead of the world of work that is "out" there. He was searching for the meaning that one

perceives and brings to work. What he found was that, like many things, the journey of discovering one's calling can take several paths, which only become clear in retrospect - once the person has already arrived. Bunderson and Thompson (2009) discovered in their study of 157 zookeepers across the U.S. and Canada, when viewed as a calling, work assumes both personal and social significance. In that study they found zookeepers believed they were hardwired to work with animals - they were born with gifts and talents that predisposed them to work in animal-related occupations. The zookeepers believed events transpired in some remarkable way to bring them into zoo keeping. They were led or pushed to the right place. This push/pull towards a vocational destiny brought both positive and negative side effects for the zookeepers. From a positive perspective there was a sense of identification, meaning, and importance - calling fostered a powerful sense of kinship. From a negative perspective, the zookeepers harbored an unbending duty, endured personal sacrifices, and experienced vigilance in their careers. (p. 39)

Berkelaar and Buzzanell (2015) keyed in on the negative aspects of people's careers when viewed as callings, noting that how people talk about their work matters. They examined five common historically influenced assumptions underlying the contemporary talk about secular (and/or sacred) callings: necessity, agency and control, inequality, temporal continuity, and neoliberal economics. They noted that viewing work as calling may undermine career agency and outcomes by shifting advantages for certain individuals and/or groups by ignoring the societal constraints that are put on some. Berkelaar and Buzzanell were exploring systemic and structural inequalities that created more opportunities for some to explore callings, instead of having to enter the work world out of financial or family obligation. It is a point well taken, particularly for human service professionals who earn a low wage for their work.

Even if not identified as a calling, workers feeling that their work is meaningful appears to have added prosocial benefits. Given the passion and drive to work in one's career path, Wilson and Britt (2020) suggest employees with a calling can be an organization's best resource. Zhou (2021) states regardless of how employees find their way into their work, finding work meaningful is fundamental to how employees do everything. As Bunderson and Thompson (2009) conclude, work done solely for profit is unlikely to inspire a sense of significance, purpose, or transcendent meaning.

**Negative Impacts of Calling and Meaningful Work**

Identifying work as meaningful and having a calling can increase as well as deplete personal resources at work. Clinton et al. (2017) observed when people believe their work is a calling, it can often be experienced as an intense and consuming passion with significant personal meaning. Studying 193 church ministers, Clinton et al. cited inability to detach psychologically, poorer sleep quality, and decreased energy because of their calling. Their study shed light on how callings may often be challenging, demanding more of people than perhaps less meaningful and less consuming endeavors. As Anastasiadis and Zeyen (2021) point out in their article on the costs of a vocational calling, much of the burden of calling is shouldered not by the called individuals or their employers, but the close family members. They also argued that a calling concept limits a person's ability to exercise choice and self-manage their work-life boundaries. Further, calling introduces the notion of a sacrifice-reliant organization. They argue that organizations with "called members" have an enhanced duty of care towards the families of its called members. Cardador and Caza (2012) concluded similarly: a calling orientation can lead to increased subjective well-being but may also be a difficult path that leads to high sacrifice, personal strain, and depletion, resulting in lowered subjective well-being. In a study on

vocational calling and mental health, Wilson and Britt (2020) found that calling was associated with increased rates of working compulsively and excessively (e.g., workaholism). Those with a calling were at a higher risk for mental health symptoms and work-family conflict because of the physical and psychological absorption of work. As the Berkelaar and Buzzanell (2015) study noted, not only do people now frame their careers as calling, but they now also expect callings to be enacted through careers.

Like human service workers, nurses are expected to deliver patient-centered care with empathy and compassion. Patient-centered healthcare is undermined without compassion. Chen et al. (2022) investigated the balance between compassion satisfaction and compassion fatigue in a cross-sectional survey of 336 nurses in China. They found that nurses who worked over 40 hours per week had higher secondary traumatic stress and burnout; nurses who worked longer hours immersed themselves in patients' negative emotions; permanent nurses had lower burnout; nurses who served more critically-ill patients had higher compassion satisfaction; and nurses who encountered more nurse-patient conflict events reported higher burnout and secondary traumatic stress.

There is a growing body of work that is investigating the impact on trauma workers of working with people who have been traumatized. Cohen and Collens (2013) found the impact of trauma work might increase short-and-long term levels of distress. With symptoms similar to post-traumatic stress disorder, they found secondary traumatic stress can have a significant impact on the workers' health. Further, they learned trauma workers have also been found to experience vicarious trauma, meaning personal transformations resulting from a cumulative and empathic engagement with another's traumatic experiences, which leads to long-term changes. Some trauma workers cope well, and others do not. The workers in their study had both positive

and negative challenges that led to a preoccupation with existential questioning to make sense of the world and trying to find meaning in the traumatic experiences. These same researchers concluded organizations should provide a system-level response to facilitating the impact of trauma work on employees (i.e., procedures, support structures, or fostering a culture that recognizes and acknowledges the impact of trauma work on individual practitioners).

**Staying Power: Job and Person Fit**

If job satisfaction and work meaningfulness provide frames to understand how individuals make employment decisions, another frame might be explored through zooming out and looking at the collection of forces that influence retention. One attempt at this has been done in the theory of job embeddedness. Job embeddedness theory, as introduced by Mitchell et al. (2001), offers a method of discovering why people stay in an organization. By analyzing the construct's three dimensions (links, fit, and sacrifice) within community and workplace contexts, an overall level of embeddedness is determined and then used to examine retention. As the theory unfolds, it states that embeddedness can be distinguished from turnover in that its emphasis is on the collection of factors that keep an employee on the job, rather than the psychological process one goes through when quitting. The scholars who introduced job embeddedness described the concept having three key components with six overall dimensions: links, fit, and sacrifice between the employee and organization, and links, fit and sacrifice between the employee and the community. In testing the theory with 454 extension agents in Kansas and Kentucky, Young (2012) found that job embeddedness was significantly correlated with and predicted intent to stay at an organization.

Introduced earlier, Holland (1996) adds another theory to the discussion with his study of personality and psychological environment fit. His person-environment fit theory says that

behavior is a function of the congruence between the individual's personality style and the psychological or social environment. Holland suggests individuals enter environments because of their personalities and remain in those environments because of the reinforcements and satisfactions obtained through the interactions in that environment. Nauta (2010) tested the theory and found that individuals tended to select and enter jobs consistent with their personality types. In addition, evidence suggests that, to some extent, person-environment congruence is related to measures of job satisfaction and stability, job involvement, work quality, productivity, and well-being but not necessarily to measures of decision making, sociability, and problem-solving ability.

**Developmental Disabilities: A Unique Challenge**

Human service workers supporting individuals with intellectual and developmental disabilities learn quickly that the role comes with a unique set of challenges. The clients that employees spend their day with can be both a driver to stay in the role and a driver to leave the organization. Part of why the challenge is unique is because of the variety of diagnoses and severity of complications related to the disabilities make for a complex workplace setting. Unlike in a hospital setting, where each person managing patient care has some level of education in the field, no training is required to become a direct support professional, specifically. A comprehensive training program is provided once an employee starts at the organization, but there is no baseline of understanding that all direct support professionals enter the role with. If a new human service worker has never been exposed to disability services, it can be surprising to learn how disability impacts daily functioning.

### *Developmental Disabilities: Definitions and Diagnoses*

To summarize and further explain the complexity and potential complications of this unique workplace environment, the Centers for Disease Control and Prevention (2022) outlines a common definition for developmental disabilities. Developmental disabilities are a group of conditions caused by an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime. As a broad category of conditions, developmental disabilities also include intellectual disabilities. The American Association on Intellectual and Developmental Disabilities (n.d.) defines an intellectual disability as a condition that creates limitations in intellectual capacity and adaptive behavior. Intellectual functioning, or intelligence, is measured to diagnose the condition with resulting diagnosis stemming from a score of 70 or below. To qualify as a developmental or intellectual disability, diagnosis must occur before the age of 22. Intellectual and developmental disabilities are lifelong diagnoses with no cure. Depending on the presentation and profoundness of the disability, many people require significant interventions and supports throughout their life. Autism Spectrum Disorder is classified as a developmental disability.

In their Community Report, the Centers for Disease Control and Prevention (2021) published findings from the Autism and Developmental Disabilities Monitoring program. This program monitors Autism Spectrum Disorder (ASD) in eight-year-old children. The results note that ASD diagnosis is on the rise. One in forty-four children were identified with ASD. Among the children identified, boys were over four times as likely to be diagnosed. Approximately one-third of the children diagnosed with ASD also had an intellectual disability. A separate CDC study, the National Health Interview Survey, created Zablotsky, Benjamin et al. (2019) found

that approximately 17% of children (one in six) between the ages of 3-17 were diagnosed with a developmental disability.

The advocacy and support organization Autism Speaks outlines associated challenges with ASD and related conditions below (Autism Speaks, 2021).

- 40% of people with autism are nonverbal
- 31% of children with ASD also have an intellectual disability
- Half of those with autism wander or elope from safety
- 28% of children with ASD have self-injurious behaviors, including head banging, arm/hand biting, and skin scratching
- Associated medical and mental health conditions related to ASD include:
    - Attention Deficient Hyperactivity Disorder (ADHD) - 30-61%
    - Anxiety disorders - 11-40%
    - Depression - 7% of children and 26% of adults
    - Gastrointestinal disorders - nearly eight times as likely
    - Epilepsy or seizure disorder - 33%
    - Schizophrenia - 4-35%
    - Medication-related obesity - 32%

In summary, there is a mismatch between the level of difficulty of the role and the nature of the challenges that are faced by workers trying to support clients. The mismatch is exacerbated by the variety of conditions experienced among and within the clients, and the people in these direct care roles who enter with the lowest formal preparation.

**Client Care**

In a review of the literature, Ryan et al. (2021) presented the results on work-related stress and well-being of direct care workers in six themes: challenging behavior; reciprocity; coping and stress; role issues; individual differences; and settings. The researchers concluded occupationally induced stress is an internationally experienced issue in this industry. The challenging behaviors and differences in relationships between staff and their clients, colleagues, and the organization overall created a significant amount of stress. Further, the researchers found workplace demands, lack of agency, and lack of organizational support contributed to higher levels of stress and burnout for direct support professionals. Going deeper, Hensel et al. (2015) looked specifically at aggressive client behaviors and their relationship to emotional exhaustion. In a survey of 671 direct support professionals, they found that while exposure to aggressive client behavior was associated with emotional exhaustion, feeling positively motivated by work moderated the impact of the exposure to aggression on emotional exhaustion. Highly motivated direct support professionals reported lower emotional exhaustion at comparable levels of exposure. Their findings suggest that addressing negative emotional reactions to aggressive behavior is important, but it is also important to foster positivity at work.

Klaver et al. (2020) found a direct relationship between exposure to challenging behaviors and increased levels of burnout symptoms in direct care professionals in their study of 1,271 staff supporting individuals with intellectual disabilities. They further found that staff self-efficacy and access to the supervisor/social support system seemed to be factors that influenced staff well-being.

**Interventions and Research-Based Supports**

Diagnosing and intervening in the human service worker retention challenge has an important side benefit: the improved quality of care provided to a vulnerable population. In a study of 1,300 people with ID/DD, Friedman (2018) found direct support professional continuity is central to quality of life of people with intellectual and developmental disabilities, including human security, community, relationships, choice, and goals. While the potential interventions are many and varied, research supports focusing on building emotional capacity, offering flexibility, and enhancing training supports to withstand the demands of the job for human services workers.

- **Resilience:** In a study of 360 Czech workers in helping professions, Kašpárková et al. (2018) found levels of resilience and perceived job performance were positively associated. Their research indicated resilient workers are healthier and less likely to quit, therefore they recommended assessing resilience when hiring new employees and enhancing the resilience development of current employees. They further found that resilient workers are more satisfied and engaged and have better job performance. Resilience is a malleable phenomenon and is suitable for intervention based on coaching-related principles, mindfulness, and compassion-based principles or multi-modal cognitive-behavioral techniques. Resilience helps the workers remain engaged despite the stress they experience while working.
- **Stress reduction:** Similar to resilience, Loffeld et al. (2022) recommend organizations support resilience by addressing basic needs and motivational factors. In a study on perseverance, they found work-life balance and emotional exhaustion create work stress, while recognition and appreciation were sources of energy and job satisfaction. Work

success or achievement was found to be a source of motivation and/or energy. Therefore, they recommended resilience strategies of appreciating positives and maintaining optimism; connecting work to value orientation; reflecting and setting goals; looking for opportunities to learn and grow; investing in relationships that are energizing; and setting professional boundaries.

- **Mindfulness:** Mindfulness has been related to enhancing the capacities of individuals to withstand organizational change. In a linear mixed model analysis of mindfulness in forty managers, Mellner et al. (2022) found that the intervention group had a larger decrease in job demands and a smaller decrease in job resources, a larger increase in psychological detachment, work-non-work boundary control, work-life balance, and mindfulness from baseline to post-intervention when compared with the control group. The initial effects were sustained at a 6-month follow-up. Similarly, in a test of mindfulness on the workplace stress of nurses, Clinger (2022) created a six-week mindfulness program. He found that while the sample size was small, the results support existing literature which shows that mindfulness-based stress reduction reduces nursing stress.
- **Burnout reduction**: Hagmaier et al. (2013) caution that there can be too much of a good thing. Experiencing a calling is negatively related to burnout, and individuals should be mindful to replenish their personal resources. In their study of 56 human service workers who worked with clients with autism, Manzano-Garcia and Ayala (2017) investigated the specific role of burnout as a mediator in the relationship between psychological capital and psychological well-being. Their findings suggest the need for implementing programs which strengthen each individual's psychological capital in order to prevent burnout and achieve greater psychological well-being.

- **Job Crafting**: To enhance person-job fit, employees sometimes implement job crafting. Job crafting is the process of employees redefining and reimagining their job designs in ways that are meaningful to them. Job crafting is based on the belief that roles are malleable. Berg et al. (2013) concluded that job crafting offers a way to understand how jobs are re-engineered from the bottom up by employees. While not all jobs are conducive to job crafting, allowing employees to redefine and reimagine their job designs in personally meaningful ways can influence the overall meaningfulness of the work. Job crafting is a sign of resourcefulness on the job. In a separate study on relational and identity perspectives, Cardador and Caza (2012) found that job flexibility allows individuals to adapt to natural changes in their profession, their own lives, and organizational environments.
- **Training**: As Bogenschutz et al. (2015) note, turnover in human service roles has been significant since tracking of the workforce began in the 1980s. One way to intervene in this challenge is to provide competency-based training. Their study suggested that, compared with the control group, direct care professionals receiving a training intervention experienced a significant decrease in annual turnover when multiple factors were controlled. In a later, unrelated study, Wilson and Britt (2020) found that helping fatigued workers after harm has been done is less effective and sustainable than improving the personal and management skills of employees prior to the experience of mental health symptoms. They concluded that training employees on emotion-focused coping and recognizing the negative consequences of working excessively, as well as allowing employees to voice their concerns during organization decision making may mitigate negative outcomes. Wilson and Britt's study demonstrates the importance of

organizational interventions designed to help employees better respond to stressors in a healthy way.

- **Mentoring**: Mentoring is defined as a method of teaching and learning through a deliberate pairing of a more skilled or experienced person with a lesser-skilled or experienced one. The goal of this partnership is to help the mentees feel supported, welcomed, and to support their growth and development in specific competencies. In a review of mentoring programs for nurses in acute care settings, Funderburk (2008) noted several studies that correlated a mentoring program with retention of new nurses, especially novice nurses. Barton et al. (2005) found that 86% of novice nurses attributed the benefits of a mentoring program with helping them feel more comfortable at the patients' bedside.

**Literature Review Summary**

From the early 1900s to today, researchers have tried to name and claim reasons we choose our work and how it impacts our lives so greatly. Whether our jobs are informed by our personalities, or our behaviors help us choose and stick with (or leave) our roles, Americans have a complex relationship with their vocations. This literature review paints a picture of the employment decision system as a process that is not black and white but is one built upon two key determinants: satisfaction and commitment. As described above, the influencing factors on why people stay in their roles can be internal or external. Internal influencing factors like person-job fit, self-efficacy, belongingness, values, and needs are balanced with external influences like organizational identity, supervisor competency, relationships, and on-the-job benefits. While theorists do not agree entirely on why people stay in their roles, agreement exists across the

human services system that leaning into the retention story is necessary to meet current and future treatment needs for people with developmental and intellectual disabilities.

In summarizing the diagnostic work, one final assessment is that the sheer number of theories on the subject suggests that this is an area of opportunity for further study from many different frames. Few studies have identified or examined interventions that reduce stress and promote resilience within the human services industry. The balance of this capstone will focus on designing and testing organizational interventions that build individual emotional capacity to foster greater retention specifically for human services organizations.

# Chapter 3: Intervention

On April 12, 1959, then Senator John F. Kennedy provided remarks during the convocation of the United Negro College Fund. In that speech, he said:

> When written in Chinese, the word "crisis" is composed of two characters – one represents danger, and one represents opportunity. The danger signs are all around us .... along with danger, crisis is represented by opportunity .... So let us raise both our sights and our standards .... In our nation's quest for new talent, new ideas, new brainpower, new manpower, no college can escape its responsibility - and no qualified young man or woman can be denied. Irrational barriers and ancient prejudices fall quickly when the question of survival itself is at stake. (Kennedy, 1959, paras. 8, 10, 22)

The paradox in the ID/DD industry presented in this study represents, among other things, crisis and opportunity; and a time to focus on new ideas. Thus, the intervention for this study was built upon the adaptive leadership framework: mobilizing people to make progress on their most difficult challenges. The focus was on building an organizational culture that promotes retention, while also developing the individual employee's emotional capacity to withstand the work of the organization, including exploring efficacy and agency for those working in client-facing roles.

## The Phenomenological Conceptual Framework

The theoretical framing for this qualitative study was phenomenological. While all research focuses on the phenomenon being studied, Billups (2021) explains phenomenological designs explicitly focuses on the essence of the lived experience, grounded in a shared human condition (p.5). As shared by Creswell and Poth (2018), phenomenological research is influenced by social constructivism theory, which acknowledges the large part that culture plays in an individual's cognitive development. The social constructivism theory is a social theory that

highlights the collaborative nature of learning. Specifically, it posits that people in groups construct knowledge for each other, thereby collaboratively creating a shared culture of shared artifacts and meanings. Rooted in philosophy, the phenomenological design aims for a deeper understanding, or essence, of an individual's perspective on the here and now. The sample size is typically 5-25 participants and data collection strategies for this method include: personal interviews, focus groups, questionnaires, reflections, and document reviews (pp. 75-81). As a qualitative study, the emphasis is on the what, how, or why of a particular phenomenon. Greening (2019) describes the critical steps of a phenomenological design, which include bracketing, intuiting, analyzing, and describing. Bracketing is the process where preconceived beliefs or opinions concerning the research topic are identified and suspended. After bracketing, the researcher focuses on the attributed meaning of the phenomenon by immersing themselves in what is being studied. This process is called intuiting. After intuiting, the researcher analyzes the data collected through a coding and categorizing exercise that uncovers themes of significant meanings of the research. Finally, the researcher describes and defines the phenomenon and in so doing communicates with a greater audience the phenomenon experienced.

This study was designed to ascertain the thoughts, opinions, concerns, needs, and lived experiences of human service professionals related to job satisfaction, organizational support, and other factors that inform their decisions to stay employed at the organization. The goal of the study was to determine the contributing factors to retention, so that interventions could be explored to improve the retention of new employees. The following research questions guided this study:

- *How do human service professionals experience working in the ID/DD environment?*

- *In what ways does the Caring for the Caregiver Program influence elements of retention for human service professionals?*

**Researcher Bias and Bracketing**

In February 2016, I accepted a role with the organization in this study. Until that time, I had very limited personal experience with individuals with intellectual and developmental disabilities. I recall my initial interactions with the clients in the organization as disorienting and scary. I did not understand how or why someone would choose to work with the population being served because it looked so challenging. It was very hard for me to see past the downsides of the job. I was grateful for the human service professionals who showed up to work with the clients, but I did not understand the willingness to "sacrifice" personal safety, physical and emotional health for a low wage. Over time, I noticed the positive behaviors and outcomes that were occurring daily. I saw staff and clients engaging in fun outings, laughing, supporting, and living in relationship with each other. The fear faded and my heart broke for the clients in our system who were not only dealing with a disability, but who were also designated "CHINS" - a child in need of service. A CHIN is someone who is under 18 years old and has been abused or neglected, as documented by the Indiana Department of Child Services. I saw the human service professionals, particularly the direct support professionals, as the lifeline the clients needed to start to trust humanity again. Over the years, I have seen thousands of lives changed for the better - staff and clients alike, including mine. The reverence I have for the client-facing staff and the soft spot I have in my heart for the clients are at the heart of my personal bias in this study.

In her book Qualitative Data Collection Tools, Billups (2021) speaks to bias in suggesting, "…researchers position themselves to make their background known, to disclose their interest in and experience with the research topic, and to acknowledge their connection in

order to ensure transparency in the data collection process." (p. 25) She goes on to suggest that data triangulation, bracketing, and prolonged engagement in the field will reduce the researcher's voice and enhance that of the research subjects.

My role in this qualitative study was to ascertain the thoughts and feelings of the employee population and in so doing uncover themes that contributed to retention/turnover, job satisfaction, and job performance, including any concerns, opinions, and other needs. My role was not to justify any organizational decisions or promise lasting changes to the participants.

My study of the phenomenon began with focus groups. I selected a focus group format for three reasons. First, as Billups (2021) notes, focus groups are collaborative interviews designed to capitalize on the group's evolving interaction. Second, this study aligns with the main purpose of a focus group, which Gibbs (1997) says is to draw upon participants' attitudes, feelings, beliefs, experiences, and reactions in a way in which would not be feasible using other methods, for example observation, one-to-one interviewing, or questionnaire surveys. Finally, I appreciated that there could be potential benefit to the participants, as well. Gibbs (1997) describes those participant benefits as having the opportunity to be involved in decision-making processes, to be seen as valued experts, and to be given the chance to work collaboratively with researchers, which can be empowering for many. I felt the potential benefits of a focus group outweighed the potential disadvantages. Gibbs (1997) notes the disadvantages could include having challenges with getting a representative sample, as well as focus groups may discourage certain people from participating, for example people who are not very articulate or confident. In that vein, Billups (2021) warns some focus groups suffer from dominant or disruptive personalities who hijack the conversation. She recommends the moderator must be ready to redirect and carefully manage the discussion. Cole (2018) also discusses personality as a

potential negative influencing factor in focus groups describing what he calls the introvert effect. The introvert effect says that people with introverted personalities tend to become more introverted in unfamiliar situations, whereas the social dynamic of a focus group encourages individuals with extroverted personalities to speak more often and more vocally, thereby becoming dominators. Cole goes on to advise creating groups that are as homogenous as possible. I acknowledge the focus group format may have increased the volume of extroverted individuals and it might also have reduced the volume of introverted individuals. However, I accounted for that by following Cole's suggestion including participants that had two major factors in common – workplace and tenure.

I do not directly supervise the individuals in intervention; however, my influence as an executive in the organization cannot be ignored. I have known several of the participants for years, so this had the potential to impact their ability to see me as a researcher. Further, during the multiple phases of this study, the potential existed for the participants to be impacted by the Hawthorne effect. Spencer and Mahtani (2021) describe the Hawthorne effect as the phenomenon that occurs when individuals modify an aspect of their behavior in response to their awareness that they are being observed. McCambridge, et. al (2014) identified 19 studies that evaluated the behavior of participants who were aware they were being studied, finding a wide range of variation in the Hawthorne effect. The researchers concluded that research participation can and does influence behavior, at least in some circumstances. To minimize the Hawthorne effect in studies, Cherry (2023) suggests researchers conduct experiments in natural settings, make responses completely anonymous and get familiar with the people in the study. As such, I stressed the need for confidentiality to the participants; assured them that I was assigning

pseudonyms; held the sessions in an area away from clients but used frequently for staff meetings; and increased my field time amongst the employees.

As previously stated, I have a great reverence for the work that human service professionals do. Hence, in addition to controlling for the Hawthorne effect, I utilized bracketing and data triangulation to attempt to reduce my own bias. Moustakas (1994) describes bracketing as the first step in phenomenological reduction - the process of data analysis in which the researcher sets aside, as much as possible, all preconceived experiences to best understand the experiences of the participants in the study. He cautions this is a difficult task and requires that we allow the phenomenon to be just what it is and to come to know it as it presents itself (p. 86). Utilizing his steps for phenomenological reduction, I bracketed the focus of the research and set other things aside so as to focus on the research questions and process. Then, I implemented horizontalizing - treating each statement as if it has equal value. After that, I clustered the various horizons into themes. Ahern (1999) suggests using a reflexive journal, in which the researcher can log the potential issues that will enhance reflexivity and ability to bracket before, during, and after the research concludes. To enhance bracketing, prior to starting stage one, I began a reflexive journal to identify issues, values, possible areas of role conflict, surprises, or bumps in the process.

To triangulate the data, I used focus groups, follow-up interviews, quantitative questionnaires, and field study/observation time during the intervention implementation. I balanced this data with organization documents as available (turnover reports, policies, and procedures), which were also coded to enhance confidentiality. To further reduce researcher bias and misinterpretation, I used the data coding software NVIVO, as well as asked participants to review my interpretations for accuracy. NVIVO was selected because it allows import from

multiple sources, it provides transcription service, it offers coding capabilities, and has a user-friendly interface. Participants were given space to tell their stories in a way most comfortable for them, with room for details, examples, and nuanced descriptions. Finally, the additional step of coding participants' names helped ensure confidentiality of the study participants.

**Definition of Terms**

- *Autism Spectrum Disorder* is a neurological disorder and developmental disability that affects how people interact with others, communicate, learn, and behave. It is commonly referred to as autism.
- *Behavioral disorder* refers to a disability that impacts a person's ability to effectively recognize, interpret, control, and express fundamental emotions.
- *Clients* are recognized as people who receive services provided to them by the organization. They have a behavioral and/or an intellectual disability and receive a variety of clinical treatments and therapies from the organization, up to and including full-time residential treatment.
- *Culture* is the attitudes and behaviors of employees within an organization. Influencers of culture include the environment, policies, procedures, goals, values, and mission.
- *Developmental disabilities* are a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime.
- *Direct support professional* is someone who works directly with someone who has an intellectual, behavioral, or developmental disability. They assist clients in reaching their potential, as well as supporting activities of daily living.

- *Employee engagement* is the enthusiasm and commitment of employees in the workplace.
- *Human service professionals* meet human needs through an interdisciplinary knowledge base, focusing on prevention and remediation of problems, and maintaining a commitment to improving the overall quality of life of specific service populations.
- *Intellectual disability* is a condition characterized by significant limitations in both intellectual functioning and adaptive behavior that originates before the age of 22.
- *Retention* is an organization's ability to prevent employee turnover.
- *Turnover* is the measurement of the number of employees who leave an organization during a specified time.

## Intervention and Rationale

### Intervention Description

In their book *The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World,* Heifetz et al. (2009) describe adaptive leadership as an iterative process involving three key elements: 1) observing events and patterns around you; 2) interpreting what you are observing while developing multiple hypotheses about what is really going on; and 3) designing interventions based on the observations and interpretations to address the identified adaptive challenge. The proposed intervention in this research was also iterative as the adaptive work was shared amongst the participants. The intervention took place in three stages:

***STAGE ONE:*** During the first stage, human service professionals in client-facing roles within the organization were invited to a focus group. The focus group was recorded using a podcast microphone and Adobe audio software. The session was held during business hours in a conference room at a location adjacent to the main campus. This location was free from any oversight by management, as well as any potential client interference. Focus group participants were paid their normal hourly wage for their time, as this focus group occurred during their work hours. Participants were also provided lunch. The purpose of the focus group was to understand how these employees experience working in the ID/DD environment, as well as to inform the specific elements of a *Caring for the Caregiver* program for new employees that was yet to be developed. The goal was to determine how to make progress on people staying at the organization longer than 90 days (*see Appendix F - Focus Group Protocol and Discussion Guide*). Using their firsthand experiences and ideas, participants wrestled with the central question: how would we help people stay longer? Krueger (2002) says that researchers should

ask open-ended questions, use “think back” questions, rarely ask why, and avoid dichotomous questions. The focus group questions in this study were developed using this guidance. At the conclusion of the focus group, participants were invited to have a one-on-one, semi-structured interview to delve deeper into any of the content covered during the focus group. Semi-structured, follow-up interviews (*See Appendix I*) were used to clarify the meaning and intention of participants. Holter et al. (2019) describe follow-up interviews as a reflection opportunity, giving both the interviewer and the participant an opportunity to reflect on what was talked about in the first interview, allowing new insights or aspects to emerge. They also give the researcher an opportunity to clarify questions or test interpretations with the participant, thereby enhancing validity. All subsequent one-on-one interviews were held via Zoom. Participants were also invited to help create or review the curriculum for stage two. The data gathered during the first stage, combined with the research findings in the literature review, manifested into the intervention for new employees during stage two.

***STAGE TWO:*** During the second stage, the focus turned to the new client-facing employees as the intervention was implemented with everyone entering the system. Each employee who enters the organization does so through a two-week New Employee Orientation program. Termed NEO, it is a time for new employees to learn about the disabilities industry, the organization, and how to care for clients with a variety of disabilities. New employees in NEO are paid their standard hourly wage during this two-week, 80-hour program and are offered daily free lunch, snacks, and beverages. This is an in-person experience led by the Learning & Development team and supported by a variety of special guest speakers, managers, departments, and other staff. NEO classes begin every Monday except for holiday weeks, which are described

as weeks that have one of the federally observed holidays. Class sizes vary from as small as one-person to as large as 40 people.

On Day Two of NEO, new employees were informed that the organization was piloting a retention program for client-facing human service professionals called *Caring for the Caregiver*. While they could opt out at their choosing, these staff were provided extra supports to round out their introductory employment period. The employees then took two assessments: the Work and Meaning Inventory and the Perceived Person-Environment Fit Scale. These assessments functioned as a pre-test for the employees. While all new employees were welcome to take the assessments, only client-facing employees who gave their consent were enrolled in the pilot program. After their assessments were completed, the staff took part in an in-person training that supported building emotional capacity. At the conclusion of the training, each participant was assigned to a peer mentoring group with follow-up meeting instructions, as well as assigned a one-on-one mentor.

Upon graduation from NEO, the participants began their on-the-job training. The participants also entered the next phase of the *Caring for the Caregiver* program - mentoring. Participants met at mutually agreed upon times with a one-on-one mentor twice per month. Participants also met with peer mentor groups, which were comprised of newer and longer tenured staff who met to discuss how things were going for the new staff. These meetings occurred on the main campus in an available conference room, lasted one-hour, and occurred twice per month for three months at 2:00 pm. Snacks were provided. A member of the learning and development team and a behavior management specialist facilitated these groups. Topics and discussion questions for each session were provided in the form of a facilitator guide. Sessions were audio recorded. After participants had been in the peer mentoring program for three

months, they retook the Work and Meaning Inventory, as well as the Perceived Person-Environment Scale. These tests functioned as the post-tests for the research period. During a seventh, and final, peer mentoring session they moved to stage three of the intervention.

***STAGE THREE***: Stage three became the evaluation stage of the intervention. During this stage, participants were invited to a final focus group (*see Appendix G - Focus Group Protocol and Discussion Guide*). The goal of this focus group was to determine how the new employees experienced the intervention and whether the *Caring for the Caregiver* program influenced any elements of retention. The goal for focus groups was 10 participants per group. The focus groups were held during business hours on the main campus in a conference room. Lunch was provided. The sessions were recorded using a podcast microphone and Adobe audio software. Participants received their normal hourly wage during this time.

**Intervention Tool**

The *Caring for the Caregiver* program was the intervention tool. The purpose of the *Caring for the Caregiver* program was to support the retention efforts of new, client-facing human service professionals within the organization. The program consisted of a pre-test and post-test in the form of two questionnaires (Work and Meaning Inventory and Perceived Person-Environment Fit Scale); an in-person training; a *Caring for the Caregiver* participant guide; a *Caring for the Caregiver* mentor guide; and a *Caring for the Caregiver* facilitator guide. Decisions about the content of the *Caring for the Caregiver* program and the ensuing peer mentoring sessions were informed by existing literature, diagnostic discussions, and the results of the focus group in stage one of the intervention. The *Caring for the Caregiver* program covered a variety of topics such as building emotional capacity, mentoring, supervisor support, building a network within the system, responding to client needs, self-efficacy exploration, self-

care practices to reduce stress and burnout, mindfulness, resilience development, and job crafting techniques.

Once the stage one focus group was completed, the *Caring for the Caregiver* guides were developed with the support of the director of learning and development and a behavior management specialist within the organization. The hope was that the knowledge gained through the program could help with understanding of the lived experiences, thereby helping to increase retention, promote resilience, and increase individual emotional capacity, and impacting the overall organization as a system. Pre-tests and post-tests were taken using pencil and paper. The participant, mentor, and facilitator guides were provided in hard copy format, and were also available electronically as a PDF.

**Population and Sample Size**

Stage One:

A typical phenomenological study has between 5-25 participants. The target population for stage one of this study was client-facing human service professionals who had been with the organization at least one year. Client-facing roles are roles that involve direct interaction or contact with the organization's clients. The total population that fits these criteria was approximately 575 employees. My goal for the sample size was at least 12 human service professionals. Participants were chosen using two strategies: convenience sampling and voluntary response sampling. Working with the human resources team, potential participants were notified via email of the study. They were asked to indicate their interest in an email response to me (*see Appendix A*). There was also an announcement of the study during a weekly management meeting *(see Appendix B*). At that time, participants were able to volunteer their interest. If there were more than 12 individuals were willing to take part, they would have been

enrolled in a second group, but that did not occur. All employees had to be in good standing with the organization, as noted by no employee performance issues for one year. Twelve participants attended the in-person focus group session. Three additional participants attended a private, one-on-one session held via Zoom. Pseudonyms were assigned to participants.

Stage Two:

The target population for this stage was new client-facing human service professionals. The goal for the sample size was at least 20 human service professionals. Convenience sampling was used. Being at the mercy of the hiring cadence of the organization, the participants were on-boarded to the study in a cohort style. Each Monday brought a new cohort of participants until the minimum number of at least 20 was achieved. This took two weeks. The number of participants ended up being 24. These participants were assigned pseudonyms.

Stage Three:

The population for this stage was the individuals enrolled in stage two who were still employed at the organization at the time of the post-test and ensuing qualitative data collection focus group/feedback session. There were 20 participants still enrolled in the program at the time of stage three data collection; however, only 14 completed the post-test and attended the final focus group evaluation session. A second focus group was added to explore the mentors' experiences and gain their feedback. This invitation was extended to the 21 mentors enrolled in the program. Ten attended the focus group session. In addition to the participants, the mentors also were assigned pseudonyms.

**Timing**

As a three-phase intervention, the intervention took place over the period of several months. Upon approval from the Institutional Review Board, stage one began with solicitation of

participants for the focus group. The participant invitation window was open for one week. After the invitation window closed, the 90-minute focus group was held. After the focus group concluded, follow-up interviews were conducted for two weeks. Data from the focus groups was analyzed and the intervention tools were created over a period of 45 days. Once the tools were created, stage two began with insertion of the intervention into the NEO program. I estimated it would take up to one-month get 20 participants rolled into cohorts for the *Caring for the Caregiver* program. It ended up taking two weeks. Once a participant entered the program, they spent 90 days in the active intervention. Once all participants completed their 90-day programming, they completed a final focus group.

**Limitations and Delimitations**

The population being studied brought with it several potential limitations. In the organization, client needs come first. If a client was experiencing a disruptive behavior and their assigned staff is taking part in the study, the staff needed to prioritize the client needs first. This meant that the participating staff may be unavailable to attend a session or may be late to a session. Late arrivals were permitted, but also disrupted conversation in the room. In a similar vein, I could not control the out of office time for participants, so if people were taking paid time off on a session day, they missed that session. A limitation that might have impacted my role as researcher is my position in the organization. I addressed this with bracketing. The biggest limitation that I foresaw was having to on-board participants in cohorts. This left the door open for participants to have different experiences. I worked to control this through a peer mentoring guide and facilitator notes. Finally, a limitation was the current turnover of new employees. Given that only about 50% of employees hit their 90-day employment mark, it was likely that

not all participants would still be employed by the organization by the conclusion of the research phase.

In order to narrow the scope of the research, there were several delimitations in this study. The most notable delimitations were around the populations chosen as targets. The research participants had to be in client-facing roles, thus eliminating non-client-facing staff within the organization. I focused on client-facing roles because these are the roles that are more unpredictable, as they are based on client-engagement experiences, and these roles have the highest turnover. Further, during stage one, those invited to the focus group had to be employed by the organization for at least one year. This limited the voices of those who had been employed less than one year with the organization. While those employees would likely have had information to share, I opted to focus on staff more familiar with the system and with adequate, first-hand knowledge of operating in the developmental disabilities space. During stage two, the population was brand new employees, so the study left out all other employees in the organization. This choice reflected the organization's view that this was a pilot study. If there were productive elements to this experience, and the post-analysis deemed it worthy of people's time, it would potentially be rolled out to the rest of the organization. A final delimitation was the research questions themselves. While there are many aspects of the system that would be interesting to study, and many lenses with which to view each aspect, I chose to narrow the scope and focus on building emotional capacity for client-facing staff.

**Rationale for Intervention**

The intervention in this study was informed by the literature review and my initial diagnostic research. What stood out to me during the review of the literature was that supply for human service professionals is not keeping up with the demand for those workers based on

increasing incidence of ID/DD diagnoses. Turnover with this population is significant. Unlike other industries, human service professionals hired into the organization must navigate a comprehensive pre-employment screening process because of the vulnerability of the population being served. They must submit to a drug screen and physical; a complete background history check (local and state law enforcement, driving history, sex offender, etc.); complete FBI finger printing; have three references; submit all formal education transcripts; take a TB test; have no felonies on their record; and have no previous interactions with the Department of Child Services. In short, those that make it through the pre-employment screening process have demonstrated considerable commitment to work for the organization. Having nearly half of those early-committed individuals abandon their roles within 90 days on the job suggested an area for adaptive investigation and progress.

As stated in the literature review, employment has a significant impact on overall life enjoyment. People are drawn to roles that allow them to demonstrate their self-identified strengths, work in areas of interest, or align their personal values with perceived organizational values. Often, people are drawn to particular roles through the influence of a calling or other desire for meaningful work. Once in the desired role, job satisfaction is then often brought about through the enjoyment of meaningful work or being "good" at the work that is being conducted. Living a called life or being drawn to meaningful work has pros and cons and is often referred to as a double-edged sword. On the positive side, workers have the potential to have high job and life satisfaction. They are engaged in the culture, and they make great corporate citizens. A satisfied work life contributes to a more satisfied personal life. On the negative side, work as calling theory points to potential added stress and burnout due to overwork tendencies. One interesting indicator of job satisfaction is perceived fit, specifically how well the employee fits

into the work environment. If personal fit is not determined or there is a significant mismatch between person and environment, then the employee will begin the turnover intention process. Preferably before, but certainly in the early stages of the turnover intention process is the organization's opportunity to intervene. Research shows that intervention is possible through building emotional capacity, offering flexibility, and enhancing training supports so the employee can better withstand the demands of the job.

During the initial diagnostic phase of the research, my informal discussions with human service professionals in the organization added color commentary to the literature. Most of the human service professionals I spoke with identified that their work was a calling or a chosen career path. Over 90% of the employees described the work as important or meaningful, saying that they either liked or loved the work they were doing because of how important it was to the community and to themselves. Most of the individuals listed their team as critical to their success and enjoyed their connection with the clients. They saw the work as challenging, but also felt a larger reward in helping others. On bad days, the sources that pulled them back to the organization were the clients and the team. Additional diagnostic work included informal conversations with longer-tenured human service professionals who had been at the organization longer than one year. What emerged from those conversations were four unique paths to the retention-decision process: peer support, supervisor belief that they could do the job, feeling special/called/otherwise better, and a sense that no one else could or would step up for the clients if they were to vacate their roles. The last path could be experienced as either very meaningful or very draining, creating a callousness or resentful feelings leading to burnout.

*Table 1: Summary of Intervention Steps & Timeline*

| Intervention | Timeline |
|---|---|
| Stage One: Participant Recruitment | May 2023 |
| Stage One: Focus Group | May 2023 |
| Stage One: Follow-Up Interviews | May 2023 |
| Stage One: Caring for the Caregiver Program Development | June 2023 |
| Stage Two: Caring for the Caregiver Program Training | July 2023 |
| Stage Two: Peer Mentoring & One-on-One Mentoring Sessions | July – October 2023 |
| Stage Three: Final Focus Groups & Follow-up Interviews | October 2023 |

## Evaluation of Intervention

As a phenomenological study, my focus was on the essence of the lived experience during the research phase. Similar to how the group helped shape the content of the intervention tool, the group who received the intervention also evaluated the experience. During stage three, participants from stage two gathered for a focus group session. There was one focus group for participants and a second focus group for mentors. These focus groups were held in-person as previously described. The focus groups lasted 90 minutes (*See Appendix G*). During the focus groups, there was open discussion about the intervention tool and how employees experienced the intervention overall.

### Data Collection

Data was collected during multiple stages, and was triangulated between focus groups, individual follow-up interviews, peer mentoring recordings, pre-tests, post-tests, a feedback loop with mentors, and organization documents, such as turnover reports and historical data. During stage one, data was collected as volunteers participated in the focus group and ensuing follow-up interviews. During stage two, data was collected in the form of participant pre-tests, as well as recordings of training, and peer mentoring sessions. During stage three, data was again collected in the form of post-test data, audio recordings of the focus groups, and a follow-up interview with the facilitators. The follow-up interview was semi-structured. Focus groups were held in-person. The follow-up interview was held virtually via Zoom. All participants in the study were employees of the organization. Consent forms (*See Appendices C, D, E, and H*) were provided to all participants, and were signed and collected prior to their participation in each stage of the study.

**Qualitative Data Analysis**

All data recordings, transcription, and analysis were supported using the NVIVO software. This software was designed to support analysis and coding in qualitative research. It helps the researcher to search for themes and analyze relationships between people, concepts, and processes. Inductive coding allowed the themes to arise from the qualitative data collected. Coding was implemented with the support of NVIVO software. All data stored in the NVIVO software was encrypted while in storage and in transit, ensuring that it was secure. NVIVO is also HIPPA compliant, so any discussion of client-related issues was protected.

**Quantitative Data Analysis**

While this was a phenomenological qualitative study, some quantitative data was useful in assessing the intervention tool, as well as to support data triangulation. The quantitative data for this study were the pre-tests and post-tests (*see Appendix J and K*), which are the Work and Meaning Inventory (WAMI) and the Perceived Person-Environment Fit Scale (PPEFS). Developed by Steger et al. (2012), the WAMI can be used in research and educational capacities without restriction. Permission to use the Perceived Person-Environment Fit Scale (PPEFS) was obtained from John Wiley and Sons Publishing. Both surveys are multi-point Likert-type scales. Results from the pre-tests and post-tests were entered into the open-source statistics program JASP to test whether there was a positive correlation between the implementation of the intervention and test scores for the participants.

**Confidentiality**

Besides following all protocols of the Institutional Review Board, I received permission from the organization to conduct research with the employees. Participants had any personally identifying information removed prior to publication and pseudonyms were used. Where any

personally identifying information may have been shared, permission was requested/granted in advance. Participants were able to choose if they preferred to take part in any personal, semi-structured interviews following the focus groups. Participation during stage one was voluntary. Participants during stage two and three were auto enrolled; however, they could opt out of the research if they so chose. Participants in the study were asked to respect the confidentiality of other participants, and not disclose information shared during focus groups or peer mentoring sessions to employees outside of the study.

# Chapter 4: Study Results

The intervention for this study was developed using the foundational first principles of human centered design, most notably, profound respect for people. Norman (2019) summarized the four principles as: 1) ensuring that the core/root issues of the problem are solved, not just the problem as presented; 2) focusing on respect for people; 3) taking a systems viewpoint; and 4) testing and refining continually to ensure the needs of the people, for whom the intervention was intended, are met. During stage one, this manifested in an outlook that the people doing the work in the organization know the work best. In stage two, this principle was honored using a combination of self-determination (individual working on topics with a mentor) and co-determination (peer mentoring). In stage three the participants and mentors described the mutual flourishing experience that occurred during the intervention. With human-centered design as the approach, the wondering was if this intervention could allow for building of individual and collective capacities to create meaningful results.

## Stage One: Experiences and Content Co-Creation

The target population for stage one was human service professionals who had been employed at the organization for at least one year. The individuals who attended the focus group session responded to an organization-wide invitation to the 575 people who fit the criteria. Twelve participants attended the focus group session, while an additional three participants asked to have one-on-one interviews due to their schedule availability. The focus group was held at an off-site location, while the one-on-one interviews were held virtually via Zoom. All sessions were recorded and later transcribed and coded using the NVIVO software platform.

Following the guidance of Monaro et al. (2022), data analysis began with reading and screening the transcripts of the stage one focus group and interviews. Data was coded for volume first, then patterns emerged into themes. Having worked in the environment for at least one year, the stage one participants shared personal recall of lived experiences, such that the experiences could help inform the development of materials for the *Caring for the Caregiver* program implemented during stage two. These participants helped answer the research question: *How do human service professionals experience working in the ID/DD environment?*

*Table 2: Stage One Codes and Narrative Themes*

| Code | Theme/Essence of Phenomenon | Code Frequency |
|---|---|---|
| Environment | Emotional Support During Disorienting Experiences | 19 |
| Supervisor | Emotional Support During Disorienting Experiences | 13 |
| Team | Emotional Support During Disorienting Experiences | 11 |
| Communication | Emotional Support During Disorienting Experiences | 9 |
| Clients | Mission Alignment with Personal Values | 14 |
| Difference Making | Mission Alignment with Personal Values | 6 |
| Training/On-Boarding | Learning & Living the Work | 11 |
| Job Crafting | Learning & Living the Work | 9 |
| Stress & Fear | The Costs of Doing the Work | 9 |
| Veteran Advice | The Costs of Doing the Work | 7 |
| Salary | The Costs of Doing the Work | 6 |

### *Theme One: The Need for Emotional Support During Disorienting Experiences*

One consistent theme throughout the stage one data was the need for emotional support during disorienting experiences. The location where the participants worked within the

organization appeared to impact whether they felt supported by the environment with a functional team, an engaged supervisor, and appropriate communication.

*Emotional Support During Disorienting Experiences: The Environment*

As the focus group began, and participants began sharing experiences relating to the organization's culture, their stories nested into two divergent camps – either participants expressed feelings of gratitude for being emotionally supported or participants expressed feelings of depletion from having to self-support in the system. Laura described her experience,

> "I was hired as a director of a very intense program and I'm not going to lie, it almost broke me. And I'll probably get emotional, but I was burned out. I was considering leaving the field. There was a traumatic incident, a closure of the program, and a kid died. I was taken care of during that process. The relationship with [authorizing body] at the time was very poor, it was a very toxic environment at the time. And I was supported. And I mean, I'm so loyal to [the organization] for that because I could have been kicked out, fired. It was a bad scene for [the organization]. And they were able to look at the whole situation and not point their fingers."

Knowing the situation that Laura was describing, Brad added, "I can sympathize with that because I had that kid in my classroom. And kind of seeing everyone come together after that…that was huge. That was very, very difficult."

Laura thanked Brad for his affirmation of her experience and added, "It's okay to say this is a hard job. We don't always feel like it is okay to say that in every context." In further speaking to the emotionally supportive culture, Natalie shared,

> "The environment is a little crazy. You never know what's going to happen. I really like that in my position I have supervisors that check in with me every week. I kind of make

> my own schedule and see who I want to see when I want to see them, so I really like that.'

Kayla echoed Natalie's comments, "I have the confidence that I can actually do this job. I have found my voice." Mandy spoke to her experience of coming out of a hard season personally and relying on her coworkers to support her, "I'm just getting back to my best self again…actually being able to check in and feel supported in that way."

*[Lack of] Emotional Support During Disorienting Experiences: The Environment*

Conversely, some participants expressed a lack of support within the system. As participants shared their experiences, what emerged was a lack of an outlet to express the emotional toll the job takes on the participant, which among other things was chalked up to the sheer volume of crises. Kayla began by saying,

> "I was really glad that the emotional support piece was brought up. I think that's really something that I've been struggling with lately… you know, I might have this call with my supervisor who's great, but then we end up talking about like, 'Did you email me about that or did you send that? Did you submit that thing? Or, yeah, that's a really tricky situation. Here's what you should do about it.' It's either administrative or it's more, like, just solution-based or, you know, kind of the nuts and bolts of the job. But there's not that like, 'Oh, gosh, this situation must be really hard for you because, you know, you're triggered by a lot of these things' experience."

Carol added her experience,

> "I always feel that I'm taking up somebody's time with this stuff. There's always, like, probably three or four crises at one time. So, I have to pick the one thing that is the most

> pressing. There's also the stuff that is emergent, you know, that needs to be addressed immediately."

Tasha's experience of the organizational environment was described as one of resilience. She said,

> "In my time, I think the people that stick around are resilient people. There is the employment piece, but we're also keeping all this stuff for other people, right? Other people's stuff that then brings up our own stuff and not having an outlet for that. It is very interesting for the organization to not recognize it."

Speaking further to emotional resilience, Mateo added,

> "I think sometimes that people come here with a different notion of how they have to deal with people, and they're not cut out for it. So, a lot of people, you know, say if they last one week, it's a miracle. Some of these people…I can look at you and, like, you're not going to make it. I also think some people don't feel like anybody has their back."

*Emotional Support During Disorienting Experiences: Supervisor*

Participants included their supervisor relationship in their assessment of whether or not the culture was a supportive one. What made one supervisor "good" depended on the participant. One expression of having "good" support came in the form of autonomy and encouragement to try new things. Brad began by sharing about his supervisor, stating, "I feel like she does a really good job of making us feel important and giving us the freedom to do the things that we want to do." Kayla agreed, saying of her supervisor, "I have a sense of really hitting the jackpot with leadership… I feel like I've had the support, especially in the last couple of years, to really try new things." Stephanie added,

"My management, I think, is really great. I really like that they trust us to do the work, and if we have questions, just come to them. I never feel like I'm micromanaged, which was an issue with my old job I didn't like."

Another aspect of a supportive supervisor emerged as one who was available. Tasha shared, "It's hard to think of a situation where I felt like I needed help and wasn't given it." Mandy added that she frequently texts her supervisor for support.

> "I can text her if I'm anxious about something. I got an email that my billing was messed up the first month, and I called her really anxious, and she calmed me down. So, she's really great. I text her like ten times a day and she's great."

*[Lack of] Emotional Support During Disorienting Experiences: Supervisor*

Examples of lack of support from supervisors were not as extensive. However, two people spoke about experiences for them that were very powerful and led to significant feelings of not being supported. Tasha shared an experience early on at the organization where she felt she was not heard by her supervisor. She said,

> "I was very vulnerable and had just shared how I was treated by people that I'm supposed to look to for support and to advocate for me. In sharing, I was very vulnerable. After sharing the information, I just got a thank you and kind of was ghosted. No follow up. No communication. You know, I didn't really feel valued."

Natalie shared a different experience where she needed support. She described the pressure of being put in a clinical on-call position and not knowing how being on-call even worked. She said,

> "At that point, we were getting calls from the whole campus. I just wish maybe that my supervisor could have met with me, like maybe the week before I was on call. I was really flustered, and I feel like it could have been set up better."

*Emotional Support During Disorienting Experiences: Team*

The experience of being a part of a supportive team was one that nearly every participant spoke about. While each work team had a distinct set of norms, the unifying bonds between co-workers and the willingness to jump in to offer support stood out. James shared,

> "I feel like when I got here and after my first few years, I can honestly say, like, I could never see myself doing this for another setting because of the types of relationships that you can build here with your co-workers. I think it's a pretty unique experience."

Susan agreed,

> "I love the co-worker relationships that I've made over the years. It's my team and my co-workers and families and my clients, which most of my clients I have had most of my ten years. And I think that's a special thing."

Conner spoke about how his team often covers for one another. He said,

> "There's a lot of closeness amongst everybody on my team. The team that we have is why we can easily say to one another, 'Hey, I've got a meeting, you've got me on my class?' And it's no hesitations. No, question. 'What do you need me to do?' It's a jump right in mentality."

Jane referred to her team as a sisterhood, stating, "It's great to sisterhood. It's support for you, no matter what. We care about each other so much. We've worked together forever. We work together so well. So that's been really, really awesome."

Mandy shared that she appreciated being able to be herself, while appreciating how others show up in the workplace. She said,

> "We hold each other to a very high standard as far as professionalism and the science of the work, but then also can be laid back can joke. So, I think it's just being able to be myself, but also, we all have the same passion for the science of helping the kids. So, everyone aligns, but everyone's so different that it makes it fun, too."

Stephanie ended by saying, "We're just all in this together."

*Emotional Support During Disorienting Experiences: Communication*

As good as many participants felt their team was, they expressed challenges with working inside a large, complex organization. As the participants diagnosed why they thought there were breakdowns in the system, communications seemed to be an area for additional work. Catherine explained how her team achieves effective communications by noting,

> "We have meetings almost every month where people can voice their opinions or where we are in the know of changes that are going on…like who's in charge of what and when, why we're doing things. So, when you feel informed and when you feel like you have a voice, you feel like you're wanted and you're part of a team and you're in the know. So, when I hear stories from other lines of our work, I feel like that's the missing factor."

Carol shared her goal for more open communication on her team by saying, "I'm very open with my communication and how I want things to be or how they should be. I think definitely just some more open communication, when it's allowed to happen, I feel like could be beneficial moving forward."

*[Lack of] Emotional Support During Disorienting Experiences: Communication*

Matteo shared his frustration in trying to stay connected to the organization by stating, "It's a disconnect between management and people taking care of the kids that have no idea what's going on." Jane wondered if it was due, in part, to the size of the organization by positing, "I know we do great things as a whole, but it is sometimes hard to feel connected because it is a big organization." Catherine echoed the need for better communication by noting, "I feel like if there was just more communication from top to bottom and bottom to the top it would go a long way."

Mandy spoke about the need to communicate but being mindful not to overcommunicate due to client HIPPA issues. She said,

> "I think in the past, I felt like people have wanted a little bit more open communication. Not necessarily being transparent because a lot of times that's not an option. So, what I think our manager is really good at is also communicating what's the root of the issue here and if we can try and figure out how to set you up for success."

***Theme Two: Mission alignment with personal values system***

Another theme that emerged was the satisfaction felt by participants as they discovered the organization's mission of serving clients aligned with their personal values. It started with sharing feelings of appreciation and love for the clients served in the milieu.

*Love for clients*

Brad shared how his clients are his number one reason for loving his work by saying,

> "I can't even begin to name one of the things I love about [the organization]. There's just so many. I guess, the clients, of course. They keep me living in the moment all the time, you know. So, that's probably the number one thing."

Conner continued, “I just love working with my teens. I feel like I've been lucky to work closely with people. And we're just all in it together. And I love that.”

Stephanie spoke about how she worries about what will happen to her clients when she retires. She said, “Especially with my three guys, I worry, you know, very much about it. We can't keep people for over six months in our house. They're fabulous guys. But you know, they're a lot. And like nobody, nobody wants to stay.”

Kayla added that she enjoys being a part of her clients’ journey toward success, saying, “I most enjoy the relationships that I have built with not only staff, but with the kids. To see when they are successful and kind of being a small part of their journey.”

Tasha spoke of how even though the clients have disabilities, they are well aware of how they are perceived. She said,

> “All of these kids are way more aware of things than anyone gives them credit for. Whether that's body language, how someone's talking to them, how someone's reacting to them. At the end of the day, they can teach us as much as we can teach them. A lot of times they can teach us how to how to teach them. And then everyone is successful.”

*Making a Difference*

In addition to commitment to and affection for the clients, participants spoke about meaningful work, in particular making meaning out of the work that they do. A common phrase that bubbled up was *difference maker*. Stephanie shared, “I love doing small things with great care. They make a difference in the lives of the people I work with.” She continued,

> “I can front load them for a really good day. I’m third shift and by the time the first shift comes in, we are ready for a good day. And it feels great. It feels good to give that to them and they love it. They give so much back to me, and I just love it. I can be the

> architect of their day. Now it'll change and I can't change anything later when I'm sleeping, but we started out really strong and really good and there's power in that."

Matteo added, "I just really like making a difference in people's lives." Natalie shared a similar sentiment, "I am just hopeful that I could make a difference, that what I was doing mattered, that somebody's life would be better because I was there to be a part of that."

Kayla concluded that being recognized for the difference she was making was challenging to accept at first, until she got used to praise from a supervisor. She said,

> "Having somebody constantly tell me I'm doing a great job…that was hard to adjust to. Actually, being complimented all the time for what I was doing and realizing that I was making a difference. And that really helps in just knowing that you're making a difference."

***Theme Three: Learning and Living in the Work***

The process of figuring out the work was something that participants discussed at length. While all participants attended a mandatory, two-week orientation, the specifics of their roles were not shared until they graduated orientation and could begin engaging with clients. This is due to a variety of confidentiality and security requirements from authorizing bodies. So, once out of orientation and transitioned to on-the-job training, experiences ran the gamut.

*Learning the Role*

Mandy started by saying,

> "It took me a while to get settled in just because this job is very…there's a lot of components to it. So, not only what the job was, but understanding everybody else's roles on the team and where I fit in and trying to balance that…I'd say it took me a good six months to realize what the heck I was doing."

Tasha felt alone once she was released from orientation. She said, “A lot of the job I had to learn on my own. And a lot of times I would make a mistake.” Tasha added the lack of on-the-job training support for her was experienced as not knowing who to turn to when things came up. She said, “It took me about six months to really just figure out my job and figure out who to go to or where I need to go.” Kayla shared a similar feeling, “I feel like I definitely could have used a little more guidance at the very beginning,” she said. Natalie added,

> “I was forced to figure it out myself. I remember the first time I was on call; our electronic health records system wasn’t working. I was so stressed out, like I was having a freak out getting calls every five minutes. I don't feel like I was really prepared to do that. I just don't feel like things were explained to me as much in depth as they could have been.”

*Job Crafting*

While it may have taken some participants time to get their feet underneath them, once they did participants found that there were opportunities to shape their roles towards their strengths. Laura saw this opportunity through a lens of appreciation, stating, “I appreciate the flexibility and that I don’t feel micromanaged. That is a tremendous reason why I stay.” Kate had a similar sense of appreciation, sharing, “To really just kind of come up with new ideas and be met with like, well, why not try it? That has been really refreshing and I think that that has really made me kind of feel more invested on an individual level in the agency and feel more valued.”

Susan saw the ability to craft her role as an outgrowth of the industry itself. She stated,

> “My whole career is trial and error. So, I think for me, there were times where I kind of just had to figure out things on my own as far as the implementation of a protocol or pairing with a client.”

Kayla appreciated that as her skills grew, so could her role. She said, “I feel like I kind of just grew out of the role and wanted something more clinical. And it's just been a really good change for me.” Natalie shared a similar story of how her current job came to be. She described,

> “They actually created a job because I was doing it. I was kind of, like, onboarding all our new people because I wanted to be there to help. When I started, I didn't have anybody to help me. I felt so confused, and so when somebody new was coming in, I could recognize that and I kind of just made it a point to be a point person. So, I thought that was pretty cool that they created that job because I was already doing it.”

Mandy spoke of her awareness of the burnout potential in her own life and how she uses job crafting to combat that potential, stating, “I don’t want to be a burnout statistic. We have the awesome ability to be able to create new things and be different and do different things. I'm excited to see what that looks like moving forward.”

### ***Theme Four: The Cost of Doing the Work***

Harry Browne is quoted as saying, “Everything you want in life has a price connected to it. There's a price to pay if you want to make things better, a price to pay just for leaving things as they are, a price for everything,” (Browne, 1973, p. 140). The essence of this quote is lived out in the human service professionals who participated in stage one of this research. The cost of doing this work is quite high at times. Among other things, there is the physical toll it takes on the body, the emotional toll it takes on the heart, and the financial toll it takes on the family whose loved one chooses to work in a low wage industry.

#### *Feelings of Stress and Fear*

The first emotion that came up during the discussion was one of confusion and shock. Participants recalled that when they were new, they had little understanding of the work and did

not understand the treatment/therapeutic processes for those with ID/DD diagnoses. There was also shock and confusion with how the disability manifested in many of the clients served by the organization. Tasha began,

> "The first time I went on a unit, I'd never seen anything like that before. Just different. And, like, thinking about the kids actually living there and kind of going down that sadness rabbit hole. Like, this is so sad. I had a little kid show me his room and I'm like, 'Oh, you live in here. This is where you live. You should be home with your parents, you know, tucked in at night.' So, I guess it was just a culture shock. I'd never experienced children's residential. So, that's part of what the shock was. The kids' behaviors…it takes a bit to get used to."

Natalie echoed Tasha's experience, "I was shocked, but I was hopeful because I knew I could help. So, initially it was confusion, then shock, then hope."

For participants currently experiencing stress in their role, the toll was significant. Jane sighed,

> "I would say in the area I work on; the stress level has increased significantly. I feel for the last year there's just been no let up. It's too stressful…the stress on stress, which was leading to not a lot of fun."

Matteo described his work by saying, "You know, you're out there, you try your best. And what you do could go wrong in the wrong way. You know that. So, people get afraid to do something."

With time, some have learned to manage the stress. Laura shared,

> "I think it's the amount of stress that this job can bring, and somehow, I can't quite put my finger on it. I think it's probably because of my team and the people that I work with…I

do manage to not carry that stress home. However, there were times where that was not the case. But I feel that now and I think that is a beautiful thing."

Mandy concluded, "It's definitely emotionally, physically, mentally taxing. So, I tell everyone - new hires, family, friends, that my career is a very high risk, high reward."

*Financial Constraints*

It bears noting that participants raised issues with their wages. While they recognized that they did not choose to work in a high-pay industry, they also felt modest increases in salaries due to covering for unfilled positions made sense. Kayla spoke about how, for her, salary can get tied up in self-worth, stating, "I've been working hard to not make my self-worth about what the salary is and being able to keep advancing. I know that has nothing to do with how good of a therapist I am." She continued, "The main thing that bugs me is that I started eight years ago and now the starting salary for this role is what I'm making now after eight years. I look around all the time, but I don't want to go anywhere else." Mandy added, "There was a time where I knew every other clinic paid more than what I was making here. In my first year, we actually got three raises to become a little bit more competitive, and that's amazing."

*Solutions from Within: Veteran Advice*

The participants were made aware that they were providing input for new employees, so they spent time brainstorming ways to improve the new employee's experience. The list of suggestions for the improvement of the organization included:

- Creating a more extensive crisis management/training program, which includes somewhere people can go to talk after the crisis is over.
- Encouraging staff at all levels of the organization to participate in group experiences, outings, activities, and supporting clients.

- Creating a peer support network for when a crisis happens, so it would not feel so isolating.
- Focusing on self-help and wellness perks.
- Offering more paid time off earlier to prevent overworking and allowing for self-care.
- Creating a space where people can go to process the heavy stuff the job brings.

After considering how the organization might improve, participants also provided guidance for new employees coming into the organization. Their tips included:

- Be honest with how you are feeling and don't get to the point where you just blow up.
- Make sure you are not taking on too much overtime right away.
- Stay focused on what you can control.
- Be present and don't let drama consume your life.
- Don't hesitate to speak up if you're not feeling okay. You're not alone.

## Stage Two: The Intervention

As a result of the literature review and analysis of the shared experiences of participants during stage one, the content for the *Caring for the Caregiver* program was developed. Once content was created for the program, the two intervention facilitators reviewed and edited the content of a training session to be held during New Employee Orientation (NEO) and six peer mentoring sessions. The areas of focus centered on introduction of a mindfulness practice; building a self-care practice; orienting to the new environment; understanding personal agency and practicing emotional resilience-building skills; right-sizing wins and losses; and providing a conduit for questions and concerns.

Stage two began as the intervention was applied to new human service employees entering the system through NEO. The goal for the sample size was at least 20 participants. During the first NEO session that began on July 10, 2023, 15 of 18 possible participants voluntarily enrolled. Three abstained. During the second NEO session that began on July 17, 2023, nine out of nine possible participants voluntarily enrolled. The total number of participants was 24.

In addition to the participants for whom the intervention was applied, there was another group of participants who shared the experience of the *Caring for the Caregiver* program. This group was the mentors assigned to the participants. There were 21 mentors who volunteered to participate in the *Caring for the Caregiver* program. These mentors received training on how to be a mentor, were provided a mentoring handbook, and then were assigned a participant. The mentors provided feedback via a feedback loop after their one-on-one time with the participants every other week. Mentors also reminded participants when peer mentoring group sessions were being held to encourage optimal attendance.

*Table 3: Mentor and Participant Pairing*

| PARTICIPANT PSEUDONYM | ASSIGNED MENTOR PSEUDONYM |
|---|---|
| **Aidan** | Jane |
| **Zola** | Kayla, then Cara |
| **Nala** | Solomon |
| **Kofi** | Eric |
| **Amara** | Chrissy |
| **Ola** | Cara |
| **Imani** | Daniel |
| **Kamari** | Hope |
| **Bri** | Beth |
| **Emily** | Mike |
| **Charlotte** | Nikki |
| **Ada** | Melissa |
| **Elias** | Cameron |
| **Mackenzie** | Sarah |
| **Taylor** | Mary |
| **Maya** | Lindsey |
| **Grace** | Hope |
| **Jack** | Solomon |
| **Nicola** | Drake |
| **Stella** | Tom |
| **Femi** | Sandy |

| | |
|---|---|
| **Casey** | Sandy |
| **Brooke** | Jillian |
| **Jabari** | Adam |

**NEO Training**

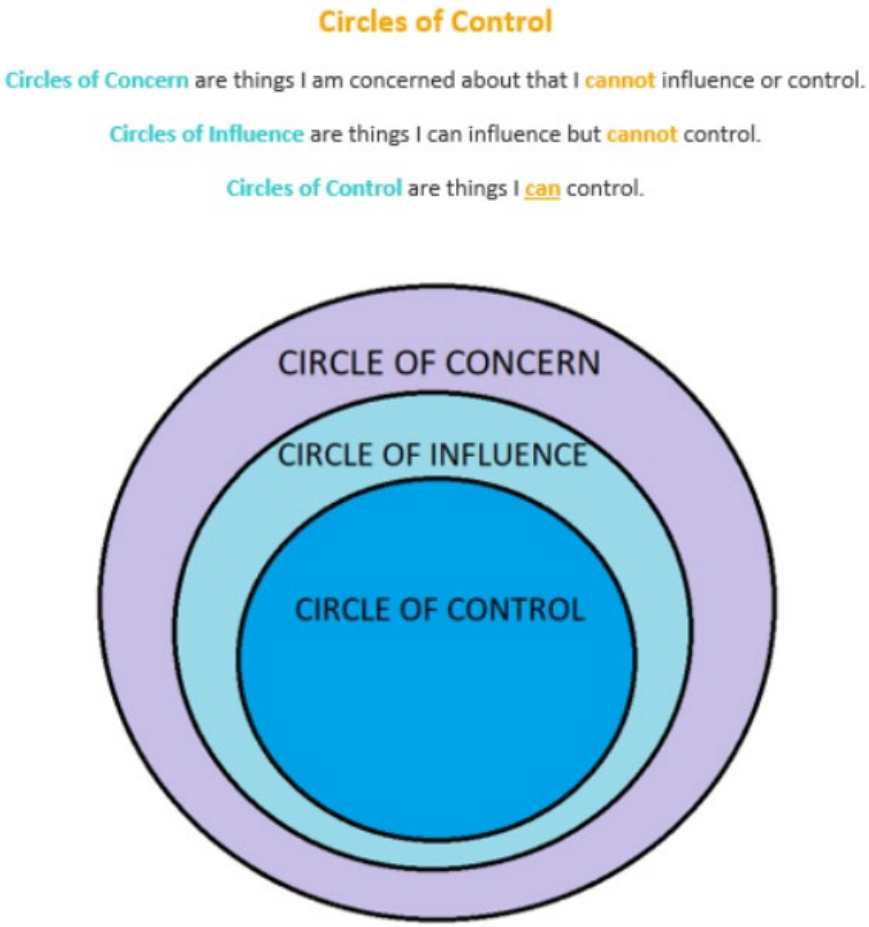
Two training sessions (one for each cohort) were held for *Caring for the Caregiver* program participants. Co-facilitators, Kim and Sarah led the sessions. During this training, the program was introduced, as were the key concepts that would be covered during the 90-day program (Appendix N). Prior to commencing training, participants signed consent forms (Appendix D) and took their pre-tests (Appendix J and K).

Facilitators used an analogy of an oxygen mask as an entry point into the content. On an airplane, passengers are told that in case of emergency, they should put their own oxygen mask on first before turning to help others. This program would be akin to putting on an oxygen mask. With that as the setup, facilitators then took participants through a grounding/mindfulness exercise to help them get into the room mentally. After the grounding exercise, Sarah asked participants, "How are we doing? What is coming up?" Casey shared, "I'm excited to finish orientation." Grace followed, sharing her nervousness about the mandatory exam coming up. In response to this, Sarah said, "I think we're all ready and excited for you all to be successful in orientation and then get to the next phase. And we will be here for you."

The group moved into talking about the Circle of Control concept that would be brought up consistently over the next 90 days. Popularized by Stephen Covey (2013), this concept explores three concentric circles: the circle of control, the circle of influence, and the circle of concern. For the purposes of this program, facilitators chose to focus on the circle of control

(things that people can control) and things outside of the circle of control (things that people cannot control). They also encouraged participants to consider what was within and outside of the circle of influence as they were learning the organization and their roles.

*Figure 2: Circles of Control*




After the Circle of Control discussion, the concept of burnout was addressed. Kim asked people if they could name what burnout felt like. Participants answered in rapid fire. Thoughts included:

- Overwhelming
- Exhausting
- Tired – mentally and physically

- Overstimulating
- Withdrawing
- Frustrated and angry about a lot of things at once

After addressing what burnout felt like, the group was presented with opportunities to begin "building their toolkit," which included addressing self-care and burnout prevention, as well as resilience-building tools.

Once the groundwork was laid, mentors were invited into the room for conversation and a meet and greet with their participants. After the meet and greet, facilitators reminded participants to focus on self-care (something that can be controlled) and the calendar for the coming weeks. Training was concluded and the group was dismissed.

**Peer Mentoring Sessions**

Upon graduation from NEO, the participants entered the mentoring portion of the *Caring for the Caregiver* program. This program offered six, bi-monthly, one-hour peer mentoring sessions, as well as bi-monthly, one-on-one mentoring sessions. In essence, this meant the participants had weekly touchpoints from the program. Participation was strongly encouraged but was not mandatory. This was because the participants worked all different shifts ($1^{st}$, $2^{nd}$, $3^{rd}$), as well as weekends and their peer mentoring time would be held consistently at 2:00 pm on Thursdays. This day and time were selected because it was the time during the week when there were the most staff in ratio. As described previously, the sessions were audio recorded. During the last session, participants took their post-tests. The content for the six peer mentoring sessions included:

- Week One: Building trust, self-care, supervisor relationships, and orienting to the culture.
- Week Two: Meaning making and team building.

- Week Three: Personal agency building and resilience.
- Week Four: Cultivating experiences and demystifying what a good employee is.
- Week Five: Finding the little wins and quantifying the losses.
- Week Six: Transparency and accountability.

Themes that emerged from conversations during peer mentoring were similar to those discussed during stage one. An exception to this was the emergence of a new theme around how the client-participant relationships were formed.

*Table 4: Stage Two Codes and Narrative Themes*

| Code | Theme/Essence of Phenomenon | Code Frequency |
|---|---|---|
| Supervisor | Emotional Support During Disorienting Experiences | 5 |
| Team | Emotional Support During Disorienting Experiences | 5 |
| Environment | Emotional Support During Disorienting Experiences | 5 |
| Resilience | Emotional Support During Disorienting Experiences | 3 |
| Difference Making | Mission Alignment with Personal Values | 5 |
| Values | Mission Alignment with Personal Values | 3 |
| Experimenting | Learning & Living in the Work | 7 |
| Frustrations | Learning & Living in the Work | 5 |
| Observations | Client-Focused Care | 5 |
| Relationship Building | Client-Focused Care | 4 |
| Comfort | Client-Focused Care | 3 |

### *Theme One: The Need for Emotional Support During Disorienting Experiences*

Similar to stage one, a consistent theme throughout the stage two data was the need for emotional support during disorienting experiences. Again, much like participants in stage one,

the location where the participants worked within the organization appeared to impact whether they felt supported by the environment with a functional team, an engaged supervisor, and an environment within which they could sustain themselves and build their emotional resilience.

*Emotional Support During Disorienting Experiences: Supervisor*

As participants were acclimating to the system, they noted connections with supervisors and their mentors. Kamari shared, "Kudos to my mentor. She is giving me confidence that I can always come to her. It feels good deep down to know my manager is a good leader." Nala also noted the positive relationship with her supervisor by stating, "Our unit is very challenging. We talked to our manager, and she is so kind. We talk to her about everything. She says, 'You can do it. You can do it!'"

However, not everyone felt supported by their manager. Bri described her experience,

> "My manager just threw me out there! So, I picked someone [to shadow]. So, I chose T.J. I chose him because he seemed like he knew what he was doing. I was just like, 'Can you show me how to do a search?' And so, I guess we just started practicing together. I believe he taught me the right way."

*Emotional Support During Disorienting Experiences: Team*

Another source of emotional support for the participants was the team. Charlotte described how her team made her feel by saying, "I love my team now. They're so supportive and encouraging. It is very easy on the mind knowing you have all these people to turn to." Jack felt similarly,

> "The team and I got along quickly. My team is constantly asking if I am okay. It is a mix of good energy and expectations because things can go south very quickly. But I'm never

> alone. There is a mutual understanding that we all need to be there for each other. I've never had that in a team before."

A couple of weeks later, Jack described an emotionally charged scene with the clients in his unit. He described it as his most stressful day, but also a day that he, "generally felt supported amongst the chaos." He noted, "I think there's more trust with my fellow workers and me now." Amara saw her mentor as a part of her extended team. She said, "I've gotten a lot of support from my mentor. She was there from day one, checking in, calling, texting and making sure I am okay. She did an excellent job of checking in with me."

*Emotional Support During Disorienting Experiences: Environment*

In navigating the challenging environment as a system, participants held mixed reviews. Emily stated, "It's been great. It's awesome. It's overwhelming just trying to learn the system and all the people that I need to know and communicate with."

Not every participant felt as positive about their situation. Amara shared, "When I was first on my unit, they told me I wouldn't make it, but it's been a month." Jack noted similarly, "I feel kind of helpless where I'm basically a glorified punching bag…it's so stressful because every single thing you do will be remembered. So, it feels tiring."

*Emotional Support During Disorienting Experiences: Resiliency*

From the first peer mentoring session, participants shared doubts about whether or not they could "make it" in the system. Bri said, "I keep asking myself, 'How do they do it?' I was crying yesterday. They said soon I will be used to it." Later, Bri noted that her new role had been challenging her emotionally. She said,

> "It's definitely been a struggle for me, but I'm here. I have no choice but to keep pushing. So, that's what I'm trying to do – keep pushing to get to where I need to be. Or not even

> where I need to be, but where I want to be. So, it has been a struggle. They say to leave your problems at the door or whatever. Sometimes I can do that."

While not doubting that she could do the work, Maya also wondered how to build her resilience for the emotional rigors of her role. She stated,

> "I'm very fortunate. I have a great team and I'm learning from what they do, which is fantastic. I've done this for many years, but it's the first time that I'm engaged with clients of this severe level of trauma. And I mean…there's a lot of them. I have a client that was divulging all of these truths of her life. I was ready for it, but I didn't know what to say. I am not prepared to be a therapist, but I am fulfilling that role in that moment. I don't want to cross a line or boundary. What happens when someone tells you they were molested for 12 years? What do you do next? How do you respond? I thought I was prepared and quickly learned that I was not."

As the program was winding down, Elias shared how he had progressed by saying,

> "I'm accepting a lot of things. I'm definitely not trying to hide the stress or anything like that, but we just have to work things out on this one day. It's been chaos the past two days and I'm just kind of coasting now. It's a nice feeling."

Ola recognized that she needed more time to build her emotional resilience. She shared,

> "I don't think I will continue. It's a ticking time bomb. Sometimes when I go home from work, I can't sleep. I stay up until two, three, or four in the morning reminiscing on every scene as if I'm trying to figure out what I did wrong, what I did right. I'm not sleeping, so when I come back the next day, I have a headache."

Jack agreed by saying, "You know…it's just trying to balance it all and stay motivated to keep to that 'why' for why we are here."

### *Theme Two: Mission Alignment with Personal Values*

*Difference Making*

Based on the reflections in stage one, as part of the program, participants were encouraged to consider where they might be able to enter the treatment program of the clients by making a small, positive difference in their clients' lives. This was explored over time. First, by recognizing when others seemed to be making a positive difference. Participants articulated these experiences to the peer group. Ola said, "I heard someone say to just sit with them. One staff plays cards. He gets them laughing to get them familiar with him. I heard that makes clients less likely to act out when they're engaged with staff."

Later, participants began to describe how they felt they were making a difference. Nala described a situation on her unit,

> "I had a client that was brought onto the unit. He was saying a lot of negative stuff about himself there. He wanted to hurt himself. I engaged him in a lengthy conversation, even though he wasn't listening at first. I said to him 'Your name is [NAME]. You are not your diagnosis. You are [NAME].' He was able to calm down and not hurt himself. It was beautiful. Having a conversation…even when it was hard. We were all scared because we didn't think he was going to back down."

Maya described the impact she was making by sharing this story,

> "Every week everybody gets new lessons. I always start with woos and poos. Woos are good things and poos are bad things. My office is adjacent to the kitchen, and I can hear it in there sometimes. I was typing and I could hear a kid in the kitchen having a conversation with his teacher about woos and poos from the night before. It was something very small, but I was glad it was translating and that they were using it as a

way to describe what was going on. It's kind of a segue into a bigger conversation. So, that was really cool."

*Values*

When some participants felt they were living the mission, they described feelings of satisfaction. Jack shared, "The good times are great, you know? Those small ten-minute windows when someone is not having a behavior. It is great." He went on to describe how he sees his personal values lived out on the unit,

> "One of my coworkers has a very nice sense of true respect towards the individual. So, he's able to quickly just know what they want. And a lot of the clients really just want to be respected. He knows the right way to calm mostly all of them just by being there, but not in their personal space."

Maya described valuing flexibility,

> "I like having the flexibility to adapt and change as need be throughout the day. Our curriculum is not set in stone. 'Like, this is what my day has to look like. If it breaks down our day is ruined.' Instead, we can kind of let it flow and change what we need to to make the day go smoother."

***Theme Three: Learning and Living in the Work***

*Experimenting*

Experimenting and co-creating experiences and opportunities was a reoccurring theme. Participants seemed to understand that the environment they were entering offered opportunities for job crafting and creativity. Jack summed up the experimental environment by saying, "It's such a complicated ecosystem with our clients. One small thing happens to one client, and you

have to be careful that you don't set off a chain reaction for the next three hours." Nala spoke about how she looked for engagement opportunities,

> "What I've seen some staff doing that I like to do is introduce a game to the clients, aside from playing cards, coloring, or watching TV. We did four different kinds of games in one day. We had a race within the units. The clients were all jumping and laughing, and we had fun!"

Femi described experimenting in his workplace,

> "The two guys I work with are nonverbal. They communicate with signs. One day I brought in a basketball because I am my son's basketball coach, and I spoke to them about basketball. They loved it. I am going to get my manager to buy us a basketball."

Femi was not the only participant to share something they enjoyed with the clients. Stella shared,

> "Last week was a little more on the crazy side because we couldn't find the TV remotes and it was the weekend and the clients were stuck inside. Twelve hours. No TV. No nothing. So, I went in the back room and found some paints and they painted."

*Frustrations*

Communicating feelings of overwhelm and being able to voice frustrations to the peer group was one way that participants used their peer mentoring time. Later in the program, Casey shared during group discussion how she was feeling. "I only have two eyes! You have to keep your eyes on everything. From the second the kids wake up to the second they go to bed; we are always moving." Jack described a delicate client-family situation and how it impacted him emotionally. He said, "It's kind of like rolling a boulder up hill. It's at a point where we cannot do anything, so it is very frustrating."

### *Theme Four: Client-Focused Care*

*Observations*

Some participants used observation as a technique to build relationships and focus on client care. Femi commented on his first week with his clients, "I discovered that they can do some stuff for themselves if you give them instructions." Nala also spoke to the need for observation, "Training helps, but on the job, you have to study your clients. We go by observation. I can see the triggers from each of them. I see that this is what triggered this and so on." Amara agreed, "One thing I observed is that these kids are really smart. They know that they're doing."

*Relationship Building*

Kamari noted early on that he enjoyed the time with his clients by stating, "I like being around my clients. I think I could work 16 hours easily. I typically don't like working over 12 hours, but I just love being around them." He added, "Sometimes they really make you laugh, and the day goes by so fast!" Casey wondered if part of the relationship building task was in allowing yourself to be tested. She described,

> "I think a lot of it has to do with the relationship you have with the child. Because since we are new, they try to see how we are going to react to situations. But you're going to be friends with them. You're going to be nice to them, so that they know they can be in a relationship with you."

Nala spoke of how she enjoys the start of her shift, "I love the start of a day…the peace and love on the unit in the morning when the clients wake up." Femi, who works with adult male clients, spoke of the joy his clients have when he works. He said, "They love me coming around because

I happen to be the only guy that works there. So, whenever I am there, you know, it is pure love."

*Comfort/Discomfort*

Exploring the difference between expectations and reality was elevated as a factor in the comfort of participants. Maya shared,

> "I'm not exactly doing what I have done before, but that has been great. I've loved the learning curve and working with the clients that are older than what I'm used to or was previously used to. And I've missed this age group, so I'm glad to get back into it. It provides a sense of comfort and stability, like getting back into the routine of something that I have done."

Amara applied this difference to the shifts, saying, "I feel so blessed. Second shift is great, but I don't like working first shift."

**One-on-One Mentoring Sessions**

As the participants were sharing feedback and experiences in the peer mentoring group sessions, they were also assigned a mentor for one-on-one exploration. Much of the content in those sessions was confidential due to conversations about specific clients; however, the themes that bubbled up from the feedback loop aligned with what was occurring in the group experiences, particularly around the ideas of needing emotional support during disorienting experiences and learning and living in the work.

***Theme One: The Need for Emotional Support During Disorienting Experiences***

Mentor Mike shared, "Emily has expressed some anxiety stepping into her new role. The support she has seen so far, though, seemed to ease her concerns." Mentor Jane shared a similar

assessment, “My mentee was excited about how much support he feels like [the organization] will provide to him. He talked a lot about how important support is to him in this field.”

Aside from the jitters of a new role, there were disorienting experiences that negatively impacted participants. One mentor, Chrissy, spoke about an experience Amara had,

> “Amara was pulled out of ratio last Thursday due to a client allegation. She was sent home and called me asking what she should do. I told her to just be patient and that they were following policy. Amara called again on Sunday, and I returned the call. We talked again Monday and Amara was cleared to return to work on Wednesday. I feel Amara handled the situation well but was worried and had lots of questions. She is a positive force and a good staff. I told her she will make it.”

Ola spoke to her mentor, Cara, about feelings of struggle. Cara described,

> “She seemed very worked up and defeated. She stated that it’s getting harder to redirect the clients. We talked about making sure to interact with them when they are doing something good like coloring or playing card games to build that relationship with them.”

***Theme Two: Learning and Living in the Work***

Mentor Mary’s conversation with Participant Taylor centered on the clients. She said, “We discussed what population she wanted to work with, and I gave her a rundown of what to expect.” Mentor Nikki shared that Participant Charlotte was also focused on client relationships in her work, stating, “For some of her clients, Charlotte is trying to figure out how to build a good rapport with them when she won’t see them that often.” Participant Jack also had a conversation with his mentor about building rapport. His mentor reported,

> "Jack asked me how to build assertiveness skills. He also asked about when is it okay to redirect the clients. I was able to give him some guidance, but I am going to circle back with his manager to ensure we support him."

Mentor Hope helped Participant Grace after a client issue occurred. She described,

> "Grace and I met on the unit to discuss how she was doing after an incident of physical aggression. She was nervous, but then was able to express she needed more 'tools' in her belt. She and I covered more skills in regard to using proactive steps with the clients."

## Stage Three: Intervention Evaluation

Upon completion of stage two, participants were invited to return to one of the two focus groups to evaluate the program. The first focus group was for the participants to whom the intervention was applied, and the second focus group was for the mentors. A third and final analysis was conducted via Zoom with the co-facilitators to capture their feedback on the overall experience.

### Participant Evaluation

Thirteen participants attended the focus group analysis session. They met for 90 minutes to discuss the experience of working in the ID/DD environment, as well as ways the *Caring for the Caregiver* program influenced elements of retention. Further, they offered an analysis of the program. The themes that emerged included the continuing need for emotional support during disorienting experiences, how caregivers valued the clients, the emotional cost-benefit analysis of working within the organization, and a program analysis.

*Table 5: Stage Three Participant Codes & Narrative Themes*

| Code | Theme/Essence of Phenomenon | Code Frequency |
|---|---|---|
| Individual Needs | Emotional Support During Disorienting Experiences | 8 |
| Check-in Opportunity | Program Analysis | 6 |
| Mentor | Program Analysis | 3 |
| Client Relationship | Caregivers Value for Clients | 6 |
| Benefits | Cost-Benefit Analysis | 5 |
| Costs | Cost-Benefit Analysis | 4 |

***Theme One: Need for Emotional Support During Disorienting Experiences***

Participants assigned positive feelings to having a program or person that they could turn to for support. Nala described the assurance she felt with her mentor by saying,

> "Having somebody that is going to listen to you, feel you, and try to work with you and your own feelings. They show understanding, compassion, are empathetic, and are willing to provide results. That is the number one thing I am attracted to in working with [the organization]."

Ola recognized that while the job can be stressful, having someone check in on her was an important part of the experience. She said,

> "It was not great the last time I was working, but I appreciate working with [the organization]. And my mentor always asks me, 'Are you ok?' That is really good. Always when I see her it puts a smile on my face. She asks me, 'Are you doing okay? Is it going well?' So, it makes me feel good."

Emily added, “I have enjoyed it. I think that the people are very nice and always willing to help if something's happening or if you need anything.” Jack followed that up with appreciation for being given a dose of reality mixed with humanity. He said,

> “Even with all the challenges that kind of revolve around the unit and working more, as everybody was saying, this is the first job I've had where communication actually does kind of matter…I've never gotten a sugarcoating and I really appreciate that because if you tell it to me straight and just say, that this is how it's going to be, I understand and will not be as stressed.”

***Theme Two: Program analysis for individual impact***

In their analysis of the program, what emerged was the sense that participants having the opportunity to express their feelings in an emotionally safe environment made them feel valued.

*Check-in opportunities*

Casey described the peer mentoring experiences as opportunities to safely open up. She said,

> “It allowed people to share thoughts they would probably keep to yourself because they're scared of what you might say or who they might go to to get in trouble or things like that. So, I think just opening up the space and allowing people to be able to express themselves freely without being judged, without worrying about being in trouble.”

Jack assessed the experience as one that felt more authentic, as well as appreciation for offering a place to check in and have someone check in with you. He shared,

> “When you're working in this setting…I guess you could say it is a maelstrom of just difficulties after difficulties...I admit, I mean, at the beginning I was skeptical. So actually, sitting through here and actually having basically a curriculum, like, a focus

> each meeting and not just a way to just dump all your words. It's 'Here's what we're going to talk about and how does that correlate with how you've been?' I feel like there's less of a disconnect now. I feel like they're trying to have us understand everyone's perspectives as well as what we can help each other with. So, it's definitely very nice to have."

Charlotte also highlighted the check-in opportunities offered through peer mentoring and time with her mentor. She stated,

> "I guess for me, check in is important because once you start a job, they check on you for maybe the first two weeks and then you get a 90-day review. But that consistent check in really helps with just reassurance…I want to know if I'm going down the right path or if it needs to be taken a different direction before too late to not let things fester."

Jabari said the peer mentoring was a place for him to express what he was going through. He said, "I think this program so far is so helpful and so impactful. Coming to sort of a place where you can actually share what you are going through, to express your opinion, and get feedback."

*Mentor relationships*

The mentors in the program played a key role in helping orient the participants when the stresses of the role overwhelmed. Jack said,

> "You can get so lost in a job, especially this job…even if [another] company has a program like this, if they're not telling them and reminding people on a more personable level. [At other places] You don't get a call from someone every other week…so I think it goes a long way to people knowing and understanding that they do have support."

Emily agreed, saying, "Yeah. for those really bad days…you have that one person that just is like, 'hey, like it's going to be okay or how did your day go?'"

Nala summed up what both the peer mentoring and one-on-one experiences meant to her by saying that without them, she probably would have quit. She shared,

> "It's been helpful. I could remember there's been two instances where it's been helpful. One was that I was working and just said, 'okay I will go tender my resignation.' And one of those days, this meeting really helped change my focus. And what I picked up on during the meeting was, the [Circles of Control] exercise.
>
> And my mentor has also been helpful. The second time that I feel like, you know, 'I have to go.' My mentor sent a text. He said, 'Hi. How are you doing? Is everything okay? You want to check in?' He was really, really helpful to say the truth. He was helpful…I will say it's one of the reasons why I'm still here is because I have found some ways to help me manage the stress on the unit."

***Theme Three: Caregivers Value for Clients***

Similar to participants in stage one, the participants in stage two developed an appreciation and value for the clients they were serving. Casey spoke of the positive impact the clients had on her. She said,

> "I think the relationship with the clients impacts me. It kind of makes me, like, I get a little bit closer to them because a lot of them think that they're somebody that you can't relate to or anything like that. And sometimes once you build a rapport with them and they see that they can trust you…they sort of start listening. And for me personally, I think the impact for me is it just allowed me to grow every day and learn something new about myself every day."

Charlotte spoke about the enjoyment she got from getting to know her clients, saying, "I enjoy my clients. I have 15 clients assigned to me and they're pretty dope. I really enjoy my clients.

Once you get to know them, they have so much personality." Emily spoke to the curiosity of the clients, stating "I love their curiosity and I am always okay with them following me around because I'm in a different role than their staff. I really like that."

### *Theme Four: The Emotional Cost-Benefit Analysis*

In doing their work, the participants recognized that there were pros and cons that extended beyond the professional environment. Many of those experiences were able to be discussed with mentors in one-on-one mentoring. As was shared during the focus group, for those that remain in the program the personal benefits seemed to outweigh the emotional costs.

#### *Benefits*

In discussing the benefits of the program, Nala spoke to the welcoming atmosphere of the peer mentoring sessions. She shared, "The room is welcoming. We know we're coming to have a good time. We love to go to these sessions, so it's always a good time to look forward to." Casey agreed that the investment in herself was an important aspect of the program. She detailed,

> "I think just being able to take that hour of time away from caring for the clients. I think we need to take that hour of time away for your brain, reset your mind, you know, and go back in there with focus and knowing what you want to say now that you've heard everybody else's opinions. You've got resources. You've got advice on what you could do. Just to be able to take that time out or find a way to reset your mind and come back relaxed and ready to go back again is important."

Casey also thought the program helped her learn about the organization and what other jobs people do. She said, "I think the program is good and helps you gain a better understanding of different people's roles and job positions." Emily agreed, "What I like the best was actually being able to socialize with coworkers outside of the area you work and learning about each

other's job positions and how they're handling it and just collaborating and talking to those people."

Taylor spoke about how the organization has helped her parent at home. She revealed, "The experience, I believe, has helped at home with my own kids…I got to experience both these kids and my own. It taught me to be patient and let them express themselves." Emily was also using techniques she learned with her daughter. She described, "I liked learning about like strategies to cope. You know, the tapping/mindfulness technique has really been a big thing for me. I've even implemented that at home. It's something I can teach my daughter."

*Costs*

Carrying the emotional load of a bad day, building personal resiliency, and finding agency in the roles were discussed by participants. There seemed to be mixed reviews in understanding that the job was hard, but there was support for them while they were doing it. Jack shared,

> "I've definitely had a lot of support from people in my unit, my manager, and my mentor. At the same time, I think it's just understanding the emotions behind everything and the actions and everything. There's been times where it has felt very bleak. It went far beyond just challenging and on those days the best we could do is try to be more positive at the end of the day."

The bad days sometimes had to do with volume of work and other times had to do with challenging behaviors of clients in need. Charlotte said, "I don't like feel that I can ever get caught up." While Casey shared, "Last week was probably the most difficult since I've been here…and I spent almost all of my workday chasing someone outside. It's frustrating." Ola agreed, sharing, "Last Sunday, I was so frustrated I almost quit."

**Mentor Evaluation**

Ten mentors attended the focus group analysis session. They met for 90 minutes to discuss the program's impact on themselves, as well as their perceptions of the impact on the participants. They offered an analysis of the experience and their thoughts on how this program may have impacted retention. The themes for their time together centered on retention, building an emotionally supportive culture, the relationship investments, and an analysis of the *Caring for the Caregiver* program.

*Table 6: Stage Three Mentor Codes & Narrative Themes*

| Code | Theme/Essence of Phenomenon | Code Frequency |
|---|---|---|
| Retention | Retention Influences | 7 |
| Team | Emotional Support During Disorienting Experiences | 5 |
| Environment | Emotional Support During Disorienting Experiences | 5 |
| Resilience | Emotional Support During Disorienting Experiences | 3 |
| Mutual Benefit | Relationship Investments | 5 |
| Program Analysis | Program Analysis | 8 |

***Theme One: How the Program Influences Retention***

The mentors spoke about how they see the *Caring for the Caregiver* program supporting retention initiatives. This was described as the overarching message of this program demonstrating to new employees that they are not alone in their journey at the organization. Adam began,

> "I think in terms of retention, it can be a very beneficial tool for that. Having somebody to reach out to to process a situation will bring them back down to baseline. Some of the things that you face in this industry, that you may not be familiar with, just having

> somebody who has been here and potentially has gone through that. You know, people who have gone through that process I think can be beneficial in saying, 'Okay, that thing that I categorize as a 10 in my brain might actually be a 3 or 4 and let me take a deep breath."

Eric added, "And I would say it reduces the level of anxiety that people have…if you have someone that you can lean on, that you can talk to...it makes you feel comfortable. And once you can feel that comfort, it's easy for you to stay."

Mike described the experience as a forced need, saying,

> "I think a lot of our staff have really struggled. They come in and they're just not good at making those connections and nobody's reaching out to them to try to, like, force that. And this kind of forces some of that. And, you know, it's outside of some people's comfort zone because some people are very introverted. But when somebody is reaching out their hand and you know it's there…sometimes just that, the fact that you know you have somebody you can talk to is enough."

***Theme Two: Need for Emotional Support During Disorienting Experiences***

Like the other stages in the study, mentors described the need for building an emotionally supportive culture to help sustain human service workers during disorienting experiences.

*Team*

The need to feel a part of a group was a concept the mentors discussed. Mike said,

> "There is a community here and an element of family here. I think everybody doesn't feel connected to that, which is kind of sad. And I think this [program] is, like, maybe a step in that direction that maybe help people feel they have that…I've met some of the best

> people that I've ever known working alongside people here, and I have some great friendships and relationships with a lot of folks here."

Chrissy saw the experience as one that made the team even larger. She described, "It's good to know that you don't have to stay in your circle to get advice from somebody else. You know, it's like you can go with somebody else."

*Environment*

Mentors assessed that being in a therapeutic environment also seemed to have an impact on the program, as well as the experiences of the mentors being human service workers themselves. Adam joked about getting paid for the community service he provides, saying,

> "I think overall the experience has been very fulfilling. The company and my staff align on the values of trying to be of service. I tell people sometimes people call it community service, but we get paid for it. So, in that regard, it's been very good for me and my personal growth."

Eric added that the environment for him resulted in feelings of appreciation due to a personal tragedy. He described,

> "When my apartment caught fire in March of this year, the kind of support that I had… like, I was getting a call from my manager checking in on me. It made me feel like, 'okay, this is not just a place to work.' For two weeks they got me a hotel and everything like that. I sleep on a very comfortable bed they bought me. I feel like a team. What I'm saying is it's one thing to work and it's another to appreciate where you work."

*Resilience*

Eric spoke about how he was reminded of the resilience he built in himself through this program. He shared, "Personally, I have grown in a lot of ways by working here. My patience is

much better in dealing with not just the kids, but with the staff." Sandy agreed that the resilience built in the role helped her personally. She stated, "I agree with you. My world was rocked last December. I thought I was going to lose my husband in a car accident. And thank God I didn't. He is still very much in recovery. And I feel like I'm going to get emotional because [the organization] has just been such a huge part of my life."

Hope described the resilience-building initiative as one that was not only benefiting the individual, but also the organization. She summarized her assessment by saying,

> "I think we've come a long way in the five years that I've been here, because when I first started, this is not where we were at. So, we've made a lot of really great progress and that is positive. In fact, I think we're learning a lot about ourselves and about these kids. And our role is ever changing very, very quickly. And that means we have to figure out more support for that. So, I think at least from my experience, I think it's great."

### ***Theme Three: Mentors and Participants Investing in Each Other***

Mentors spoke about the value of investing in relationships with new employees and the benefits they received personally through the mentoring process.

#### *Mutual benefit*

Adam described his relationship with his participant as one that is a mutually beneficial experience. He said,

> "My guy is super. He's proven that he's a very calm, a very even-keeled guy. I didn't know what to expect. I mean, I don't necessarily like to talk about my feelings, but he was a nice surprise. He went through a suspension. You would have expected him to be somebody that would have come out of that a little bit jaded and upset, but he went right back to work. Of course, he had his concerns about how it happened, but we were able to

> talk about what the process looks like. It's something that has been a give and take. He's been able to pour into me as much as I think I've been able to give to him."

Chrissy also shared a mutually beneficial experience stating,

> "Mine is almost the same. She was phenomenal. We kind of had the same experience of losing sisters. And that kind of made me feel like God put her in my life at the right time and I was put in her life at the right time because that was something that we can use to connect with each other. We both gave each other advice on how to get through that. I think that opened a lot of trust between the both of us that we could have that in common."

Cara's relationship with her participant was one that grew over time but is something they both value enough to continue outside of this program. She shared,

> "I have to say, mine was hard at first. She didn't want to open up. And I had to keep going back to her and doing everyday checks on her. Now she will text me or call me and ask me questions when there is a crisis on the unit. Now we are wanting to continue outside of this program."

Like Cara's relationship, Sandy's relationship with her participant developed trust over time. In speaking to the trust factor in their relationship, she said,

> "I think there's an element of trust here, too. Like from the get-go, we had like that quick meeting with them where we were just getting to know them. And we're trying to build that relationship before we even ask anything of them. This mentor program allows us to build that trust."

***Theme Four: Program Analysis from Mentor's Perspective***

The mentors spent time considering whether the *Caring for the Caregiver* program would offer benefit to the organization upon completion of the study. Overall, everyone agreed that it was important to do something or offer something with intentionality and purpose behind it. Eric shared his support by saying, "I would say we should continue on with this because, looking at what everybody said, one way or the other we all have been connected to someone here. I think the intentionality of the program is a good thing…it's what matters." Chrissy agreed, "I think it's a great idea. Like, I think it's something you should continue. And there's some things [from the program manual] that I've learned to use with everyone." Solomon offered his positive review of the program manual, as well. He said,

> "I really liked that it was well structured. I liked the manual. And I also liked an exclusive section with the program where we provided feedback. I just feel like everything was done for me; you know. I feel like everything was done for me, and all I had to do was support it."

In her analysis, Sandy offered an idea to innovate if the program were to continue. She suggested,

> "I would have loved to have maybe reached out to their supervisor to kind of double check like, 'Hey, I wanted to reach out to let you know that I am mentoring so and so. I'm interested to see if maybe you're seeing the same thing that I see.'"

Sandy also shared that she wished her participant had been in her program line or department. She said, "I feel like if I had someone that was really in my group or in my department, I feel like I would have been able to connect maybe better with them."

**Facilitator Debrief**

The co-facilitators met on Zoom a week after the focus groups finished. Their discussion was part free-flowing conversation and part question and answer. Without naming it adaptive work per se, both facilitators spoke about how special it was that the group was being supported and supporting each other through the study. There was agreement on the overall excitement about working on a solution. Kim shared,

> "It's such an exciting time to think about being a part of the solution of something we all know to be evidence. Retention is something that if we can figure some things out around it, we could be a healthier and stronger community."

She added, "What's going to help someone stay is the ability to have resiliency and to be able to see the long game."

Sarah added,

> "We're learning from them just as much as they're learning from us. Like, if the web of support extends deeper, you feel more secure. This is a safe place. They're going to and we're going to figure it out. Whatever the thing is, we're going to get through it. Whatever the thing is that makes it feel like it's worth staying through the bumps, if that makes sense."

Beyond excitement and motivation on working towards a solution, the facilitators observed that relationship building and building trust over time were key components to the program. Kim shared, "You have to know someone, and someone has to know you to really help you land in a place where you will be successful in believing that's someone's intention." Sarah added,

> "I think there was ownership. And I also think that the trust got built. Because the last thing there we ended with [in the last session] was the meditation moment. And boy, to see those folks go from nobody having their eyes closed in the first one and in the end, everybody was like, 'Oh, goody, ready? Let's do that.' is my favorite. That's my favorite thing that happened the whole time…It's really a high degree of trust to close your eyes in front of another adult so you'll be safe physically and psychologically. It's fascinating."

Finally, the facilitators shared that they felt the real magic of the peer mentoring sessions was consistency. At the end of the participant focus group, one participant asked if they could continue meeting as a peer group on a quarterly basis. Sarah said, "I think that is one of my favorite things. I think that the driving force behind 'can we get together quarterly' was that they got to see consistency right from the very beginning." Kim added,

> "We kind of filled the gap for them while that was being established because that takes time. There's so much that they're learning that I feel like the program provided the stability to help them stay until they could gain that trusting relationship and understand all of the new in their environment. Then, the leadership and the team comes in. We were the space that helped to just get them a place to land as that was being transferred."

Sarah agreed. "Sometimes," she said, "the great things that we experience come out of the hard things."

**Pre-Test and Post-Test Findings**

As a phenomenological study, the emphasis of this research was on the qualitative exploration of lived experiences of human service professionals. However, as a way to triangulate the data, pre-tests and post-tests were given to participants during the data collection phase to see if any additional learning about their experiences could be gleaned with a quantitative approach. The two instruments used were the Work and Meaning Inventory (Appendix J) and the Perceived Person-Environment Fit Scale (Appendix K). The pre-tests were given on the first day of research collection during stage two and the post-tests were given on the last research collection day during stage two. Fourteen participants attended the final research collection day, so only their post-tests could be compared to their pre-tests. This is a relatively small sample size, so caution is exercised not to draw too firm conclusions or hold too tightly to the results.

**Work and Meaning Inventory**

The Work and Meaning Inventory (WAMI) is an instrument that measures meaning in work through three scales – positive meaning in work, meaning making through work, and greater good motivation. The instrument provides ten statements and asks participants to rate their agreement on a scale of one to five (with one meaning absolutely untrue and five being absolutely true). Overall scores could range from 13-49. As described by the creators of the WAMI, Steger et.al (2012), the positive meaning score reflects the degree to which people find their work to hold personal meaning, significance, or purpose. The meaning making through work score reflects the fact that work is often a source of broader meaning in life for people, helping them makes sense of their lived experience. The greater good motivations score reflects the degree to which people see that their effort at work makes a positive contribution and

benefits society. All the scores can be tallied to get the overall meaningful work score, which reflects the depth to which people experience their work as meaningful and as something they are personally invested in. Low scores on any of the scales reflect an absence in work meaning, and may be predictive of poor work engagement, low commitment to one's organization and intentions to leave, low motivation, a perceived lack of support and adequate guidance from leadership and management.

*Table 7: Work and Meaning Inventory (WAMI) Elements and Descriptors*

| Element Being Scored | What the Score Reflects | Evidence of Statistical Significance |
|---|---|---|
| **Positive Meaning Through Work** | The degree to which people find their work to hold personal meaning, significance, or purpose. | No |
| **Meaning Making Through Work** | This score reflects the fact that work is often a source of broader meaning in life, helping them make sense of their life experiences. | No |
| **Greater Good Motivators** | The degree to which people see that their effort at work makes a positive contribution and benefits others in society. | Yes |
| **Overall Scores for WAMI** | The Meaningful Work score reflects the depth to which people experience their work as meaningful, something they are personally invested in, and which is a source of flourishing in their lives. | No |

Participants in this study were measured on their meaningfulness at work before and after participating in the *Caring for the Caregiver* intervention. A paired samples T-test was selected for statistical analysis to compare the post-test results to the pre-test results of the fourteen participants. Bevans (2023) recommends using a paired samples T-test for this purpose because a paired samples T-test is defined as a test that compares the means of groups before and after they participate in an intervention. The T-test calculates a probability value (p-value) that is then compared against the standard alpha, which in social science research is set at .05.

The data shows that the intervention did not have a statistically significant impact on the pre-test versus post-test scores. Said another way, any differences in the scores from pre-tests to post-tests were more likely a product of chance rather than the *Caring for the Caregiver* program. This was determined by comparing the individual category scores and the overall scores. Extracting the data for positive meaning through work, the results of the pre-test ($M$ = 17.2, $SD$ = 2.3) and the post-test ($M$ = 17.8, $SD$ = 1.8) indicated no statistically significant impact, $t$ = -1.1, $p$ = .273. Looking at the meaning making through work scores, the pre-test ($M$ = 13.1, $SD$ = 1.9) and the post-test ($M$ = 13.1, $SD$ = 1.3) also indicated no statistically significant impact, $t$ = -0.1, $p$ = .905. Finally, the overall scores of the pre-tests ($M$ = 43.7, $SD$ = 4.9) versus the post-tests ($M$ = 42.9, $SD$ = 4.2) indicated no statistically significant impact, $t$ = 0.9, $p$ = .394.

The data does suggest that there was one statistically significant finding. There is a relationship between the *Caring for the Caregiver* intervention and the change in score for the greater good motivators category. In looking at the mean score for greater good motivators, the post-test scores ($M$ = 11.9, $SD$ = 2.5) decreased from the pre-test scores *(*$M$ = 13.4, $SD$ = 1.7), $t$ = 3.1, $p$ = .009. Hence, it appears that the *Caring for the Caregiver* program did have an impact on the greater good motivators. What is interesting is that the scores went down, which becomes a compelling data point for further consideration.

*Figure 3: Paired Samples T-Test for the Work and Meaning Inventory*

Paired Samples T-Test

| Measure 1 | | Measure 2 | t | df | p |
|---|---|---|---|---|---|
| PRE POSITIVE MEANING SCORE | - | POST POSITIVE MEANING SCORE | −1.144 | 13 | 0.273 |
| PRE MEANING MAKING THRU WORK | - | POST MEANING MAKING THRU WORK | −0.121 | 13 | 0.905 |
| PRE GREATER GOOD MOTIVATORS | - | POST GREATER GOOD MOTIVATORS | 3.068 | 13 | 0.009 |
| PRE TOTAL | - | POST TOTAL | 0.882 | 13 | 0.394 |

*Note.* Student's t-test.

Descriptives

| | N | Mean | SD | SE | Coefficient of variation |
|---|---|---|---|---|---|
| PRE POSITIVE MEANING SCORE | 14 | 17.214 | 2.293 | 0.613 | 0.133 |
| POST POSITIVE MEANING SCORE | 14 | 17.786 | 1.805 | 0.482 | 0.101 |
| PRE MEANING MAKING THRU WORK | 14 | 13.071 | 1.900 | 0.508 | 0.145 |
| POST MEANING MAKING THRU WORK | 14 | 13.143 | 1.292 | 0.345 | 0.098 |
| PRE GREATER GOOD MOTIVATORS | 14 | 13.429 | 1.697 | 0.453 | 0.126 |
| POST GREATER GOOD MOTIVATORS | 14 | 11.929 | 2.495 | 0.667 | 0.209 |
| PRE TOTAL | 14 | 43.714 | 4.921 | 1.315 | 0.113 |
| POST TOTAL | 14 | 42.857 | 4.185 | 1.119 | 0.098 |

**Perceived Person-Environment Fit Scale**

The Perceived Person-Environment Fit Scale (PPEFS) is an instrument that consists of four measures: person-job fit, person-organization fit, person-group fit, and person-supervisor fit. Developed by Caplan et. al (1980), the scale asks employees to provide responses to parallel sets of items covering the four job dimensions – the job itself, the organization, the workgroup, and the supervisor. Participants rated from a 1 (no match) to a 7 (complete match) for the 26-question survey.

Similar to the WAMI, a paired samples T-test was conducted to compare the overall post-test results to the pre-test results of the fourteen participants. Then, additional paired samples T-tests were run for each of the four job dimensions. Like what was found with the WAMI data, any differences in the scores from pre-tests to post-tests of the Perceived Person-Environment Fit Scale were more likely a product of chance rather than a product of the *Caring for the Caregiver* program. The data from all five tests indicates there was no statistically significant relationship

between the *Caring for the Caregiver* program and responses to the Perceived Person Environment Fit Scale. When comparing pre-test ($M$ = 156.1, $SD$ 16.6) and post-test scores ($M$ = 149.5, $SD$ = 23.2), the intervention did not have a statistically significant impact on the overall perceived fit the participants felt with the organization, t = 1.1, p = .299.

*Figure 4: Paired Samples T-Test for Perceived Person Environment Fit Scale*

Paired Samples T-Test

| Measure 1 | | Measure 2 | t | df | p |
|---|---|---|---|---|---|
| PRE TOTAL | - | POST TOTAL | 1.082 | 13 | 0.299 |

*Note.* Student's t-test.

Descriptives

| | N | Mean | SD | SE | Coefficient of variation |
|---|---|---|---|---|---|
| PRE TOTAL | 14 | 156.071 | 16.574 | 4.430 | 0.106 |
| POST TOTAL | 14 | 149.500 | 23.181 | 6.195 | 0.155 |

A deeper dive into the data did not uncover statistically significant findings related to the perceived fit between the person and the job itself. When comparing the person-job fit pre-tests ($M$ = 23.4, $SD$ = 3.6) to the person-job fit post-tests ($M$ = 22.9, $SD$ = 3.9), changes in scores could not be attributed to the *Caring for the Caregiver* program, $t$ = .4, $p$ = .690.

*Figure 5: Paired Samples T-Test for Person-Job Perceived Fit*

Paired Samples T-Test

| Measure 1 | | Measure 2 | t | df | p |
|---|---|---|---|---|---|
| PRE P-J FIT TOTAL | - | POST P-J FIT TOTAL | 0.408 | 13 | 0.690 |

*Note.* Student's t-test.

Descriptives

| | N | Mean | SD | SE | Coefficient of variation |
|---|---|---|---|---|---|
| PRE P-J FIT TOTAL | 14 | 23.357 | 3.608 | 0.964 | 0.154 |
| POST P-J FIT TOTAL | 14 | 22.857 | 3.860 | 1.032 | 0.169 |

The data also did not uncover statistically significant findings related to the perceived fit between the person and the organization. When comparing the person-organization fit pre-tests

($M$ = 43.4, $SD$ = 4.4) to the person-organization fit post-tests ($M$ = 40.7, $SD$ = 7.4), changes in scores could not be attributed to the *Caring for the Caregiver* program, $t$ = 1.4, $p$ = .178.

*Figure 6: Paired Samples T-Test for Person-Organization Perceived Fit*

Paired Samples T-Test

| Measure 1 | | Measure 2 | t | df | p |
|---|---|---|---|---|---|
| PRE P-O FIT TOTAL | - | POST P-O FIT TOTAL | 1.422 | 13 | 0.178 |

*Note.* Student's t-test.

Descriptives

| | N | Mean | SD | SE | Coefficient of variation |
|---|---|---|---|---|---|
| PRE P-O FIT TOTAL | 14 | 43.429 | 4.398 | 1.175 | 0.101 |
| POST P-O FIT TOTAL | 14 | 40.714 | 7.415 | 1.982 | 0.182 |

Further, the data did not reveal statistically significant findings related to the perceived fit between the person and their workgroup. When comparing the person-group fit pre-tests ($M$ = 60.1, $SD$ = 6.2) to the person-group fit post-tests ($M$ = 57.1, $SD$ = 9.9), changes in scores could not be attributed to the *Caring for the Caregiver* program, $t$ = 1.4, $p$ = .199.

*Figure 7: Paired Samples T-Test for Person-Group Perceived Fit*

Paired Samples T-Test

| Measure 1 | | Measure 2 | t | df | p |
|---|---|---|---|---|---|
| PRE P-G FIT TOTAL | - | POST P-G FIT TOTAL | 1.352 | 13 | 0.199 |

*Note.* Student's t-test.

Descriptives

| | N | Mean | SD | SE | Coefficient of variation |
|---|---|---|---|---|---|
| PRE P-G FIT TOTAL | 14 | 60.143 | 6.225 | 1.664 | 0.103 |
| POST P-G FIT TOTAL | 14 | 57.143 | 9.976 | 2.666 | 0.175 |

Finally, the data did not detect statistically significant findings related to the perceived fit between the person and the relationship with their supervisor. When comparing the person-supervisor fit pre-tests ($M$ = 29.1, $SD$ = 4.7) to the person-supervisor fit post-tests ($M$ = 28.8, $SD$ = 4.4), changes in scores could not be attributed to the intervention, $t$ = .198, $p$ = .846.

*Figure 8: Paired Samples T-Test for Person-Supervisor Perceived Fit*

Paired Samples T-Test

| Measure 1 | | Measure 2 | t | df | p |
|---|---|---|---|---|---|
| PRE P-S FIT TOTAL | - | POST P-S FIT TOTAL | 0.198 | 13 | 0.846 |

*Note.* Student's t-test.

Descriptives

| | N | Mean | SD | SE | Coefficient of variation |
|---|---|---|---|---|---|
| PRE P-S FIT TOTAL | 14 | 29.143 | 4.688 | 1.253 | 0.161 |
| POST P-S FIT TOTAL | 14 | 28.786 | 4.406 | 1.178 | 0.153 |

## Caregiver Retention

Prior to implementation of this intervention, new employee retention data was collected. For the previous six months, the 30-day retention average was 78%, while the 90-day retention average was 62%. Looking back over one year, the 30-day retention average was 80%, while the 90-day retention average was 65% (Internal Document, 2023a). The *Caring for the Caregiver* participant retention rate was higher at all interval measures. Retention at 30 days was 100%, while retention at 90 days was 86.5%.

*Table 8: Caring for the Caregiver Participant Retention*

| **Cohort** | **30 Days** | **60 Days** | **90 Days** |
|---|---|---|---|
| 1: July 10, 2023 | 100% | 86% | 73% |
| 2: July 17, 2023 | 100% | 100% | 100% |
| **Blended Retention Rate** | **100%** | **93%** | **86.5%** |

Four participants left the organization during the intervention window – three resigned and one was terminated. While they were enrolled in the program, none of the four participants attended any peer mentoring sessions. The first departure was on August 17, 2023. Participant Mackenzie did not show up for on-the-job training and sent her manager a resignation via text

message. Her assigned mentor was not able to connect with her via phone or email. The second departure was on August 22, 2023. Participant Zola was terminated due to a policy violation. She had been speaking with her mentor but had not attended a peer mentoring session due to a conflict in her shift schedule. The third departure was on September 9, 2023. Participant Ada resigned. She had spoken with her mentor; however, could not attend peer mentoring sessions because she had class during that time. The final departure was on October 9, 2023. Participant Aidan did not attend any peer mentoring sessions, nor did he communicate with his mentor. Outside of their first interaction when they met during NEO, there was no communication between the two.

While not part of the retention measure, it is worth noting that one mentor also left the organization during the intervention window. His family relocated during this time, and his participant was reassigned to a different mentor. Another mentor took a leave of absence during the intervention window due to a death in the family. She asked to have her participant reassigned, which was accommodated. Sadly, one facilitator and one mentor each had their mother pass away during this time. While they each stepped away for their respective bereavement leaves, they both returned to the program and did not request nor need participant reassignment.

**Cost Analysis**

The costs for this program included printing, supplies, hospitality costs, and a subscription for the qualitative SAAS software.

*Table 9: Caring for the Caregiver Program Costs*

| Expense | Amount |
|---|---|
| Printing | 1,619.34 |
| Software | 617.00 |
| Supplies | 95.38 |
| Lunch – Stage One Focus Group | 722.77 |
| Lunch – Stage Three Focus Groups | 665.48 |
| Peer Mentoring Snacks | 193.20 |
| **Total** | $3,913.17 |

According to Navarra (2022), the Society for Human Resource Management's benchmarking data estimates that the average cost to hire a new employee is $4,700. At that rate, this program costs less than the estimated cost to hire one new employee. At the same time, retention for those enrolled in this program was 21.5% higher than the previous average for the organization, which was 65%. As it relates to this study, a 21.5% higher retention rate would equate to retaining five extra employees, thereby saving the organization $23,500 in hiring costs based on the benchmarking data provided by Society for Human Resource Management.

## Chapter 5: Conclusions

Revisiting the social constructivism theory, this phenomenological study highlighted the collaborative nature of learning. The participants in this program created a shared culture with shared artifacts and meanings. From the beginning, this study set out to answer two questions:

- How do human service professionals experience working in the ID/DD environment?
- In what ways does the *Caring for the Caregiver Program* influence elements of retention for human service professionals?

As a result of the study, the impact of the lived experiences on the participants was communicated via themes. The most common shared experience among all participants and across the stages of the research was the need for emotional support during disorienting experiences. Many participants indicated that the intervention of the *Caring for the Caregiver* program, applied during stage two, aided in providing that emotional support as new employees were being introduced to the culture of serving clients with intellectual and developmental disabilities. A second theme across multiple stages of research was the need for participants' personal values to align with the mission of the organization. Living out one's values in the workplace led to experiences of observation, learning, then relationship development with the clients being served. While the emotional costs of the work were noted as high, for most participants, the costs were worth the benefits of staying in the system to continue working for the cause.

Aside from the qualitative themes developed throughout the research, the actual retention of the participants is worthy of noting. Compared to benchmark data from the previous year, retention improved by 21.5% for the participants as compared to peer New Employee Orientation groups. While the limited quantitative data does not support the intervention having a

statistically significant impact, the qualitative data combined with the raw retention data suggests progress. The intervention was designed to influence elements of retention, and retention was improved.

As presented in the qualitative data, the most powerful aspects of the intervention for the stage two participants were simply knowing that someone was rooting for them, that they had consistent touch points, and were offered opportunities to be vulnerable without fear of judgement by supervisors or others in the organization. Having someone (e.g., their mentor) believe in them also influenced the participants' experiences. As Amara shared, "I've gotten a lot of support from my mentor. She was there from day one…checking in, calling, texting, and making sure I am okay." This lived experience supports the work of Lent et al. (2002), who introduced their social-cognitive career theory to explain that for employees, interests do not develop when individuals do not form strong self-efficacy and positive outcome beliefs. Speaking to her own positive outcome beliefs, Charlotte deduced, "I really enjoy my clients. I learned their cues…I'm very personable. I really focus on their likes and what they enjoy doing, and that's created some very, very good experiences for me." Stella agreed saying, "Honestly, [the clients] make my day better. Any time I get stressed, or I need to, I can just go take time and hang out with the kids. And I really like just hanging out with them."

Having somewhere to go (e.g., peer mentoring) when the work with clients was challenging was also highlighted as important during evaluation. Ola described the positive benefit of the peer mentoring experience by saying, "You know you have a place you can go to talk to someone about stress. It is so encouraging." This assessment ties back to the Klaver et al. (2020) study that found staff self-efficacy and access to the supervisor/social support system seemed to be factors that influenced staff well-being. Nala described having difficulty

connecting with a client and bridging that gap by sharing something she is good at with the kids. She shared that one client with escalated aggression approached her, and she deescalated the situation with music. Nala said, "I love to sing…and this child was crying. I said, 'I think I can find a way to deal with her.' And I started playing music. So, we got through one song, and I said, 'let's dance!'" That act created a spontaneous dance party on the unit, which now happens daily. Based on the evaluation of the intervention in stage three, participants expressed gratitude for the intentionality of and the purpose behind the *Caring for the Caregiver* program. Casey shared, "Being able to take that hour of time away from caring for clients…to reset your brain, reset your mind, and go back with focus knowing what you want to say now that you've heard everyone's opinions. I've gotten resources and advice."

Holland (1996) suggested individuals enter environments because of their personalities and remain in those environments because of the reinforcements and satisfactions obtained through the interactions in that environment. As described by longer-tenured participants in stages one through three, the benefits of the work have outweighed the costs. From personal friendships to life lessons to the value of client relationships formed, these staff experienced and communicated job satisfaction. Participants in stage two (to whom the intervention was applied) were able to begin to communicate these reinforcements and satisfactions, as well, when asked during their stage three evaluation. Taylor spoke to the personal benefits of working for the organization saying, "The experience has helped at home with my own kids." Emily described feelings of motivation, "There are so many accomplished people here, and it just drives you to want to keep going. You know, being more accomplished for yourself."

In a call back to the initial diagnostic work of this study, there were four unique experiences that informed the retention-decision process for human service professionals in the

organization. These experiences were peer support, supervisor belief that they could do the job, feeling special, and having a sense that no one else could or would step up for the clients if they were to vacate their roles. Newer employees in this study also shared the need for peer support and having someone believe in them. Charlotte shared, "If it wasn't for my team and my mentor, I think those challenging days would've been like, 'maybe I need to reevaluate my position or this job.' Instead, it turned into, 'okay, I just need to get better at this. I need to figure out my niche.'" Further, they began noting *difference making* experiences that highlighted they were a special contributor to the organization. During stage one, Stephanie said, "I love doing small things with great care. They make a difference in the lives of the people I work with." Along those lines, Femi noted, "I discovered they like to cook food. So, I do more of the cooking so that they can help me, you know, cook for them. They have been really very good to me."

All feelings and experiences included, the most practical implication of this research for the organization is that retention was improved significantly. As Nala concluded, without the *Caring for the Caregiver* program, she most likely would have quit the organization. Casey agreed and added that the program allowed her to grow and learn something new about herself every day.

I did not expect that the *Caring for the Caregiver* program would have as significant an impact on retention as it did. While unexpected, it allowed for a deeper look into why people would choose to stay in an environment that is so challenging. As a part of this deeper dive, the only statistically significant finding in the quantitative data was that the greater good motivations score went down. Steger (2012) states the greater good motivations score reflects the degree to which people feel their contributions at work benefits others in society. The pre-test scores were quite high, leaving very little place to go other than down. It appears that participants entered the

system with high expectations, and many found that, upon experiencing the environment, they were disappointed. A look at the work of theorists in decision research, particularly disappointment theory, can help explain this phenomenon in human services work. In his decision analysis research, Bell (1985) explored the implications of disappointment caused by comparing the actual outcome of a lottery to one's prior expectations. Specifically, he found that winning the top prize in a $10,000 lottery may leave one much happier than receiving $10,000 as the lowest prize in a lottery. He explored decision-making under uncertainty, including the implications of disappointment. Disappointment is a psychological reaction that comes from comparing an obtained outcome with a better outcome that might have resulted from the same choice being made (e.g., disconfirmed expectancies). While out of scope for this research, a future study of disappointment theory with human service worker experiences would be interesting.

Other surprises or unexpected experiences were how few people complained about pay in this low-wage industry. While it was mentioned for longer-tenured staff, no one new in the system mentioned pay as a detriment to staying in the organization. Additionally, I was surprised how motivated longer-tenured staff appeared to be to help make improvements or changes to the system. Not only were there significant expressions of gratitude during stage one, but the mentors who volunteered during stage two took these roles very seriously…often leaning on each other to consider ways to support their mentees. Mentors Solomon and Daniel worked together for several weeks to navigate conflict between their two mentees on the unit. Mentors Cara and Chrissy worked in tandem with their mentees when client behaviors spiked on their unit, noting that having the extra support and encouragement built a bond between the four participants.

A final pleasant surprise was the description of the mutually beneficial relationship between the mentors and mentees. In a tip of the hat to human centered design, the *Caring for the Caregiver* program presented opportunities for mutual flourishing and co-creation throughout the program.

Based on an assessment by the organization, it is possible that a *Caring for the Caregiver* program 2.0 might be adopted. Should that be the case, a couple of suggestions for improvements would be offered. First, a couple of technical improvements could be:

1) The calendar provided to mentors and their participants seemed confusing at first and not everyone was clear on where they needed to be when, so this would be streamlined.
2) The participants often forgot to bring their guides. Often that meant making copies of the pertinent pages for the week's programming. A new version would consider fillable forms and digital-only copies, such that they could be accessed from anywhere.
3) In this first iteration, there were a few mentors and participants paired on opposite shifts, making communication a bit more difficult. This points to another change in aligning shifts with participants and mentors.

Beyond those technical fixes, there are two other areas that might improve the overall experience of participants in the *Caring for the Caregiver* program. The first would be to have more active involvement from and with the supervisors of participants. This was a suggestion from a mentor who wished she had had a closer connection with the supervisor, such that they could make sure they were aligning around needs.

Finally, it will be important for the organization to figure out how to catch the first act of client aggression with new employees. When a client has a behavior or is escalating in violence necessitating a physical restraint, an incident report is filled out and turned into the performance

and quality improvement team for review. The employee who fills out the form is the one who is noted in the experience, even though several other employees might be involved. Aside from follow up on protocol, there is no formal check-in to determine how the employee's mental health is after a traumatic client experience. This opens a gap to miss a new employee being involved in a heightened emotional experience. As Wilson and Britt (2020) found, helping fatigued workers after harm has been done is less effective and sustainable than improving the personal and management skills of employees prior to the experience of mental health symptoms. Their study demonstrates the importance of organizational interventions designed to help employees better respond to stressors in a healthy way. In speaking of the peer mentoring sessions, Emily said,

> "If you're on the edge of 'okay, I'm going to quit' these check-ins really help with that because you can express that to somebody without feeling like you're going to be retaliated against. Then, they can help you figure out why you feel that way instead of just quitting."

Based on the results of this study and observations throughout, there are several implications for future research. One area of future research could be the early-on commitment of supervisors and the successful retention of new staff. As this research found, supervisor commitment varied based on guesses about whether the new employee could be sustained by the system. If supervisors were committed from day one, would that make a difference? The next area of future research is based on an observation made about mentors and their excitement to be in the program. It is interesting to consider whether the act of simply being a mentor in the organization might support greater engagement and retention. A third area of exploration is based off the research of Kašpárková et al. (2018) who found that resilient workers are healthier

and less likely to quit, it would be interesting to apply a resilience assessment measure when hiring new human service workers to see if this enhances their resilience and overall retention. Finally, and importantly, an area of future research could be an exploration of whether client care improves if staff retention improves.

## Personal Reflection and Implications for my Leadership Practice

This research was a powerful experience for me, and one that reminded me of the need for greater appreciation towards human service workers. I started the study citing my reverence for these workers and I ended the study with even more appreciation for their work. These people are at times lifesavers, best friends, stand in guardians, teachers, therapists, targets, believers, doubters, and the backbone behind the important work in disabilities industry. The industry is not built to meet their needs, rather it is so client-focused that these needs are overlooked at great expense. Unless they have a good friend at work or lucked into a great supervisor, the system is not built to check in on them.

There are several elements of this study that will stick with me going forward. The first is that there is no real magic to developing bonds with others. It takes consistently showing up for others, letting them know you care and that you have their back. When that happens, a bond is formed, and that bond is critical to the entire system functioning properly. The second element is that it takes time to build trust and form relationships. Trust forged in traumatic experiences might speed up the process a bit, but it takes time…and for some people, the holding environment is not stable enough for them to build the trust. A third element that will remain with me is the lifesaving element of this work. Unlike other industries, where people knowingly accept that they are stepping into a potentially lifesaving role (doctor, EMT, police officer, military personnel, etc.), the human service worker is surprised to learn that being in the daily life of a person with an ID/DD diagnosis may mean stepping into danger or protecting that client from danger. As evidenced in stage one of this research, a participant recalled a harrowing experience. She said, “We just saved somebody’s life and then went right back to work without someone even checking on us.” The system is built for the client, but it needs to be rebuilt for

sustainability with the human service worker's mental health in mind, as well. A final element that will stay with me is the satisfied feeling I have that the group of participants in stage two – those to whom the intervention was applied – want to stay together as a peer mentoring group. At the conclusion of their evaluation session, they asked about and made plans for future quarterly meetings to check in with each other and continue learning together. To me, this feels like the practice and purpose of adaptive leadership.

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## Appendix A

Email Solicitation for Stage One Participants

Dear [client-facing human service professional],

As part of a research study on retention, we are conducting a focus group with client-facing employees who have been employed at the organization for at least one year. As someone who fits that category, you are in an ideal position to give us valuable first-hand information from your own perspective.

***The focus group will be held on [date, time] at [location].***

The focus group takes around 90 minutes and is very informal. We are simply trying to capture your thoughts, perspectives, and experiences of being an employee at [the organization]. Your responses to the questions will be kept confidential. This is a voluntary program, and you will be paid your normal hourly wage for your time spent participating in this study. After the focus group concludes, you will be asked if you would like to provide further input into the study. Further input is not required.

Your participation will be a valuable addition to our research and findings could lead to greater understanding of how employees experience our culture, their jobs, and the retention efforts of the organization overall. ***If you are interested in participating, please email [researcher] at [researcher email] and indicate your interest***.

Please let me know if you have any questions.

Thank you in advance,

[Researcher]

# Appendix B

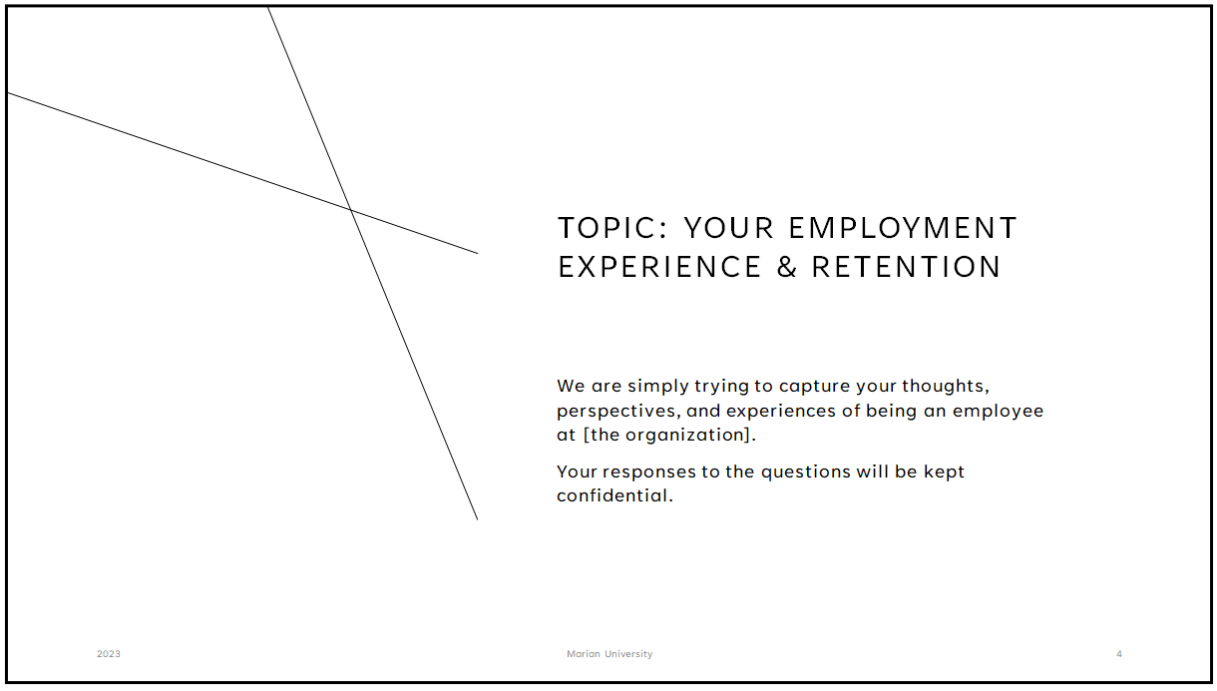
Presentation – Call for Participants

1

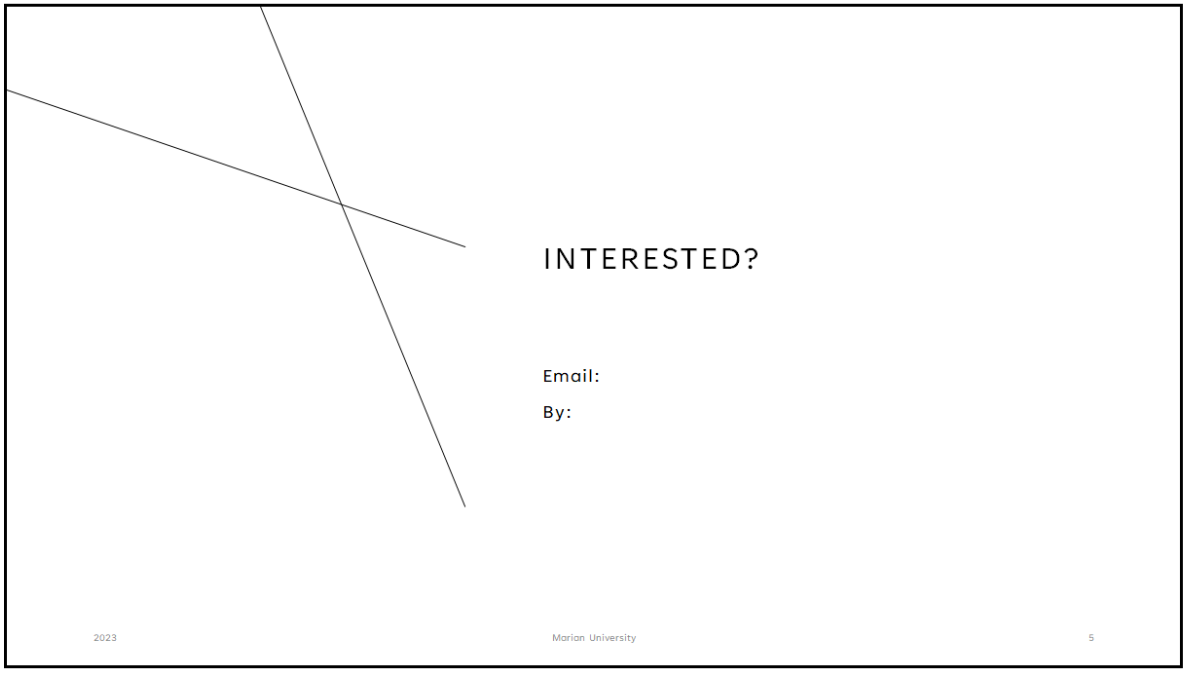
2

FOCUS GROUP WILL BE HELD ON: DATE
AT: TIME
90-minute time commitment, with option for more
2023
Marian University
3

3


TOPIC: YOUR EMPLOYMENT
EXPERIENCE & RETENTION
We are simply trying to capture your thoughts, perspectives, and experiences of being an employee at [the organization].
Your responses to the questions will be kept confidential.
2023
Marian University
4

4




5

# Appendix C

## Focus Group Consent Form – Stage One

### Purpose

You have been invited to participate in a focus group as part of a doctoral research study at Marian University. The purpose of this focus group is to capture your thoughts, perspectives, and experiences of being an employee at [the organization]. The information learned in this focus group will be used to develop programming for new employees at [the organization].

### Procedure

This focus group is voluntary. As part of this study, you will be placed in a group of up to 12 individuals. A moderator will ask you several questions while facilitating the discussion. As approved through Marian University's Institutional Review Board, this focus group will be recorded, and notes will be taken. However, your responses will remain confidential, and no names will be included in the final report. Your responses will not be shared with your supervisor and will have no bearing on your employment standing. You can choose whether to participate in the focus group, and you may stop at any time during the study. Please note that there are no right or wrong answers to focus group questions. Out of respect, please refrain from interrupting others. However, feel free to be honest even when your responses counter those of other group members.

### Confidentiality

Should you choose to participate, you will be asked to respect the privacy of other focus group members by not disclosing any content discussed during the study. A researcher will analyze the data, but—as stated above—your responses will remain confidential, and no names will be included in any reports.

Your identity will be known to other group participants and the researchers cannot guarantee that others in the group will respect the confidentiality. Please keep all comments made confidential and do not discuss what happened during the session with anyone outside the study.

### Contact

If you have any questions or concerns regarding this study, please contact the Marian University Institutional Review Board at [email].

*I understand this information and agree to participate fully under the conditions stated above.*

*Signature:* _____ *Date:*_____

*Printed Name:*_____

# Appendix D

## Caring for the Caregiver Consent Form – Stage Two

### Purpose

You have been invited to participate in a unique program for new employees as part of a doctoral research study at Marian University. The purpose of this study is to capture your thoughts, perspectives, and experiences of being an employee at [the organization]. The information learned during this study will be used to analyze the Caring for the Caregiver program at [the organization].

### Procedure

This is a voluntary program. As part of this study, you will be placed in a cohort group based on your hire date. A facilitator will provide additional training during your orientation period. Then, you will have 6 follow-up group mentoring sessions during your first three months of employment. During a final session, a moderator will facilitate a focus group and ask you several questions. As approved through Marian University's Institutional Review Board, these program sessions will be recorded, and notes will be taken. However, your responses will remain confidential, and no names will be included in the final report. Your responses will not be shared with your supervisor and will have no bearing on your employment standing. You can choose whether to participate, and you may stop at any time during the study.

### Confidentiality

Should you choose to participate, you will be asked to respect the privacy of other cohort members by not disclosing any content discussed during the study. A researcher will analyze the data, but—as stated above—your responses will remain confidential, and no names will be included in any reports.

Your identity will be known to other group participants and the researchers cannot guarantee that others in the group will respect the confidentiality. Please keep all comments made confidential and do not discuss what happened during the session with anyone outside the study.

### Contact

If you have any questions or concerns regarding this study, please contact the Marian University Institutional Review Board at [email].

*I understand this information and agree to participate fully under the conditions stated above.*

*Signature:* _____ *Date:*_____

*Printed Name:*_____

# Appendix E

## Focus Group Consent Form – Stage Three

### Purpose

You have been invited to participate in a focus group as part of a doctoral research study at Marian University. The purpose of this focus group is to capture your thoughts, perspectives, and experiences of being an employee at [the organization]. The information learned in this focus group will be used to analyze the Caring for the Caregiver program at [the organization].

### Procedure

Your participation is voluntary. As part of this study, you will be placed in a group of up to 10 individuals. A moderator will ask you several questions while facilitating the discussion. As approved through Marian University's Institutional Review Board, this focus group will be recorded, and notes will be taken. However, your responses will remain confidential, and no names will be included in the final report. Your responses will not be shared with your supervisor and will have no bearing on your employment standing. You can choose whether to participate in the focus group, and you may stop at any time during the study. Please note that there are no right or wrong answers to focus group questions. Out of respect, please refrain from interrupting others. However, feel free to be honest even when your responses counter those of other group members.

### Confidentiality

Should you choose to participate, you will be asked to respect the privacy of other focus group members by not disclosing any content discussed during the study. A researcher will analyze the data, but—as stated above—your responses will remain confidential, and no names will be included in any reports.

Your identity will be known to other group participants and the researchers cannot guarantee that others in the group will respect the confidentiality. Please keep all comments made confidential and do not discuss what happened during the session with anyone outside the study.

### Contact

If you have any questions or concerns regarding this study, please contact the Marian University Institutional Review Board at irb@marian.edu.

*I understand this information and agree to participate fully under the conditions stated above.*

*Signature:* _____ *Date:*_____

*Printed Name:*_____

# Appendix F

## Focus Group Protocol & Discussion Guide – Stage One

| | |
|---|---|
| **Introduction, Process, Consent** | • **Introduce yourself.**<br>• **Review the study's purpose, how long you expect the focus group to take (90 minutes), and the plans for using the results.**<br>• **Note that the interviews will be recorded and that you will keep participants' identities confidential.**<br>• **Distribute consent forms.** |
| **Ground Rules** | Ground rules and group norms are established to ensure mutual respect, consideration, and a supportive atmosphere for discussion.<br><br>• All group members have a right to their viewpoints and opinions.<br>• All group members have a right to speak without being interrupted or disrespected by other group members.<br>• Group members will avoid dominating the conversation and will allow time for others to speak.<br>• The moderator has the right to guide the timing and flow of the session topics but will allow the group to determine the importance and focus of the conversation, as appropriate.<br>• Identities of group members will remain confidential.<br>• There are no right or wrong answers. |
| **Introductions** | Allow group members to introduce themselves with name, department, how long they have been at the organization, and something they enjoy about the organization. |
| **Questioning Sequence** | 1) What is it like working at [the organization]?<br>2) What are the factors related to your personal decision to stay at [the organization]?<br>3) Think back to when you were first hired. What early experiences are coming to mind?<br>4) What can you point to as a reason you have decided to stay?<br>5) How has your opinion of [the organization] changed over time?<br>6) How does the relationship with clients impact employees' retention decisions?<br>7) What would you say to a new employee who is just starting out in the ID/DD industry?<br>8) With your own personal journey in mind, what might have better helped you along the way?<br>9) What did you need that you had to find yourself?<br>10) We are developing a Caring for the Caregiver program. What elements should we consider including?<br>11) Do you have a mentor or someone in the organization that you connect with? What is that relationship like?<br>12) What does a bad day look like at [the organization]? |

| | |
|---|---|
| | 13) What does a good day look like at [the organization]? |
| **Closing Questions/ Debrief** | What else would you like to tell me about? |
| **Wrap Up & Thank You** | • Thank you very much for your time today. I appreciate hearing your insights on this topic.<br>• If anyone would like to participate in a follow up one-on-one interview or have interest in helping create content for the Caring for the Caregiver program, please remain in the room as others leave so I can capture your interest. |

# Appendix G

## Focus Group Protocol & Discussion Guide – Stage Three

| | |
|---|---|
| **Introduction, Process, Consent** | • **Introduce yourself.**<br>• **Review the study's purpose, how long you expect the focus group to take (90 minutes), and the plans for using the results.**<br>• **Note that the interviews will be recorded and that you will keep participants' identities confidential.**<br>• **Distribute consent forms.** |
| **Ground Rules** | Ground rules and group norms are established to ensure mutual respect, consideration, and a supportive atmosphere for discussion.<br><br>• All group members have a right to their viewpoints and opinions.<br>• All group members have a right to speak without being interrupted or disrespected by other group members.<br>• Group members will avoid dominating the conversation and will allow time for others to speak.<br>• The moderator has the right to guide the timing and flow of the session topics but will allow the group to determine the importance and focus of the conversation, as appropriate.<br>• Identities of group members will remain confidential.<br>• There are no right or wrong answers. |
| **Introductions** | Allow group members to introduce themselves with their name, department, and something they have learned during the Caring for the Caregiver program. |
| **Questioning Sequence** | 1) What has it been like working at [the organization]?<br><br>2) In what ways does the Caring for the Caregiver program influence elements of retention?<br><br>3) How has your opinion of [the organization] changed over the past few months?<br><br>4) How do the relationships with clients impact you?<br><br>5) With your own personal journey in mind, what has been the most helpful experience you have had at [the organization]?<br><br>6) We are evaluating the Caring for the Caregiver program. What should we know?<br><br>7) What do you like best about the program? Least?<br><br>8) Talk about your time investment. Do you feel like this program was a good use of your time and the organization's resources? |

| | |
|---|---|
| | 9) What does a bad day look like at [the organization]?<br>10) What does a good day look like at [the organization]? |
| **Closing Questions/ Debrief** | What else would you like to tell me about? |
| **Wrap Up & Thank You** | • Thank you very much for your time today. I appreciate hearing your insights on this topic.<br>• If anyone would like to participate in a follow up one-on-one interview or feels the need to clarify anything discussed, please remain as the others are dismissed. |

# Appendix H

## Follow-Up Interview Consent Form

### Purpose

You have been invited to participate in a follow-up interview as part of a doctoral research study at Marian University. The purpose of this interview is to capture your thoughts, perspectives, and experiences of being an employee at [the organization], and to provide additional information about a topic that was covered during your focus group session. The information learned in this interview will be used to develop programming for new employees at [the organization].

### Procedure

As part of this study, you will have a one-on-one interview via a method of your choosing, either virtually or in-person. A moderator will ask you several questions while facilitating the discussion. As approved through Marian University's Institutional Review Board, this semi-structured interview will be recorded, and notes will be taken. However, your responses will remain confidential, and no names will be included in the final report. You can choose whether to participate in the interview, and you may stop at any time during the study. Please note that there are no right or wrong answers to questions.

### Confidentiality

Should you choose to participate, every effort will be made to protect your confidentiality, including using a pseudonym. A researcher will analyze the data, but—as stated above—your responses will remain confidential, and your name will not be included in any reports.

### Contact

If you have any questions or concerns regarding this study, please contact the Marian University Institutional Review Board at [email].

*I understand this information and agree to participate fully under the conditions stated above.*

*Signature:* _____ *Date:*_____

*Printed Name:*_____

# Appendix I

## Semi-structured Interview Protocol for Focus Group Follow-Ups

Interviewee:_____

Interviewer:_____

Written Consent Collected: _____Yes _____No

### Introductory Protocol

First let me thank you for consenting to be a part of this interview and study. The purpose of this study is to explore the experience of client-facing staff, with a focus on improving the retention of new client-facing staff. This interview will be approximately 30 minutes in length and is being held as a follow-up to the focus group that you attended. This session will be recorded. If at this time you feel you would no longer like to participate in this process, please let me know now and you may leave the call/room without judgment.

### Introduction

Before we begin, do you have any questions for me? Now that I have confirmed consent, let's get started.

### Research Questions

1) Tell me about your experience at [the organization]?
2) How did your experience compare to your expectations of the focus group?
3) I wanted to follow up on [topic] that you discussed during your focus group. What else can you tell me about that?
4) After you left the focus group, was there anything else you wished you had shared or explored?
5) What suggestions can you give based on your experiences that would help improve the retention of client-facing staff?
6) Is there anything else you would like for me to know?

### Closing Protocol

Thank you for your time, comments, and feedback. I appreciate your willingness to be a part of this study.

## Appendix J

## Work and Meaning Inventory

Work can mean a lot of different things to different people. The following items ask about how you see the role of work in your own life. Please honestly indicate how true each statement is for you and your work.

Name: Date:

| | Absolutely Untrue | Mostly Untrue | Neither True nor Untrue | Mostly True | Absolutely True |
|---|---|---|---|---|---|
| 1. I have found a meaningful career. | 1 | 2 | 3 | 4 | 5 |
| 2. I view my work as contributing to my personal growth. | 1 | 2 | 3 | 4 | 5 |
| 3. My works really makes no difference to the world. | 1 | 2 | 3 | 4 | 5 |
| 4. I understand how my work contributes to my life's meaning. | 1 | 2 | 3 | 4 | 5 |
| 5. I have a good sense of what makes my job meaningful. | 1 | 2 | 3 | 4 | 5 |
| 6. I know my work makes a positive difference in the world. | 1 | 2 | 3 | 4 | 5 |
| 7. My work helps me better understand myself. | 1 | 2 | 3 | 4 | 5 |
| 8. I have discovered work that has a satisfying purpose. | 1 | 2 | 3 | 4 | 5 |
| 9. My work helps me make sense of the world around me. | 1 | 2 | 3 | 4 | 5 |
| 10. The work I do serves a greater purpose. | 1 | 2 | 3 | 4 | 5 |

*(Note: While shown in print here, the survey will be converted to electronic format.)*

**Scoring instructions:**

- Add the ratings for items 1, 4, 5, and 8 to get the "Positive Meaning" score. The Positive Meaning scale reflects the degree to which people find their work to hold personal meaning, significance, or purpose.

- Add the ratings for items 2, 7, and 9 to get the "Meaning-Making through Work" score. The Meaning-Making through Work score reflects the fact that work is often a source of broader meaning in life for people, helping them to make sense of their live experience.

- Subtract the rating for item 3 from 6 (e.g., if a client gave item 3 a rating of 2, then their converted rating would be 4 [6-2=4]); add this number to the ratings for items 6 and 10 to get the "Greater Good Motivations" score. The Greater Good Motivations score reflects the degree to which people see that their effort at work makes a positive contribution and benefits others or society.

- The Positive Meaning, Meaning-Making through Work, and Greater Good Motivations scores can all be added together to get the test-taker's overall Meaningful Work score. The Meaningful Work score reflects the depth to which people experience their work as meaningful, as something they are personally invested in, and which is a source of flourishing in their lives.

Low scores on any of these scales reflect an absence of work meaning, and may be predictive of poor work engagement, low commitment to one's organization and intentions to leave, low motivation, a perceived lack of support and adequate guidance from leadership or management. People who score low on these scales are also more likely to be absent from work and experience both low levels of well-being and higher levels of psychological distress.

## Appendix K

## Perceived Person-Environment Fit Scale

Note: All items used a 7-point scale, 1 meaning “no match” and 7 meaning “complete match”

**Person–Job Fit Scale (PJFS)**

1. How would you describe the match between your professional skills, knowledge, and abilities and those required by the job?

2. How would you describe the match between your personality traits (e.g., extrovert vs. introvert, agreeable vs. disagreeable, and dependable vs. undependable) and those required by the job?

3. How would you describe the match between your interests (e.g., social vs. unsocial, artistic vs. inartistic, and conventional vs. unconventional) and those you desire for a job?

4. How would you describe the match between the characteristics of your current job (e.g., autonomy, importance, and skill variety) and those you desire for a job?

**Person–Organization Fit Scale (POFS)**

*POFS-Values*

How would you describe the match between your emphasis and your organization’s emphasis on the following values?

1. honesty

2. achievement

3. fairness

4. helping others

*POFS-Goals*

How would you describe the match between your goals and your organization’s goals on the following dimensions?

5. reward

6. the amount of effort expected

7. competition with other organizations

**Person–Group Fit Scale (PGFS)**

*PGFS-Values*

How would you describe the match between your emphasis and your group's emphasis on the following values?

1. honesty

2. achievement

3. fairness

4. helping others

*PGFS-Goals*

How would you describe the match between your goals and your group's goals on the following dimensions?

5. reward

6. the amount of effort expected

7. competition with other groups

*PGFS-Attributes*

How would you describe the match between you and your group members on the following characteristics?

8. personality

9. work style

10. lifestyle

**Person–Supervisor Fit Scale (PSFS)**

1. How would you describe the match between the things you value in life and the things your supervisor values?

2. How would you describe the match between your personality and your supervisor's personality?

3. How would you describe the match between your work style and your supervisor's work style?

4. How would you describe the match between your lifestyle and your supervisor's lifestyle?

5. How would you describe the match between your supervisor's leadership style and the leadership style you desire?

# Appendix L

## Organizational Approval

DAMAR
Remarkable people. Remarkable results.

Date: April 11, 2023

To: Jennifer Peters-Reece, Principal Investigator

From: Dr. Jim Dalton, President & CEO, Damar Services, Inc.

RE: How Humans Show Up in Human Services Roles Research Study

This letter will serve as confirmation that the study entitled "How Humans Show Up in Human Services Roles" is approved to be conducted with Damar employees.

Permission is hereby granted to conduct research with employees for a period of one year beginning May 2023 and ending May 2024. Access to documentation, physical spaces, and non-public materials is also permitted. Audio recordings are permissible.

This permission does not extend to, nor has it been requested for, clients or client records.

Regards,

Dr. James L. Dalton, Psy.D., HSPP, CSAYC
President & CEO
Damar Services, Inc.

## Appendix M

## Phase Two – Script

*In-Person Instructions: New Employee Orientation Day Two*

[The organization] is partnering with a doctoral researcher to explore retention at the organization. Specifically, we are asking new employees to volunteer to participate in a program called Caring for the Caregiver. It is a program that will include additional training this afternoon and will include six peer mentoring check-in sessions with a group over the course of the next three months. You will be paid your normal hourly wage for your participation. The research will conclude with a 90-minute focus group for which you will also be paid your normal hourly wage.

We are looking at why human service professionals, like yourself, choose to stay here and what supports can be implemented to make you more successful in the field. We hope to ascertain your thoughts, opinions, needs, and lived experiences relating to your role fit here and your overall job satisfaction. This is a pilot program for the organization.

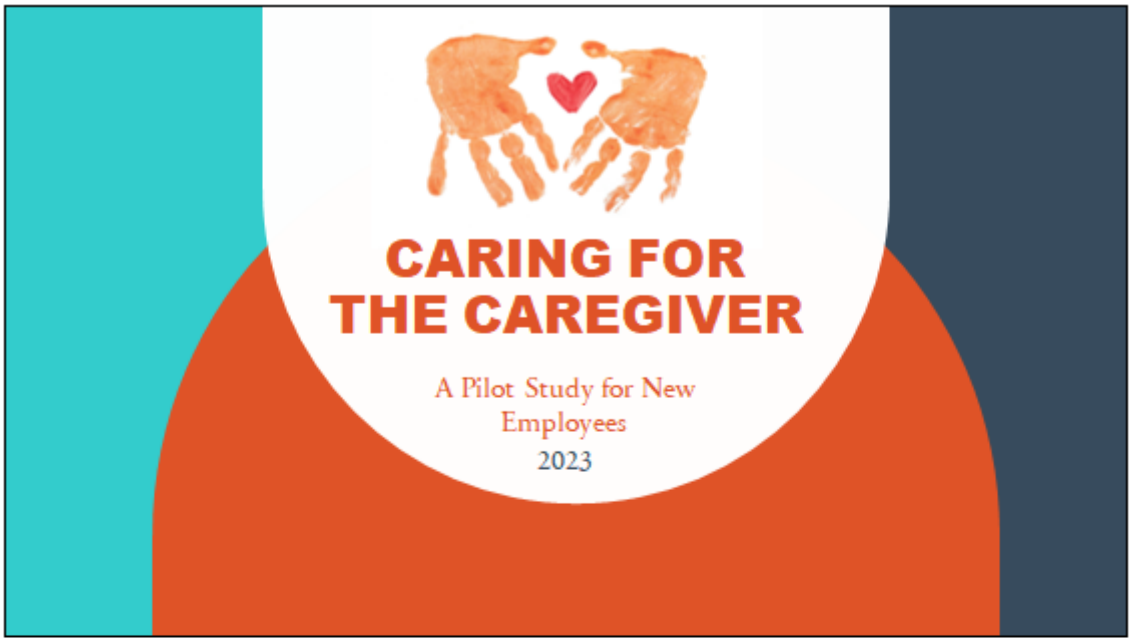
You are not required to participate. And if you choose to participate and change your mind later, you can step out of the program at any time without any recourse or impact on your employment.

While your supervisor will know you are participating, because they will have to cover the floor for you, we will not share what you share during your sessions with your supervisor. In fact, everyone enrolled in the study will be assigned a pseudonym.

Before I pass out consent forms to you to decide if you would like to participate, what questions do you have?

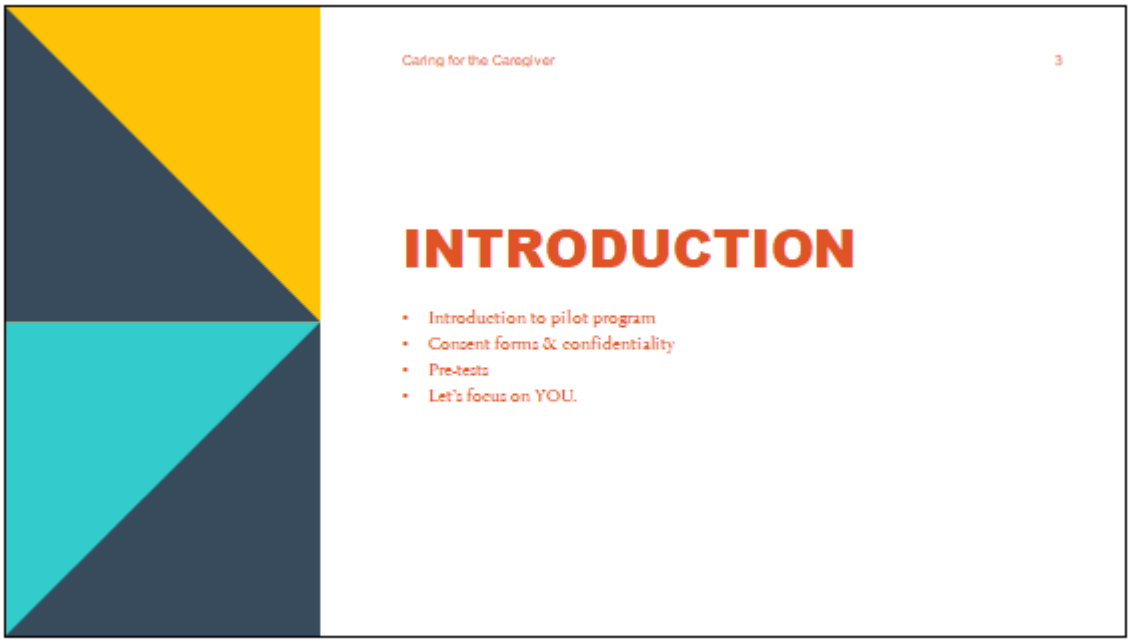
## Appendix N

## Caring for the Caregiver New Employee Training Slide Deck




1

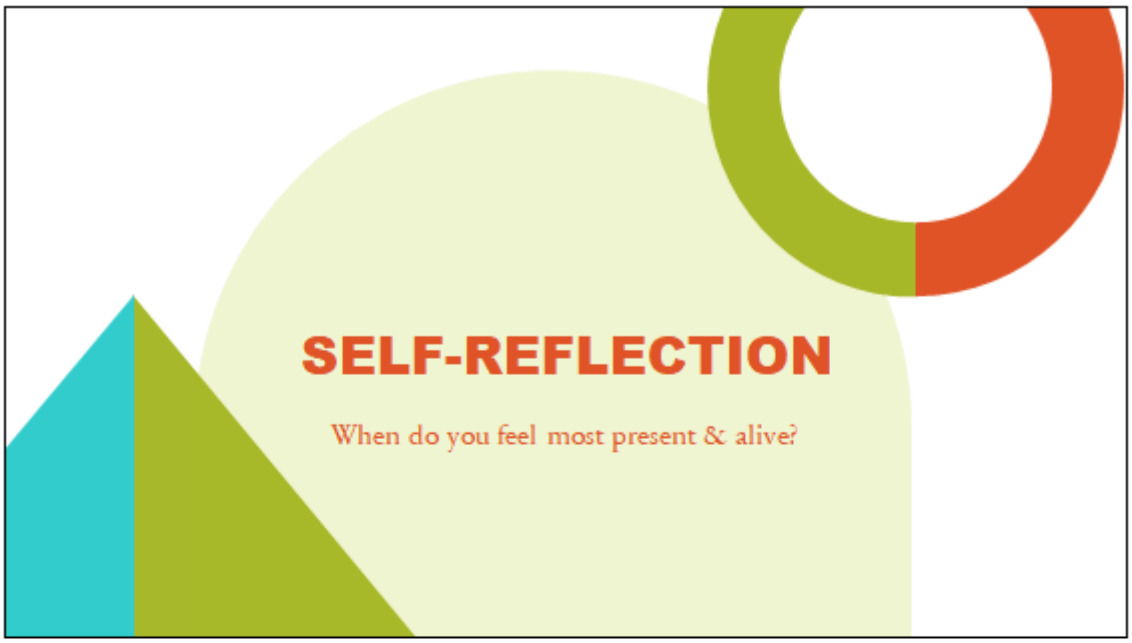
2


Caring for the Caregiver
3
INTRODUCTION
Introduction to pilot program
Consent forms & confidentiality
Pre-tests
Let's focus on YOU.

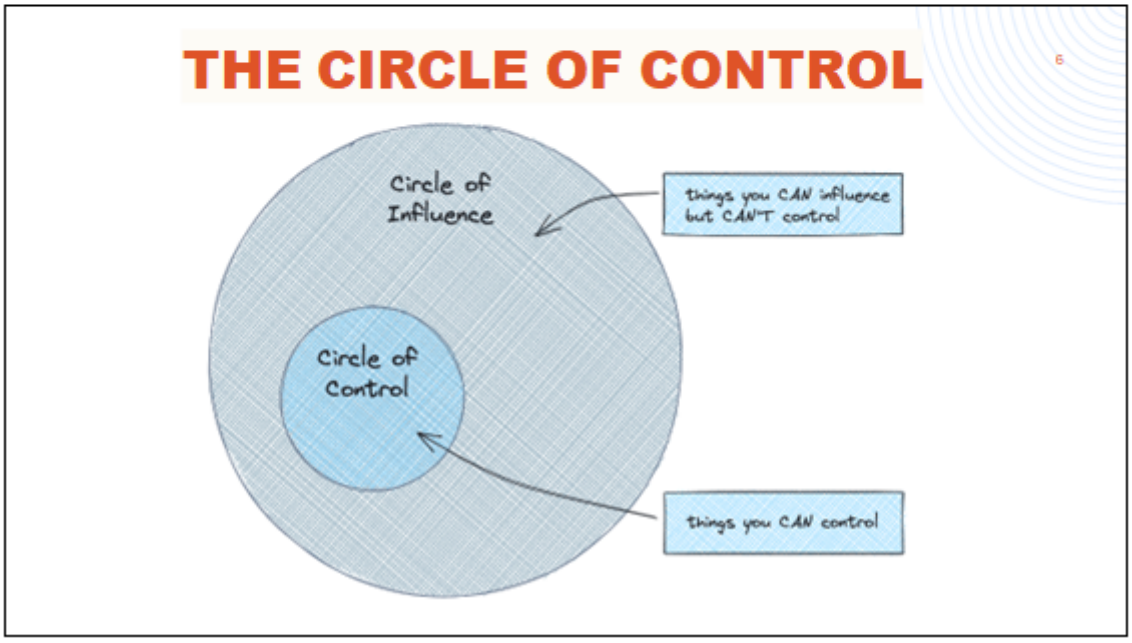
3

GROUNDING EXERCISE
Finding focus where we are.

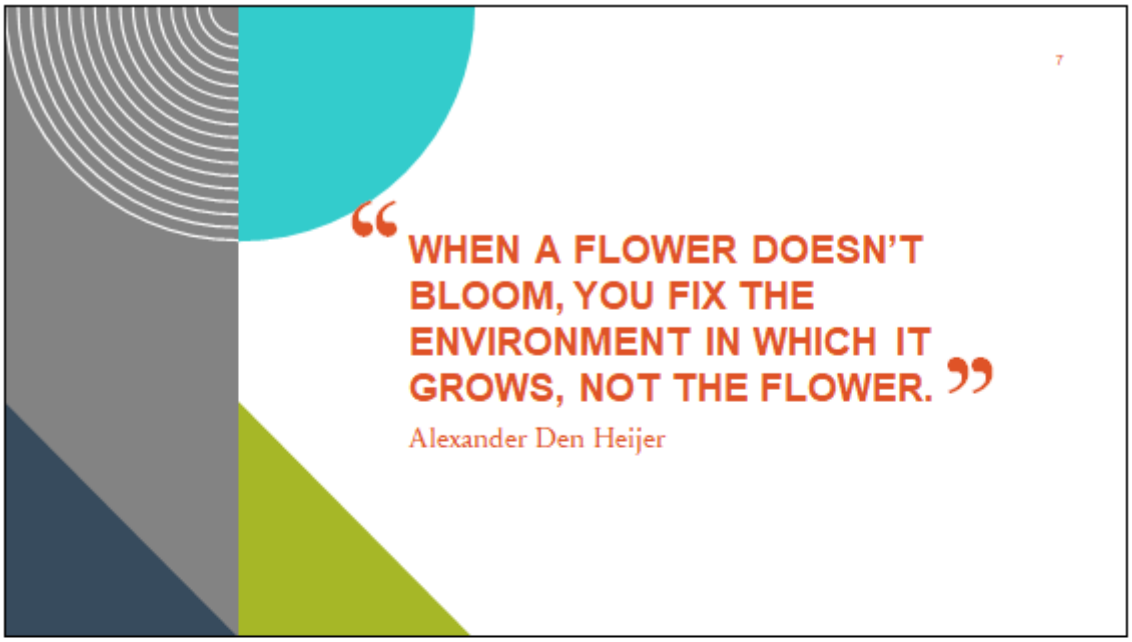
4


SELF-REFLECTION
When do you feel most present & alive?

5


THE CIRCLE OF CONTROL
6
Circle of Influence
things you CAN influence but CAN'T control
Circle of Control
things you CAN control

6


7
“WHEN A FLOWER DOESN’T BLOOM, YOU FIX THE ENVIRONMENT IN WHICH IT GROWS, NOT THE FLOWER.”
Alexander Den Heijer

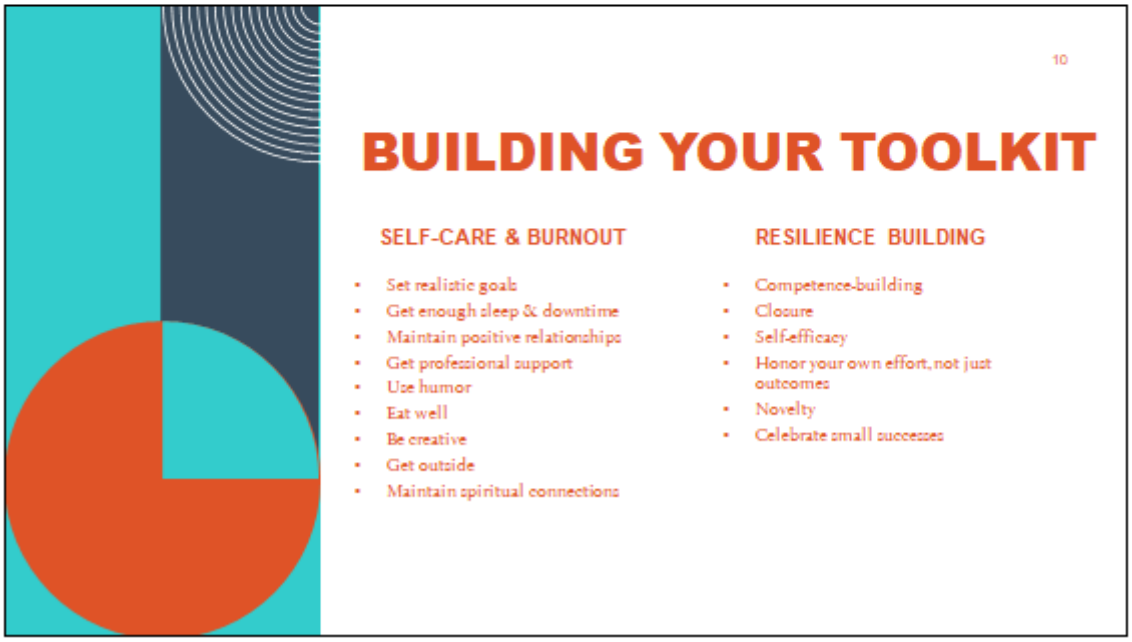
7

SELF-CARE & BURNOUT
Risk factors, discussion, empowerment

8

Caring for the Caregiver
9
MENTOR MEET & GREET
Introductions
Meet & Greet Activity
Share contact information

9


10
BUILDING YOUR TOOLKIT
SELF-CARE & BURNOUT
Set realistic goals
Get enough sleep & downtime
Maintain positive relationships
Get professional support
Use humor
Eat well
Be creative
Get outside
Maintain spiritual connections
RESILIENCE BUILDING
Competence-building
Closure
Self-efficacy
Honor your own effort, not just outcomes
Novelty
Celebrate small successes

10

11
NEXT STEPS
JULY
AUGUST
SEPTEMBER
OCTOBER
NOVEMBER
Complete NEO & Begin Mentoring Sessions
Group mentor sessions & private mentor check-ins
Group mentor sessions & private mentor check-ins
Graduate program & Evaluate your experience
Deploy skills & encourage others around capacity-building techniques

11

Caring for the Caregiver
12
GROUP SESSIONS
All group sessions will be held in Conference Room 2 at 2:00.
See the schedule in your participant guide.
Your manager is aware and of the program and will provide coverage in your department/on your team.

12

THANK YOU
13