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Correlates of Developmental Disabilities Direct Service Professionals' High Turnover Rate

Doreen Marie Colangelo
Walden University

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Walden University

College of Management and Technology

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Doreen Colangelo

has been found to be complete and satisfactory in all respects,
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Dr. Al Endres, Committee Chairperson, Doctor of Business Administration Faculty

Dr. Annie Brown, Committee Member, Doctor of Business Administration Faculty

Dr. Charlene Dunfee, University Reviewer, Doctor of Business Administration Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2015

Abstract

Correlates of Developmental Disabilities Direct Service Professionals' High Turnover

Rate

by

Doreen Colangelo

MA Seton Hall University, 1993

BA Fairleigh Dickinson University, 1991

Doctoral Study Submitted in Partial Fulfillment

Of the Requirements for the Degree of

Doctor of Business Administration

Walden University

December 2015

Abstract

Workplace turnover is destructive to organizations both financially and operationally. The cost of selecting and replacing the wrong candidate for a position ranges from a few thousand to several million dollars. The goal for this correlational study was to assess the efficacy of an applicant test instrument for identifying key personality traits of direct service professionals (DSP) in the developmental disabilities arena which correlate with successful job tenure and decrease turnover cost. The theoretical framework that grounded this study was the poor job fit theory. The population studied consisted of DSP's hired by an organization in Glynn County, GA. Anonymous candidates' data were obtained by the screening test and stratified into 2 categories: successful employees (48 of those remaining in their position for a year or longer) and unsuccessful employees (48 of those remaining in their position less than 1 year), the secondary historical data from the test instrument were analyzed via a binary multiple logistics regression model. Since inferential statistical analysis results revealed no statistical significance (at the .05 level) of any of the 5 test category variables for predicting successful employment (a year or longer) or unsuccessful employment (less than a year), The analysis revealed that the Talent Acquisition - Healthcare Services Profile – Clinical Test is not a successful screening tool for the subject population. When organizations hire the right candidates for healthcare positions, beneficial social change can occur when a higher quality of care is delivered, making a positive contribution to the lives of the caregivers, patients, and patients' families.

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Dedication

This study is dedicated to my parents, Sal and Marie Colangelo, my best friend and future husband, Klay Weaver, and to Chooch (my best pal in the world). I also would like to recognize my brother, Joseph Colangelo, for his ongoing support throughout my entire life. I would not be who I am today without my grandparents, Joseph and Antoinette Colangelo, and Elpidio and Nancy Cirii. These individuals sacrificed to support my personal lifelong goal of obtaining my doctorate.

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Section 1: Foundation of the Study

High employee turnover negatively affects organizations, financially and operationally. Van Bogaert, Clarke, Willems, and Mondelaers (2012) found that practice environment ratings and work engagement ultimately influence both staff and patient outcomes. It is imperative that there is an organizational goal of creating a stable workforce consisting of optimal knowledge, abilities, and skill for care delivery. Many factors shape employee turnover intentions (Nyambarwa, 2013). Some of these factors are salaries, conditions of service, job performance, job satisfaction, potential job growth, supervisory/management style, employee and employment commitment, and promotional opportunities (Nyambarwa, 2013). Regardless of whether an organization is in the private or public sector, inefficiencies relating to employee retention are pervasive (Basu, Andrew, Kishore, Panjapi, & Stuckler, 2012).

The intent for this quantitative study was to determine if the Talent Acquisition - Healthcare Services Profile– Clinical Test was effective for predicting successful direct service professionals. Bandura and Lyons (2014) noted that the hidden cost of selecting the wrong candidate for a position may cost a company from a few thousand to several million dollars, which implies a national cost of billions of dollars to the United States employers. The goal for this study was to identify key personality traits of direct service professionals in the developmental disabilities arena contributing to successful tenure. Prior to selecting candidates, human resources recruiters have sought to identify a positive match between personality attributes and tenure (Bandura & Lyons, 2014). A successful match could improve retention rates and reduce the indirect and direct costs caused by a high employee turnover rate. Not recognizing a high turnover rate in any

profession is costly. Loss of valuable talent, especially of productive, well-engaged employees, is expensive, along with the cost of overtime incurred to cover the vacant position, recruiting, and training of new employees (Balliner, Craig, Cross, & Gray, 2011).

High turnover costs can accrue millions of dollars in unwarranted expenditures for a company. Failure to manage correctly or to fully avoid these costs could result in business failure. Poor candidate selection techniques cost companies as much as 150% of an employee's annual compensation figure through indirect and direct costs (Balliner et al., 2011). Assuming the average salary in a given company is \$50,000 per year and projecting the cost of turnover at 150% of salary, the financial result of turnover is \$75,000 per employee who leaves either voluntarily or involuntarily (Balliner et al., 2011).

Noticeable direct costs of high employee turnover include consequences that could be serious. Costs may be direct financial expenses such as: (a) candidate recruiting, (b) screening, (c) interviewing, (d) selecting, (e) reference checking, (f) information technology (IT)/security costs, (g) new employee processing, (h) orientation and training, (i) separation processing, (j) salary/vacation payout, and (k) and adaption of newcomers (Slavianska, 2012). Although harder to quantify because they are not as apparent, there are also indirect costs, which result in costly losses. The indirect costs, due to lost productivity, loss of valuable knowledge, and missed opportunities, constitute 70-85% of the indirect costs companies incur (Slavianski, 2012).

Consideration is critical between the organizational climate and the relationships workers have with their jobs in relation to the negative experience of burnout and the

positive experience of engagement (Tu vesson, Wann-Hansson, & Eklund , 2011).

Tu vesson, Wann-Hansson, and Eklund (2011) studied the importance of the work atmosphere on employees' psychosocial work environment. Examining engagement is consistent with proactive support from peers, managers, and upper management within a company. It is critical that organizations develop systems that engage and support their employees.

Background of the Problem

Workplace mobility has risen resulting in dramatic costs to organizations (Ballinger, Craig, Cross, & Gray, 2011). The debate in the literature behind high turnover rates, leading to increased direct and indirect costs, has expanded over the decades. Ballinger et al. (2011) noted early identification of flight risks, retention techniques, such as enhancing career planning, proactive development of succession plans, and enhancing network resilience to turnover are critical. Understanding the reasons for turnover may lead to different strategies to retain employees.

Jafari (2011) observed that in the turnover process there are multiple factors that may contribute to the driving force for an employee to terminate voluntarily his or her employment. Average employees hold eight jobs in the first two decades of their working career (Ballinger et al., 2011). Loss of valuable, productive, and engaged talent is expensive (Ballinger et al., 2011).

In a study including direct service workers (DSW) employed in the State of Delaware; Solano, McDuffie, and Powell (2003) found:

- 44% of DSW stay at their jobs for less than a year;
- 67% of DSW have tenure of one year or less;

- 78% of DSW remain at their jobs for two years or less, and
- Only 13% of all DSW stay with their jobs for five or more years.

It is vital for organizational leaders to identify turnover patterns to resolve reasons employees terminate employment either voluntarily or involuntarily. Gwavuya (2011) affirmed that incompetent leadership results in (a) high levels of stress, (b) low commitment and job satisfaction, (c) poor performance, and (d) high turnover. Gwavuya (2011) also concluded that successful leadership plays a critical role in employee motivation and retention. Once identified, successful company leadership should focus on quality management regarding recruiting practices, efficacious internal procedures, and the prevention of a *domino* or *snowball* effect by employees (Ballinger et al., 2011). A domino or snowball effect can occur when one employee leaves an organization, either voluntary or involuntarily, and a replacement is not immediately available. The increased workload can cause other employees to seek alternate employment, hence creating continuing turnover. With frequent budget cuts, increasing costs, shrinking reserves, sustaining employees with specializations is increasingly difficult (Ballinger et al., 2011). Employers can no longer overlook the mounting cost of increased turnover (Selden, 2010).

Employee turnover is not always completely deleterious. When a poor hiring decision, because of poor performance or poor organizational fit occurs, termination may be the best alternative (Ballinger et al., 2011). Disgruntled or dissatisfied employees may not voluntarily leave their place of employment. The goal for this doctoral study was to identify characteristics of desirable individuals applying for direct service developmental disability positions. Identifying desirable candidates may lead to quality employees and

thereby may reduce the high turnover rate. It is critical to identify poor quality candidates to prevent monetary or physical patient losses.

Problem Statement

In the United States, 77% of employees are unhappy with their current jobs and are considering leaving for better opportunities (Callier, 2011). Statistics from Solano et al.s' 2003 study, adjusted for inflation to 2012, indicated that the average wage for a DSW is \$10.11 per hour. Predicated on this figure, new employee training costs U. S. companies an estimated \$126 billion annually (Solano et al., 2003).

The general business problem is the long-term expense (financially and clinically) of employee turnover. The specific business problem is that some hiring managers need to reduce turnover costs of developmental disabilities direct service professionals in Glynn County, GA.

Purpose Statement

The purpose for this quantitative correlational study was to investigate methods hiring managers need to reduce turnover costs of developmental disabilities direct service professionals in Glynn County, GA. Managers may reduce turnover costs by improving turnover predictions through examining the nature of the relationship between the predictor variables from the Talent Acquisition - Healthcare Services Profile – Clinical Test and the criterion variable (the probability of successfully retaining employees 1 or more years).The method for calculating the values of the independent variable is described in the instrument heading in Section 2. The predictor variables are the applicants' scores on each of the five areas on the Talent Acquisition - Healthcare Services Profile – Clinical Test (a) respect, (b) interpersonal communication, (c) patient

centricity, (d) service orientation, and (e) quality orientation. The criterion variable is the probability of successfully retaining employees 1 or more years.

The Talent Acquisition - Healthcare Services Profile – Clinical Test applies to all applicants desiring a position as a direct service professional in the developmental disabilities division. Findings from this study may enable hiring managers to retain desired employees when hiring direct service professionals in the development disabilities field. Improving employee recruitment and retention can positively affect the lives of those employed by (a) increasing morale, (b) increase job satisfaction, and (c) improving patient care in the communities served, thereby, contributing to social change (Wu et al., 2012).

Nature of the Study

It is important to consider various theories and models when deciding which methods or designs to use when performing a new study. There are three major research methodologies: (a) quantitative, (b) qualitative, and (c) mixed methods. No method is universal for all studies. However, it is vital to understand each method independently, and to discuss potential ways of combining methods to enrich the study of human development by focusing on practical questions of how and when (Yoshikawa, Weisner, Kalil, & Way, 2013).

A quantitative research method was appropriate for this doctoral study. Quantitative methodology is appropriate for researchers wishing to quantify a social phenomenon by collecting and analyzing links among numerical data (Tuli, 2011). Quantitative research is a means for testing objective theories by examining the relationship among variables. In contrast, qualitative researchers explored the meaning of

social phenomena and focusing on links among variables across relatively few cases (Tuli, 2011). Qualitative methodology has emerged with increasing popularity since 1990 (Wertz, 2014).

The purpose for this quantitative correlational study was to investigate methods hiring managers need to reduce turnover costs of developmental disabilities direct service professionals in Glynn County, GA. Managers may reduce turnover costs by improving turnover predictions through examining the nature of the relationship between independent variables from the Talent Acquisition – Healthcare Services Profile – Clinical Test and the probability of success or failure of an employee remaining with the subject organization one or more years (dependent variable). I examined the extent and nature of the relationship among the independent variables identified as the five competency areas from the Talent Acquisition - Healthcare Services Profile – Clinical Test (a) respect, (b) interpersonal communication, (c) centricity, (d) quality orientation, and (e) service orientation, and the probability of success or failure of an employee remaining with the subject organization one or more years (dependent variable). Hence a quantitative method is appropriate for this study.

A multiple correlation analysis consisted of analyzing the relationship between applicants' test scores for the five competency areas on the Talent Acquisition - Healthcare Services Profile - Clinical Test, and the probability of an applicant's success (remaining with the company for one or more years) or failure (not remaining with the company for one or more years). The results of this multiple correlational analysis could assist those in the health care recruiting field to assess the efficacy of the Talent Acquisition Healthcare Services Profile – Clinical Test. The results in certain competency

areas during the screening process could potentially yield higher quality employees in the developmentally disabled direct service profession, improve patient care, and ultimately reduce turnover costs. The Talent Acquisition - Healthcare Services Profile - Clinical Test instrument provides measures of applicants' (a) respect, (b) interpersonal communication, (c) centricity, (d) quality orientation, and (d) service orientation is in Appendix C.

Research Question

For this study, the principal research question was:

To what extent can Glynn County, GA DSW hiring managers utilize the relationship between developmental disabilities direct service professional applicants' test results from the Talent Acquisition – Healthcare Services Profile - Clinical Test to predict the probability of the applicant completing one or more years of successful employment for reducing turnover costs?

Hypotheses

H1_o: The Talent Acquisition - Healthcare Services Profile - Clinical Test is not a statistically significant predictor of the successful longer-term employment of Direct Service Professional (DSP) applicants (one year or more of service).

H1_a: The Talent Acquisition - Healthcare Services Profile - Clinical Test is a statistically significant predictor of the successful longer term, employment of Direct Service Professional applicants (one year or more of service).

H2_o: At least one of the five competency areas (respect, interpersonal communication, centricity, quality orientation, and service orientation) on the Talent Acquisition - Healthcare Services Profile - Clinical Test is not statistically significant for

predicting a successful first year of employment as a DSP type employee with the subject company.

H2_a: Each of the five competency areas (respect, interpersonal communication, centricity, quality orientation, and service orientation) on the Talent Acquisition - Healthcare Services Profile - Clinical Test is statistically significant for predicting a successful first year as a DSP employee with the subject company.

Theoretical Framework

Employers have different views regarding the reason employees remain with or leave their organizations. Boachie-Mensah and Dogbe Zungbey (2012) stated money was the motivator that affected direct employment decisions and company recruiters need to recognize this fact when attracting and retaining qualified high performance employees. There are multiple theories that dispute Boachie-Mensah and Dogbe Zungbey's assertion.

Pellizzari (2011), one supporter of the job matching theory, revealed that higher turnover rates due to a lack of job matching results in employees becoming prone to separation issues. Pelizzari (2011) revealed intensive recruitment may lead to better quality matches paying higher wages with positive employee satisfaction, resulting in higher loyalty to the company and lower voluntary turnover rate. Mavromaras, McGuinness, O'Leary, Sloane, and Wei (2013) supported the theory that poor job matching and poor job fit theory revealed that a mismatch of educational and skill set with pay, job satisfaction, and job mobility may be problematical.

I chose the poor job matching and poor job fit theory (Pellazzari, 2011) as the basis for my theoretical framework. Though there are other theories that may be related to reducing employee turnover, without a good job match or fit, retention techniques

could be futile (Pellazzari, 2011). Other theories that I considered were developed by Maslow (1954) and Herzberg (1959).

Maslow developed the theory of motivation in 1954 based on five basic human needs (a) psychological, (b) safety, (c) belongingness/love, (d) esteem, and (d) transcendence (Maslow, 1954). Maslow concluded that individuals must fill a lower level need prior to moving to a higher-level need (Maslow, 1954). The critical issue is that needs are constantly changing so applicants may possess a specific trait or competency one day and not the following day. Managers therefore need to be constantly changing their focus to address evolving and/or changing employee needs or issues (Tanner, 2013).

Within the motivation-hygiene theory, Herzberg (1959) identified employee satisfiers as motivators and employee dissatisfiers as hygiene factors (Hertzberg, 1959). Herzberg (1959) proposed the motivator-hygiene theory, also known as the two factor theory of job satisfaction. In Herzberg's theory, two sets of factors influence people: Motivators (achievement, recognition, work itself, responsibility, promotion, and growth) and Hygiene factors (company policy, supervision, salary, working conditions). Herzberg (1959) posited that people become dissatisfied by a bad environment, but rarely are they totally satisfied by a good environment. Herzberg concluded that the prevention of dissatisfaction is just as important as encouragement of motivator satisfaction.

The purpose for this quantitative study was to provide hiring managers with the information they need to enhance the hiring process's effectiveness for developmental disabilities direct service professionals by determining the efficacy of the Talent Acquisition - Healthcare Services Profile – Clinical Test in differentiating the probability of successfully retaining employees one or more years (dependent variable).

Definition of Terms

Community service boards (CSB). Community service boards are statutorily protected public community mental health centers providing care in the various areas of mental health (MH), addictive diseases (AD) and development disabilities (DD). The services include day treatment, residential support, medical treatment, transportation, vocational support, and natural supports. There are community service boards throughout the United States; there are 26 within the State of Georgia. The goals of the community services' boards are to assist individuals and families in becoming more self-sufficient as well as revitalizing communities throughout the United States.

Direct care service professional (DSP). Direct care service professionals work directly with individuals with a developmental disability. Direct service professionals provide assistance with daily living skills development, health maintenance, and behavioral development. The employees provide the provision of care to enable people to improve, maintain, and achieve the best quality of life possible (Solano et al., 2003).

Nonsuccessful employees. Unsuccessful employees are those defined as being employed less than a year with the subject employer

Successful employees. Successful employees are those defined as being employed a year or longer by the subject employer.

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are conditions that the researcher is required to meet, but which the researcher is not able to control (Simons, 2011). Assumptions are necessary to conduct a

study (Simons, 2011). One assumption was the applicants accurately responded to the questions on the Talent Acquisition – Healthcare Services Profile – Clinical Test. A second assumption was the population of participants reflected the larger population of DD direct care service professionals. Only minimal gender and ethnic demographics for DD direct care service providers are available. Furthermore, an assumption was these applicants reflect the wider populations of DD direct care service professionals.

Limitations

Limitations are potential weaknesses in a study that are out of a researchers control (Simon, 2011). A potential limitation or weakness of this doctoral study was using data from only one Community Service Board (CSB) when there are 26 in Georgia. Another possible limitation was using a CSB only in the development disabilities arena, rather than the mental health or substance abuse arena. Participants are from small to midsized towns; samples from an urban area may produce different results. The results may therefore not apply to other groups of DD direct service professionals throughout the United States.

Delimitations

Delimitations are those characteristics that limit the scope and define the boundaries of a study (Simon, 2011). I used data from a CSB in one county (Glynn County, GA), which provides developmental disability services for an eight county region. Both successful and unsuccessful participants hired by the same supervisor defined this proposed study. All data obtained for this study emanated from applicants' test results through the Talent Acquisition - Healthcare Services Profile - Clinical Test (Appendix C), and from a controlled environment by the same human resources

professionals.

Significance of the Study

Contribution to Business Practice

The selection and retention of high performers remains a critical component of organizational success. Researchers addressed the retention of counselors (Thompson, Frick, & Trice-Black, 2011), and teachers (Kabungaidze, Mahlatshana, & Ngirande, 2013). However, minimal research in the recruitment of direct care employees serving the individuals with development disabilities is available. By increasing the scope of the research, all health care professionals may gain insights into selecting, hiring, and maintaining high quality employees.

In the year 2010, administrators at the Department of Justice (2011) identified the need to socially integrate individuals with developmental disabilities. The focus on community living and achievement of individualized goals has increased in the United States (Department of Justice, 2011). Identifying successful employees may promote a higher quality patient care and lower turnover costs.

Implications for Social Change

Examining the competency characteristics of successful direct care employees versus competency characteristics of unsuccessful employees may reveal a template for recruiting future employees. Tsai, Kaspro, and Rosenheck,(2013) identified modifiable risks such as: (a) individuals suffering behavioral health issues, (b) mental health issues, (c) substance abuse issues, (d) inadequate health insurance, or (e) adverse childhood events or development disabilities. Tsai et al. (2013) revealed if individuals that possess these risks do not receive the proper support and care, there is the likelihood they will

become homeless or incarcerated. Hence, the vision for this study was to provide a means to aid all stakeholders in improving their quality of life.

A Review of the Professional and Academic Literature

The purpose for this quantitative correlational study was to investigate methods hiring managers need to reduce turnover costs of developmental disabilities direct service professionals in Glynn County, GA. Managers may reduce turnover costs by improving turnover predictions through examining the nature of the relationship between independent variables from the Talent Acquisition – Healthcare Services Profile - Clinical Test and the probability of success or failure of an employee remaining with the subject organization one or more years (dependent variable). The focus for this doctoral study was on one particular population (direct service professionals in the development disabilities field). Therefore, the strategic approach by the CSB leadership is to hire and retain quality employees and reduce turnover costs. The purpose of this literature review is to provide an overview of the relevant studies related to my theoretical framework and conceptual models. One hundred and nine references support this literature review. Eighty-seven percent (95 of the 109) of the references emanated from peer-reviewed sources. Eighty-five percent (93 of the 109) of the references are from publications within 5 years from the expected 2015 year of Walden's Chief Academic Officer's approval of the completed study. I collected information for the literature review from peer-reviewed and other academic journals. The research is from the Walden University Online Library and Google Scholar, using CINAHL, MEDLINE, EBSCOhost, Business Source Complete, ABI/Inform Complete, PubMed, and the PsycINFO Databases. Search terms as *assessment testing, high employee turnover, employee turnover and healthcare, direct*

service providers, Community Service Boards, developmentally disabled, community mental health, behavioral health, community behavioral health, health care delivery, mental health care delivery, and behavioral health care delivery. After reviewing the resultant search findings, I organized the literature review by first discussing findings related to my theoretical framework and models. Within the heading I discussed the job matching and job misfit theory. I then explored alternate theories and models that may work collaboratively with the proper job fit and job misfit theory. These following theories include quality of working life (QWL) system, work related health attributions, job strain theory, poor training theory, job embeddedness model (JE), unfolding model, job satisfaction or fulfillment based on various psychological theories, generational preferences theory, human resources effective recruitment and retention processes and organizational support. I concluded the review of academic literature with a transition and summary.

Theoretical Framework

Theories exist in the current literature for high turnover rates of employees; some authors of studies' addressing various theories and presumptions include (a) Onashile (2012), (b) Lunenburg, (2011), and (c) Solano et al., (2003). However, these studies are focused on areas other than direct care workers, leaving a void in the research of turnover of direct care workers in the development disabilities. The purpose for this quantitative correlational study was to investigate methods hiring managers need to reduce turnover costs of developmental disabilities direct service professionals in Glynn County, GA.

Jorgensen et al. (2009) described the population of paid caretakers in the developmental disabilities field as a vulnerable collection of individuals (a) poorly

paid/supplemented, (b) predominantly middle aged women, (c) employed part-time, (d) responsible for supporting children, (e) with minimal education, and (f) minimal training for their job. Often these caregivers work in residential settings with minimal supervision and deal with the responsibility of protecting and supporting frail men and women with complex needs. Turnover rate is high in this field, which can result in inadequate staffing levels, and affect the quality of new hires selected out of desperation (Jorgensen et al., 2009). Quality of care, compliance, financial, and safety issues occur with poor job matching resulting in low quality hires (Jorgensen et al., 2009).

Some theories, other than the job matching and job misfit theory, explaining high employee turnover are (a) the quality of working life (QWL) system (Noor & Abdullah, 2012), (b) work related health attributions (Buha et al., 2013, Guadine & Thorne, 2012); (c) job strain theory (Wu et al., 2012); and (d) and poor training theory (Owoyemi, Oyelere, Elegbede, & Gbajumo-Sheriff, 2011). Other theories for explaining high employee turnover are (a) job embeddedness theory (Van Iddekinge, Roth, Putka, & Lanivich, 2011); (b) unfolding model (Mitchell & Lee, 1994); (c) job satisfaction or fulfillment based on content or process theories (Kabungaidze, Mahlathshana, & Ngirande, 2013), such as Maslow's hierarchy of needs (Brent, 2015, Maslow, 1954;), and Herzberg's motivation theory (Brent, 2015, Herzberg, 1959); (d) generational preferences theory (Lavoie-Tremblay et al., 2010); (e) human resources effective recruitment and retention processes (Maertz & Boyar, 2012); and (f) occupational support theory (Hwang & Hopkins, 2012).

The following materials include discussions on theories and models related to my theoretic framework. The principle model theory that I chose for my theoretical

framework is the poor job matching or the job misfit model. As I continued my research it appeared that this theory, in combination with other techniques, proved to be successful when obtaining and retaining successful employees. Finding a good candidate/corporate fit is a critical goal for the job recruiting process.

Poor job matching or job misfit model. Employee testing provides managers with an avenue for recruiting and retaining the right employees (Fink, 2011). Testing has become common in the hiring process. Personality or character tests range from \$15 to \$150 but save money if there is a successful employee match (Fink, 2011).

Applying personality testing and job or character testing to the direct care staff may assist with filling the gap in the research regarding turnover in the field of developmental disabilities. Mullen (2011) stated observations of applicants' behaviors revealing desired personality traits are necessary and encouraged, especially in the service professions. As society moved into the computer/technology era, empathy and social skills suffered (Mullen, 2011). Witnessing candidates' true skills can be helpful when wanting to forecast their actual long-term performance (Mullen, 2011).

Pelizzari (2011) revealed low skilled employees in low productivity jobs experienced higher turnover rates, and that efficiency in job matching across occupations is critical. When employers do not invest in proper search and screening practices during recruitment for low productivity jobs, employees hired were prone to separation issues (Pelizzari, 2011). Pelizzari posited that intensive recruitment can lead to a higher quality of recruitment resulting in higher loyalty to the company and a lower voluntary turnover rate. Davidson and Wang (2011) stated companies should look beyond cost reduction and incorporate a strategic method to human resources management. Moreover, Davidson and

Wang concluded that workforce shortages are an ongoing concern within industries. Furthermore, Davidson and Wang concluded that when selecting new personnel, their presentation and customer skills are paramount. Industries' leaders should arrange for long-term labor practices and staff retention via a less formal environment (Davidson & Wang, 2011). Executives within companies cut costs to ensure a net margin (Davidson & Wang, 2011). However, cost reductions do not equate to success. Rather, a strategic systematic approach to hiring practices and human resources management has shown a higher likelihood of success (Davidson & Wang, 2011).

Alternate Theories for Employee Turnover

In the following section I address models that I did not choose as the theoretical framework for my study. Though the alternate theories pose useful information, I have chosen to focus on specific job characteristic skills for the DSP providers that are expected to predict job fit.

Quality of working life (QWL) system. Noor and Abdullah (2012) posited that a Quality of Work Life System (QWL) is important for upper management at organizations to recognize to retain high quality employees. QWL entails all divisions of the company and has an effect on organizational commitment. QWL has a relationship with organizational commitment (Noor & Abdullah, 2012). Hussain and Asif (2012) noted that organizational commitment and perceived organizational support are the two key characteristics that contribute to an employee's behavior towards an organization. Hussain and Asif (2012) noted that these two characteristics, organizational commitment and perceived organizational support, shape organizational cultures that promote a sense of belonging and ownership of employees. Employee satisfaction, productivity, and

loyalty reduce turnover intention (Hussain & Asif, 2012).

Guadine and Thorne (2012) researched the scope of hospital nurses' emotional distress manifested by value differences within their jobs leading to higher voluntary turnover. Guadine and Thorne (2012) reported problems persisting with (a) job fulfillment, (b) ethical climate, (c) patient outcomes due to work overload, (d) individualized stress, (e) organizational dedication, and (f) the desire to leave. The employees complained of being overworked due to poor staffing policies and being underpaid (Harrington et al., 2012). Nantsupawat et al. (2012) collected data about nurses interpretation of their work environment which revealed patient to nurse ratios, staffing and resource adequacy, leadership, and management supports lead to more favorable work environments and employee retention. Guadine and Thorne (2012) concluded that patient care value and ethical conflicts lead to work stressors, which are a predictor of absenteeism and turnover.

QWL is a multifaceted concept and has become a mode of analyzing how individuals experience their working environment (Bagtasos, 2011). QWL results from the interactions between an individual's personal and environmental factors. QWL is a result of the alignment of the employees' work environment, perceptions, and views (Bagtasos, 2011). Guadine and Throne (2012) noted that the connection between QWL or positive ethical climates, and the degree of a nurse's involvement was a crucial factor in obtaining and delivering high quality of care. Campbell, Ganco, Franco, and Agarwal (2012) examined the impact or value organizational assets provide to employees. Campbell et al. (2012) found employees with higher earnings were less likely to leave than lower paid employees, but if they did, they were likely to become entrepreneurs.

Campbell et al. (2012) revealed with tailored compensation packages available, QWL could increase and turnover rate would decrease.

Work related health attributions. Guadine and Thorne (2012) introduced the concept of the relationship between an individual's personal health and the work relationship. Health care workers, especially those that are performing shift work, have higher levels of job strain, and health symptoms (Buja et al., 2013). Guadine and Thorne (2012) investigated the effects of work related attitudes and the intention of voluntarily leaving employment. The assumption was work attitudes were directly related to health attributions (Guidine & Thorne, 2012). Negative work related health attributions resulted in lower levels of employee satisfaction with their position, and with organizational commitment (Guadine & Thorne, 2012). The lower levels of satisfaction employees felt with their job, and subsequently organizational commitment, led to higher levels of turnover intentions.

Job strain theory. Job strain, leading to employee burnout and ultimately leading to voluntary termination, may start prior to the first day of employment for many individuals new to the workforce. The transitions between nursing school or college, and the work environment can be challenging. Furthermore, lack of patient care, specific job skills, and poor work adaptation enhances occupational burnout and influences an employee's success rate (Wu et al., 2012).

The medical practice is stressful due to high demand jobs coupled with low resources. Chou, Yi-Li, and Hu (2014) revealed that long-term exposure to job related stress may lead to burnout. Chu, Yi-Li, and Hu (2014) stated that a job with high strain, feelings of over commitment, lack of supervision or connection with coworkers, resulted

in the highest levels of burnout.

Occupational stress is a critical psychological state affecting turnover (Chen, Lin & Lien., 2011). Guadine and Thorne (2012) revealed occupational stress increased by (a) workload/role overload, (b) role conflict, (c) role ambiguity, (d) poor communication in the workplace, (e) uncertainty about the future, (f) insufficient support and necessary resources, and (g) workplace conflicts. In addition to occupational stress, DeTienne, Agle, Phillips, and Ingerson (2012) researched the impact of moral stress to other stressors. DeTienne et al. (2012) demonstrated moral stress is a significant concept and remains a predictor of employee fatigue, decreased employment satisfaction, and increases turnover intentions.

Occupational stress adversely affects organizations. Guadine and Thorne (2012) stated the effect of occupational stress to employees is valid; employee stress may result in employee (a) reduced efficiency, (b) increased health care costs, (c) low motivation, and (d) high turnover. When identified and properly managed, organizational leaders and managers can minimize occupational stress or risk which increases an organization's profitability through sustaining higher morale, and results in a higher quality of care (Guadine & Thorne, 2012). Identifying occupational stress at an early stage before it impacts the employee and the overall company is critical (Hancock, Allen, Bosco, McDaniel, & Pierce, 2011). Organizations should identify the key managerial implications because of employee turnover. For large organizations, the financial effect could be hundreds of millions of dollars (Hancock et al., 2011). In addition to the financial ramifications, Hancock et al. (2011) noted the loss of knowledge and the reduction in safety and outcome measures.

Inadequate staffing levels, heavy caseloads, and lack of supervision fostering personal and professional growth put healthcare professionals at higher risk of burnout (Thompson, Frick, & Trice-Black, 2011). Often employees begin a new position idealistically and when the reality of the job demands are recognized, the ability to balance job stress and self-care may result in a state of mental and physical exhaustion, otherwise known as burnout (Thompson et al., 2011).

In 2010, representatives of the Department of Justice (DOJ) announced a joint, comprehensive agreement to transform Georgia's Mental Health and Developmental Disabilities system (Department of Justice, 2013). The settlement of *Olmstead versus L.C.* was a result of a Supreme Court decision protecting those with developmental disabilities which was a violation of the unjustified segregation, violating the Americans with Disabilities Act (ADA). To comply with the *Olmstead* ruling, states must show they have comprehensive and effective plans for placing individuals with disabilities in less restrictive residential and community settings (Department of Justice, 2013). The settlement was a response to a lawsuit alleging unlawful segregation of individuals residing in state psychiatric hospitals for extended periods. Long-term isolation violates ADA and the Supreme Court's decision. Because of the DOJ decision, officials in the State of Georgia closed state hospitals resulting in the discharging of chronic mentally ill or medically fragile patients, and placing them in day treatment and residential development disabilities programs (Department of Justice, 2013).

Ongoing organizational stress may lead to employee burnout. Shepherd, Taschian, and Ridnour (2011) described job burnout as a syndrome of emotional depersonalization, exhaustion, and a sense of reduced personal accomplishments. Burnout tends to occur

frequently with employees performing client-centered jobs such as patient care, teaching, or sales (Shepherd et al., 2011).

Van Bogaert (2013) noted hospital organizational structure and relationships could contribute to job satisfaction and turnover intentions. Walsh (2011) concluded negative interactions have not led to employees leaving, but contributed to burnout, low job satisfaction, and turnover. The higher the job satisfaction and supervisory support, the less the stressors existed to effect a positive outlook on work, decrease burnout, and lower employee turnover rate (Van Bogaert, 2013).

Poor training theory. Owoyemi et al. (2011) noted the economic downturn caused concern about the waning corporate investment in employee development. Some are reluctant to train employees during times of recession. Owoyemi et al. (2011) revealed training has the potential to improve not only an employee's commitment to the organization, but to also increase employees' productivity and retention. For employers to remain competitive and maintain high level of performance, training should remain a priority.

Jiang, Lepak, Hu, and Baer (2012) examined the effects of three dimensions of human resources' (HR) systems. These three systems were skill (a) enhancing/training, (b) motivation enhancing, and (c) opportunity enhancing. Results indicated skill enhancing was the most positively correlated to human capital and less positively correlated to employee motivation. However, motivation enhancing practices and opportunity enhancing practices enhanced skills. Although skills' training is essential, Jiang et al. (2012) noted motivation enhancing and opportunity enhancing are equally important for the success of the employee.

Jorgensen et al. (2009) noted that providers train as a risk management mechanism. The routine training topics are (a) basic emergency procedures, (b) infection control, (c) cultural diversity, (d) recognizing abuse, and (e) common disabilities; however, no legal consequences are in place for nonattendance. Training consisting of more real life situations and engaging critical and creative processing is more beneficial to the employee's success in his or her position (Jorgensen et al., 2009). Barriers for providers to successfully provide the training were (a) limited funding, (b) difficulty releasing critical employees for training, (c) lack of motivators/incentives for staff to attend, (d) staff turnover, (e) transportation issues, and (f) overtime incurred for the time to train (Jorgensen et al., 2009). Barriers for employees are (a) secondary employment, (b) low pay, and (c) few incentives (Jorgensen et al., 2009).

Lack of training may demoralize workers, which can result in absenteeism and high turnover rates (Chow et al., 2009). The morale of staff in the medical profession, including direct service professionals serving vulnerable and needy patients, suffer the highest degree of job stress and burnout within the labor force (Chou et al., 2014). Chou et al. (2014) concluded it is the responsibility of the upper management of an organization to provide and ensure interventions are in place (such as stress reduction programs) to improve the working experience. Positive impact from social support networks appears to result in the reduction of burnout, which can lead to turnover (Van Bogaert, 2013).

Job embeddedness model (JE). Turnover intentions have been an important issue for decades (Chen, Lin, & Lien, 2011). Chen et al., 2011 stated that decreased satisfaction, commitment or job embeddedness, and productivity lead to poor

performance and turnover. The job search-turnover relationship is reportedly stronger when employees have lower levels of job embeddedness (Swider, Boswell, Zimmerman, & Ryan, 2011). Employers need to address the vocational interests of potential or new employees and have them become connected with the company (Van Iddekinge et al., 2011). Van Iddekinge et al. stated new employees slowly observe and decide if they share the mission and values of the company and of their coworkers, if they possess the necessary skills required to complete critical tasks, and if they are grateful for the job rewards (intrinsically and extrinsically). If individuals feel that there is a positive job match they will become embedded but if it is not a positive job match, they will exit their position.

Overall, job satisfaction is impacted negatively by employees by job overload. Contrary to the belief that job overload is caused by job satisfaction; if an employee receives support from their institution, supervisor, and coworkers it is a positive influence on reducing burnout due to job overload (Chu & Hsu, 2011). Mbah and Ikemefua (2012) concluded strict employee supervision is a dissatisfier, and posited that a supervisor's positive attitude towards subordinates improves their attitudes towards, work, their leader, and the organization. Integration through socialization is critical for many employees to feel embedded and satisfied in their careers (Kulkarni & Legnick-Hall, 2011), as well as intrinsic and extrinsic motivation (Ng'ete, Namusonge, & Iravo, 2012).

Yang, Ma, and Hu (2011) revealed the need for recent research on JE. Yang et al. (2011) stated JE was a product of Lewin's 1951 field theory, and research of embedded figures test (Yang et al., 2011). Lewin believed that *embedded figures* (a picture used in psychological tests) are images that stem from an individual's background. Field theory

explains the interconnected aspects of an individual's behavior. Strong attachments or loose attachments will affect one's connectedness. A psychological test may reveal potential embeddedness a future employee may possess (Yang et al., 2011).

In concert with Lewin's theory of job embeddedness, Mitchell, Holtom, Lee, and Graske (2001) defined three distinct forces: (a) fit or how closely the employee matches his or her job or community, (b) linkage(s) to their work outside ties in the community, and (c) sacrifices both on and off the job. Mitchell et al. further stated an employee's personal values, career goals, and plans for the future must fit with the demands of his or her immediate job (e.g., job knowledge, skills, and abilities), and the larger corporate culture (Patel & Conklin, 2012). An employee assesses how well he or she fits into the corporate community and environment. This is comprised of a combination of internal and external influences of a corporation's operations, such as (a) the type of business, (b) the type of production or care given, (c) the leadership style, (d) the protocols, and (e) the procedures. There is a correlation between positive perceptions of an organization's diversity climate and decreased turnover intentions, which support the theory that attachment provides an increase of job attachment or embeddedness (Kaplan, Wiley, & Maertz, 2012). Effective attachment can be critical with teams or superiors in achieving success (Hom & Xiao, 2011).

Yang et al. (2011) stated job embeddedness assumes the closer the match, the greater likelihood an employee will feel connected to the organization; both professionally and personally. Job embeddedness is an overall construct based on the belief that multiple, combined forces influence a person from either remaining or voluntarily terminating his or her job. According to the job embeddedness theory, the

more embedded or enmeshed an individual is, the more likely it is that the individual will remain with the organization (Yang et al., 2011). Yang et al. (2011) noted the more congruence an employee perceives between what he or she wants to do and what he or she is doing is critical. Employees connected in a social, psychological, and financial web encompassing work are less likely to terminate employment (Yang et al., 2011). Individuals without work friends or groups are likely to discuss voluntarily terminating their employment if affected negatively by the surrounding environment (Yang et al., 2011). Cultural disharmony may disrupt individuals' creativity and connectedness with other cultures within the workforce (Chua, 2012)

Holland, Pyman, Cooper, and Teicher (2011) suggested a relationship between the voice of an employee and their job satisfaction or embeddedness. The psychological aspect of employees perceiving their voices enhances his/her connectedness (Mitchell, et al., 2001). Shafique et al. (2011) indicated that a detailed analysis revealed that the relationship appeared significant for organizational embeddedness and not community embeddedness. Connections both on and off the job may influence attitudes towards work and future opportunities in the labor force (Shafique et al., 2011).

Holtom, Mitchell, Lee, and Inderrieden (2005) researched the embeddedness model with the unfolding model (Mitchell & Lee, 1994) and found a logical linkage between the two models. Upper management of companies should be incorporating and encouraging job embeddedness from their employees. Holtom et al. (2005) found by matching employee knowledge, skills, abilities, and attitudes with the right job and by long-term projects connected to rewards that it may strengthen the employee organization link. Local community roots are important, and managers may help facilitate the building

of a strong bond of the corporate success in the local community (Yang et al. (2011) indicated that some of the theories of turnover have an overlap with JE dimensions.

The explorations of employees' interests through selection procedures, such as cognitive ability tests, personality assessments, and structured interviews to select candidates sharing a company's interests are important (Holtom, et al., 2005). Interests may not only relate to employees' job performance but also to their connectedness and perceptions. As noted by Van Iddekinge et al. (2011) job interest, connectedness, and embeddedness may reduce turnover rate. High involvement and long-term investment versus a focus on short-term expectations by employees are associated with lower dismissal or voluntary turnover rates (Batt & Colvin, 2011). Future-oriented work expectations can improve job satisfaction, connectedness, and tenure (Chen, Ployhart, Thomas, Anderson, & Bliese, 2011).

Unfolding model. A theory dominating the literature is the unfolding model (Weller et al., 2009). Weller et al. contributed to the unfolding model research by concentrating on how the recruitment source may affect both the frequency and timing of the turnover. Staff engagement via supportive practice environments, staff engagement, and positive job outcomes are favorable for higher outcome measures, and may lower staff burnout turnover (Van Bogaert et al., 2013).

Mitchell, Holtom, Lee, and Graske (2001) reported 60% of voluntary terminations across organizations proved the immediate antecedent was not job satisfaction but, in fact, a shock. Holtom et al. (2005) stated, though voluntary termination follows a certain path, there is evidence stating voluntary terminations are due to factors other than job discontent; work and nonwork related shocks. The unfolding model assumes the level of

job fit is adequate up to the shock episode experienced.

Holtom et al. (2005) sought to unite the critical components of the unfolding model with the job embeddedness model to expand the scope of knowledge of the voluntary employee turnover process. Holtom et al. determined that to decrease turnover rate, job embeddedness needed to increase. The more embedded an employee is within an organization, the more shocks that can be absorbed (Holtom et al., 2005).

Lee and Mitchell (1994) claimed the unfolding theory follows one of four paths. The first path a shock can trigger is the enactment of an already predetermined plan. The employee voluntarily leaves the position without considering personal satisfaction with their job or having found a replacement job. The second path is a shock may cause destruction of the positive image the employee possesses, which may drive the individual to resign without searching for alternatives. In the third path, a shock may initiate deliberation regarding the employee's current job versus other job possibilities. The final path is when dissatisfaction in the career, rather than a shock, causes the employee to research and seek other options. The unfolding theory, the recruitment and retention theory, and the job satisfaction theory may affect employee turnover.

Job satisfaction or fulfillment based psychological theories. Job satisfaction influences the decision to quit positions (Kabungaidze, Mahlatshana, & Ngirande, 2013). At least three types of psychological theories exist that influence decisions (Strack et al., 2015). There are the content theories that focus on cues that drive people's decisions, process theories that mediate between the phenomena in question and external events, and dual process theories (Strack et al., 2015).

Multiple content theories exist, including:

- Maslow's hierarchy of needs theory (Maslow, 1954), and
- Herzberg motivation-hygiene theory (Herzberg, 1959),

Maslow's hierarchy of needs theory gives credence to humans striving for self-actualized states (Maslow, 1954). Maslow identified five basic needs that motivate individuals: (a) psychological, (b) safety, (c) love or belongingness, (d) esteem, and (e) self-actualization. Maslow believed human needs are in hierarchies of prepotency, meaning the appearance of a need rests on the previous satisfaction of another more predominant need (Maslow, 1954). Maslow suggested assigning needs driving behaviors associated with work attitudes (satisfaction) to various levels (Maslow, 1954). Needs, met or unmet, create disconnects between satisfaction level and individual challenges (Maslow, 1954). Obtaining little or no physiological satisfaction equates to the impulse or desire to leave employment (Kabingaidze, Mahlatshana, & Ngirande, 2013). Kabingaidz et al. (2013) found that authorities or upper management need to develop strategies to deal with the needs of those that experience less job satisfaction and job commitment.

Brent (2015) discussed how Herzberg's motivation-hygiene theory correlated employee satisfiers with motivation. Brent revealed Herzberg recognized that certain *hygienic* factors need to be continually present for satisfaction to occur, but these factors do not provide satisfaction. An example from a health care worker's perspective would be having a clean, dry work area rather than having to work in an area with a leaking ceiling. The clean, dry area is a hygiene factor needed for satisfaction but not providing satisfaction. However, a means of identifying an individual's underlying factors is still missing.

The idea of investigating psychological processes such as encoding may

contribute to a greater understanding of employees' behaviors (Strack et al., 2014). If employers could identify with an individual's psychological process, they will be able to connect under different conditions. Although all three theories differ in dimensions, they share the tenet that to understand the way employees feel may contribute to the success of valuable employees (Strack et al., 2014).

Generational preferences theory. Lavoie-Tremblay et al. (2010) studied hospital staff and nurses, comparing climate and perceptions of the environment to intentions to quit among four generations of personnel. Never has the historical span of generations within the workplace been this extreme (Lavoie-Tremblay et al., 2010). However, comprising the workforce are Baby Boomers (born between 1946 and 1963), Generation X (born between 1964 and 1980), and Generation Y or Millennials (born between 1981 and 2000), and 5% being the Mature/World War II generation (Lavoie-Tremblay et al., 2010).

Generation Y nurses verbalize negative perceptions on the *goal emphasis scale* compared to Baby Boomers; and Generation Y's intent to quit was three times greater than hospital employees from Generation X (Lavoie-Tremblay et al., 2010). Compared to Baby Boomers and Generation X employees, Generation Y employees reported more overall job satisfaction, job security, recognition, and career advancement concerns (Lavoie-Tremblay et al., 2010). Employees from Generation X and Generation Y revealed career advancement as the primary reason for their intention of quit; compared to Baby Boomers, who revealed their reason for quitting was retirement (Lavoie-Tremblay et al., 2010). According to the job openings and labor turnover summaries from the U.S. Department of Labor (2015), 47% all individuals employed in the United States

in 2015 were Baby Boomers. The post Baby Boomers, Generation X, are much smaller in size, and Generation Y, or the under 17 year old population, is expected to rise over 96 million by 2050 (Lavoie-Tremblay et al., 2010). Lavoie-Tremblay et al., (2010) stated that life expectancy is projected to rise from 76 in 1995 to 82 years in 2050 (See Appendix A).

Lipscomb (2010) stressed the importance of understanding the differences among the generations. Baby Boomers are independent, critical thinkers, focused on career and professionalism. Generation X individuals are self-reliant, technologically competent, and have a long-term commitment with hierarchical environments. Generation Y employees are task and career driven and their allegiance to the organization is minimal. Generation Y employees value work/life balance. They prefer technology and value collective action and collaboration with teammates. Generation Y has older parents who view them as contributing partners with valuable opinions. They require quick and rewarding results and they are not interested in processes. A job is not seen as a career but instead fun and innovative. Colleagues from other generations often have lower respect level for this mindset (Lipscomb, 2010).

Generational differences and misunderstandings may be a result of a team's failure to understand the framework of values, beliefs, and work ethics of each generation (Lipscomb, 2010). Failure by management to comprehend and modify procedures appropriately to meet the needs of all generations in the workforce could result in misunderstandings, communication gaps, and ultimately turnover (Lipscomb, 2010).

Models for Effective Human Resource Recruitment and Retention

The human resources department leadership plays a significant role in the

recruitment and retention of candidates. Human resources' recruiters screen, match, and train new recruits. The following section discusses human resource practices that may directly influence employee retention (Batt & Colvin, 2011). In the following headings, I present key issues such as the importance of proper job training (Dartey-Baa & Amoako, 2011) and specific techniques to influence job engagement or embeddedness (Van Bogaert et al., 2013).

Human resources practices for reducing turnover. Human resource management plays a vital role in shaping and developing employee skills, knowledge, abilities and aptitude, and can assure job success (Hassan, Akram, & Naz, 2012). Human resources practices such as employee focused work environments and employee development, can result in a positive employee/organizational culture. Maertz and Boyar (2012) revealed five human resources practices yielding a reduction in turnover. The five practices are (a) recruiting through employee referrals, (b) providing realistic job previews, (c) observation of emotional stability and conscientiousness; (d) new hire socialization programs, and (e) job enrichment programs. Selection screening on traits and socialization practices offer promise for a reduction in turnover (Maertz & Boyar, 2012). The first step, prior to employing an individual, is an effective hiring process including proper screening.

Maertz and Boyer (2012) discussed misconceptions about employee turnover and determined that selection of screening traits and socialization attributes offer promise for lower turnover in organizations that hire regularly. Organizational leaders fostering employee engagement, organizational commitment, and providing clear expectations had a cohesive culture, and retained highly valued employees (Maertz & Boyer, 2012).

Maertz and Boyer (2012) reported that the lack of proactive management/leadership and the focus management to improve retention should be recognized.

Van Boegaert et al. (2013) noted that the leadership of each company should develop a strategic analysis of their specific causes for employee turnover (voluntary or involuntary). Organizational management should conduct a thorough turnover analysis to understand the extent that employee turnover is a problem. Furthermore, the company's leadership should interpret these findings through the organizational contextual lens, taking into account past trends by performing and trending exit interviews, present trends by performing monthly supervision with employees, and hoping to predict a future trend (Van Bogaert et al., 2013). Moreover, VanBogaert et al., 2013) concluded that organizational leaders should collect comprehensive data (not just exit interviews) to diagnose and address relationships and target those areas to support better job experiences (Van Bogaert et al, 2013).

Employee turnover can be the principal contributor to inadequate staff skills (Molala, Goldman, & Goosen, 2012). The lack of a retention strategy may contribute to a higher employee turnover rate, resulting in a lower quality of care (Molala et al., 2012). Nyberg and Ployhart (2013) developed a theory of *collective turnover*. Collective turnover is the quality and quantity of depletion of employee knowledge, skills, abilities, and other characteristics from the work environment when an employee leaves voluntarily or involuntarily.

Batt and Colvin (2011) determined that some human resources' practices within organizations directly affect both voluntary and involuntary terminations. One of the key issues researchers desire to understand is the role of recruitment personnel in the process

of organizational attachment or overall retention (Owoyemi, Oyelere, Elegbede, & Gbajumo-Sheriff, 2011). Other key issues are training (Dartey-Baa & Amoako, 2011), and organizational commitment influencing job engagement or embeddedness (Van Bogaert et al., 2013).

Lee et al. (2008) discussed the *ruling pattern* and that relationships between predictors and employee turnover are constant and linear. Voluntary turnover, which contributes to problematic high turnover rates, is deliberate and results from job dissatisfaction (Lee et al., 2008). However, the unfolding model (Lee & Mitchell, 1994) recognized in repeated cases, that turnover occurrences follow impulsive paths not explained by traditional models.

Mitchell et al. (2001) supported the belief that upper management of companies must develop retention policies. Senior level executives and human resources personnel may want to spend money and effort to find ways to maintain good employees (Mitchell et al., 2001). By failing to retain quality employees, companies are affected negatively both operationally and strategically (Cardy & Legnick-Hall, 2011). In contrast, Mitchell et al. posited that people leave because of low pay, and supported the unfolding theory that shocks caused voluntary termination. Mitchell et al. also claimed the more embedded an employee is with attachments and fit within their company and their community, the more likely they are to remain employed.

Mitchell et al. (2001) recommended a comprehensive retention plan incorporating integrating multiple aspects. Options of voluntarily termination are always available; however, shocks prompt people to think about terminating employment. Employees may follow a predetermined plan, leave without a plan, leave for a better opportunity, or leave

an unsatisfying position; however, if a company has a comprehensive preventative plan, employees may remain (Mitchell et al., 2001). Providing opportunities for achievement, recognizing workers contributions, creating rewarding work matching the skills and abilities of the employee, providing opportunities for advancement, and offering training and development opportunities are all critical for employee retention (Dartey-Baa & Amoako, 2011).

Lee, Tzeng, Lin, and Yeh (2008) designed a preceptorship or training program and evaluated the consequences on (a) employee turnover rate, (b) cost of turnover, (c) the impact on quality of care, and (d) individualized professional development. Lee et al. (2008) noted increased turnover in nurses was a universal issue and stated that a combination of preceptor guidance, training, benefits, and administrative support, appeared beneficial as preceptors train to become mentors for new nurses. Satisfactory completion of 9-hour training with breakout sessions and post examinations were essential for a nurse to become a qualified preceptor. The preceptors, in turn, carried the training back to their worksites. As a motivator, the preceptor received a teaching allowance each month, and other educator bonuses (Lee et al., 2008). Lee et al. (2008) concluded the preceptorship program reduced employee turnover rate of newly hired nurses by 46.5%, compared to the previous year, and ultimately reduced turnover costs by \$186,102. Medication error rates dropped from 50% to 0%, and incident rates decreased from falls and adverse events (Lee et al., 2008). Smith, A., Oczkowski, and Smith (2011) supported the belief that learning within organizations is of fundamental importance in minimizing turnover rate and increasing the number of employees possessing necessary skills for delivery of a high quality performance.

Lee et al. (2008) revealed if employees did not choose to invest in his or her companies, and not become involved in structural and strategic decisions, the results did not reflect the best interest of those affected. Without engagement, preceptor plans did not encourage nor prepare the foundation for full involvement of the nurses. When designing an effective preceptor program, the materials of instruction should include traditional practices, protocols, rituals, and workarounds (Lee et al., 2008). The program required preceptors and graduating preceptees' intimate involvement in the creation, refinement of, and being a contributor to, company decision making, and policy generating. Lee et al. (2008) noted preceptor programs are important strategies for human resources executives, when designed properly. Lee et al. (2008) stated preceptor programs can become effective tools in mastering practice and eliciting positive change, and the immediate rewards were palpable. Furthermore, Lee et al. (2008) revealed the extended gratification of nurses, led to full engagement in patient care quality and safety.

Executive level leaders in some organizations implement preceptor programs in the nursing profession, which can easily expand to include any caregivers. Often first level managers are the employers infusing the organizational norms, provide mentoring or on-the-job training, and contribute to a positive or negative culture (Lee et al., 2008). Proper development for first level managers in addressing turnover and costs, both direct and indirect, may be beneficial (Selden, 2010). Callier (2011) noted that catalyzing front line employees' participation in decision-making processes employees may result in lower turnover intentions, and can be beneficial to organizations' performance. Valentine, Godkin, Fleischman, and Kidwell (2011) noted ethical practices strengthen the enhancement of daily proper standards in a work culture for employees. Proper codes of

conduct, ethics training, management/peer influence, and increased communication are principles business managers should uphold to strengthen the employees' organizational commitment (Valentine et al., 2011). Where employer commitment has been evident, employees perceive their company as dependable, broadminded, and ethical, which can produce high productivity and loyalty from employees (Valentine et al., 2011).

Organizational support. Organizational commitment plays a mediating role between organizational inclusion, and turnover intention (Hwang & Hopkins, 2012). Hwang and Hopkins (2012) revealed the linkage between low levels of inclusion and high levels of turnover intention decreased to zero when the individual commitment variable was present. Employees are working toward a satisfying experience. Hwang and Hopkins (2012) stated that value internalization is a predictor of higher job satisfaction and weaker turnover intentions through normative commitment. It is the responsibility of the administration and leadership of a company to enhance an employee's career experience to retain quality employees (Adler, 2011).

Though financial compensation is critical to employees, equally important is the requirement for the leadership and upper management of an organization to create a person-centered career path approach based on a combination of their vision and the employees' personal goals (Adler, 2011). Some executives of Russian firms provide nonwage benefits to their workers such as daycare, housing, and medical care (Juurikkala & Lazareva, 2012). These nonwage benefits reflect organizational commitment and reduce employee turnover (Juurikkala & Lazareva, 2012).

Malhotra, Movonda, Mukherjee, and Hooley (2012) stated employees may acquire necessary skills to ensure success on the job. Adoption of preparation practices

and applicable policies and procedures should sustain optimistic, dedicated employees (Malhotra et al., 2012). Employees benefit from upper management within an organization practicing and promoting retention of staff (Malhotra et al., 2012). In the United States, new employee total training cost averages of \$126 billion yearly (Aguinis, Culpepper, & Pierce, 2012). According to Rai (2012), the more satisfied employees are, the more committed they are to the organization.

Kabungaidze, Mahlatshana, and Ngirande (2013) revealed that the perceptions of the employee with regard to (a) the working environment, (b) specific workplace quality, and (c) cultural fit are critical. Van Bogaert et al. (2013) noted that management should systematically share values and goals between leaders, managers, and staff to achieve synchrony in the areas essential to optimal outcomes. Organizational citizenship behavior (OCB) exhibited a mediating effect between job satisfaction, organizational commitment, and job performance (Chu & Hsu, 2011). Van Bogaert et al. (2013) explained the correlation between work value and perceived organizational value in workplace stability. Van Bogaert et al. (2013) revealed opinions of coworkers are a prominent component of an employee's engagement, and employee perception of work values affect job satisfaction and intention to leave a job.

Senior management of a company should periodically survey their employees on their pay satisfaction and OCB (Bush, 2014). Batt and Colvin (2011) noted that senior management should be careful when developing incentives for employees so not to send the message to those not getting cash rewards that secured employment with the current organization is unlikely (Batt & Colvin, 2011). Incentive plans can be counterproductive for managers who want to send a positive message. Employees may interpret the

incentive plan as threatening his or her job security (Becker & Cropanzano, 2011).

Managers should be cognizant of the message being sent to employees and ensure the message is one of organizational support and not fear (Becker & Cropanzano, 2011).

Transition and Summary

The economics of health care is challenging and some providers find themselves in *survival mode*. Often situations that result in budget cuts and the threat of closure prompt drastic and unwise managerial actions. The importance of reducing the direct and indirect costs of turnover is critical for survival purposes.

In Section 1, I presented the foundation of the study including (a) the background of the problem, (b) the problem and purpose statements, (c) the nature of the study, and (d) the research questions that I am going to investigate. I also included (a) the theoretical framework, (b) the definition of terms, (c) the assumptions, (d) limitations, (e) delimitations and (f) the significance of the study. There is a need for more information on factors that contribute to the high employee turnover rate of direct services professionals in development disabilities field. The findings of this study may benefit not only professionals in the field but also those receiving care, and the families and coworkers who work in conjunction with those direct care professionals.

The objective for Section 2 is to define the project, the purpose statement, role of the researcher, research method and design, population and sampling, data collection (instruments, collection techniques, and data organization techniques), data analysis technique, and to provide a discussion of the reliability and validity of both the instrument and the study. Section 3 provides the overview of the study, the presentation of findings, application to professional practice, and implications for social change.

Section 2: The Project

For company leaders to reduce costs, they may want to ensure there is a focus on the often unknown hidden costs of employee turnover. With the advent of the Patient Protection and Affordable Care Act (ACA), managements of health care organizations face the conflict of balancing the demands of providing quality care and reducing costs (K. Weaver, personal communications, September 26, 2013).

The general business problem is the long-term expense of employee turnover. The specific business problem is that some hiring managers need to reduce either voluntary or involuntary employee turnover in the developmental disabilities direct service professionals in Glynn County, GA.

Purpose Statement

The purpose for this quantitative correlational study was to investigate methods hiring managers need to reduce turnover costs of developmental disabilities direct service professionals in Glynn County, GA. Managers may reduce turnover costs by improving turnover predictions through examining the nature of the relationship between independent variables from the Talent Acquisition – Healthcare Services Profile - Clinical Test and the dependent variable (probability of success or failure of an employee remaining with the subject organization 1 or more years). The method for calculating the values of the independent variable is described in the instrument heading in Section 2. The independent variables are the applicants' scores on each of the five Talent Acquisition - Healthcare Services Profile – Clinical Test (a) respect, (b) interpersonal communication, (c) patient centricity, (d) service orientation, and (e) quality orientation. The dependent variable is the probability of success or failure of an employee remaining

with the subject organization 1 or more years.

The Talent Acquisition - Healthcare Services Profile – Clinical Test applies to all applicants desiring a position as a direct service professional in the developmental disabilities division. Findings from this study may enable hiring managers to retain desired employees when hiring direct service professionals in the development disabilities field. Improving employee recruitment and retention can positively affect the lives of those employed by (a) increasing morale, (b) increase job satisfaction, and (c) improving patient care in the communities served, thereby, contributing to social change (Wu et al., 2012).

Role of the Researcher

The president of the participating outsourcing company randomly selected completed Talent Acquisition files for me to evaluate. The associated applicants' files would contain the administered test results stemming from their hiring process with the participating outsourcing study. Half of the files were from successful candidates and half of the files come from unsuccessful candidates. There was no contact between the individuals who took the Talent Acquisition – Healthcare Services Profile – Clinical Test and me. I analyzed the candidates' responses on the profile and identified the values of the independent variables as the candidates' scores on each of the five test sections. The data analysis method that I utilized was multiple logistic regression because the dependent variable is assumed to be linearly related to the independent variable as per Young, Zaretzki, Purdue, Guess, and Liu (2011). A multiple linear regression analysis was not applicable since a key condition for using linear regression is that the dependent variable is continuous and normally distributed (Zaretzki, Purdue, Guess, & Liu, 2011).

Since the dependent variable is dichotomous, the normality assumption would not be valid.

Participants

I used existing test results for this quantitative correlational study, and no direct applicant contact occurred. The Talent Acquisition – Healthcare Services Profile – Clinical Test is a requirement to apply with the participating outsourcing company as a direct service professional in the development disabilities field. The participating company’s leadership requires all applicant consent to the test administration and data release, prior to test administration. The test results are from the population of direct service professionals in the development disabilities field employed, or previously employed at one CSB with service locations in Glynn County, GA. The same supervisor hired and directed all selected participants during their tenure. The participating company’s management employs direct service professionals in this geographic area and administers the Talent Acquisition - Healthcare Services Profile - Clinical Test to all individuals applying for a direct service professional position in the development disabilities field. Selecting one county (Glynn County, GA) of the CSB territory for analysis and having the same hiring supervisor for all hired and selected participant assures consistency of the hiring and employment process. When administering the test, if an applicant’s score was less than 30, the applicant received no employment offer. If an applicant achieved a score of 30 or more, the hiring manager scheduled the candidate for an interview.

Research Method and Design

Considering the purpose of this study, the need to choose a quantitative

correlational methodology and correlational design for this study became evident.

Method

The method that I utilized in the study was quantitative. Quantitative researchers seek to examine and develop understanding using and comparing data (Erlingsson & Brysiewicz, 2012). Qualitative researchers, in contrast, strive to examine variation in the studied phenomenon. Erlingsson and Brysiewicz (2012) concluded that the knowledge through quantitative research stems from numerical data analysis. Data that are from the participating company's human resources from candidates test results since the implementation of the test in 2010. Since 2010, the test has been a part of the application process for direct service personnel and is administered to each developmental disabilities direct service applicant applying for a developmental disabilities direct service position.

Each research method incorporates, yet limits, research criteria. Because the use and analysis of historical test data from a standardized test instrument is the basis for this study, I chose a quantitative methodology for this study in lieu of either a qualitative or mixed method methodology.

Qualitative methods differ from quantitative methods because, for qualitative methods, the researcher is the key instrument (Adler, 2011). Erlingsson and Brysiewicz (2012) revealed that the qualitative researcher embraces the ontological assumption of multiple realities and truths. Qualitative methodology is an emergent design viewed through a conceptual lens being interpretive and holistic (Adler, 2011). Qualitative procedures rely less on numeric data and more on personal narratives allowing for identifying and exploring emerging themes (Adler, 2011). A qualitative study would not

be appropriate since I would be using secondary data from a previously validated test instrument (First Advantage, 2010). Quantitative methods involve the process of collecting, analyzing, and interpreting data. Collecting data in controlled environments allows precise testing (Yoshikawa et al., 2013). The participating company's leaders have the historical test data. Statistical aggregation and analysis of the data are the next logical steps. Due to the structured nature of the quantitative method and the goal of examining the correlation among variables, a quantitative method is the choice for this study. Included in the final report are descriptions of the data collected, data analysis, and a written report with a set structure consisting of (a) introduction, (b) literature and theory, (c) methods, (d) results, and (e) discussion.

The third research methodology is the mixed methods procedure, which employs aspects of both quantitative methods and qualitative procedures. Yoshikawa et al. (2013) asserted the goal of the mixed methods is to draw on strengths and minimize the weaknesses of both methodologies, and that if combined, may increase the depth and breadth of the findings and conclusions. The mixed method combines the need to collect, analyze, and interpret data from both the qualitative and quantitative approaches. The decision to examine the existence and nature of the correlation among multiple independent variables, test scores for each of the five dimensions (quantitative), rather than allowing for an emerging design (qualitative), eliminated the need to employ mixed method methodology.

Research Design

The design of the study was correlational. I examined the relationship between the Talent Acquisition - Healthcare Services Profile - Clinical Test and successful or

unsuccessful long-term employment of DSP applicants. I examined the extent and nature of the correlation between the five competency areas (respect, interpersonal communication, centricity, quality orientation, and service orientation) on the Talent Acquisition - Healthcare Services Profile - Clinical Test, and successful first year of employment as a DSP employee with the subject company.

The participating company's human resource professionals administered the Talent Acquisition – Clinical Profile Test as part of the recruitment and hiring process for direct service positions in the developmental disabilities program. The administrative employees of the hiring company administered the test in a timed and controlled environment. The same administrative staff members collected the completed test documents from all applicants. Scoring the results occurred automatically upon completion of the test. This quantitative correlational study contained the analysis of the raw percentile data in each of the five competency areas on the test, and the total score. I analyzed the candidates' responses on the profile, and identified the values of the independent variables for the scores on the five test sections for use in the analysis. Analyzing test results revealed either a negative correlation, a positive correlation, or no correlation between the probabilities of an applicant remaining successfully employed for at least one year or more, and applicants' scores on each of the five competency areas on the Talent Acquisition - Healthcare Services Profile - Clinical Test (First Advantage, 2010).

This quantitative study's design is a nonexperimental correlational design. I verified that all the applicants' test data stem from the same process without manipulation, which aligns with a key requirement for a nonexperimental correlational

design.

The rationale for creating the preemployment test was for assisting in the selection of clinical direct care service personnel. The five competency areas relate to desired skills for such personnel.

Population and Sampling

I used secondary data from historical test results for the years 2010-2015 for this quantitative correlational study. No direct applicant contact occurred. The test results were from a population of applicants for direct service professional positions in the development disabilities field for one CSB from one location, Glynn County, GA. The reason for selecting the Glynn County location is that the successful employees or unsuccessful employees have/had worked the entire time of their employment for the same supervisor. The participating company's managers employ direct service professionals in this geographic area, and administer the Talent Acquisition - Healthcare Services Profile - Clinical Test to all individuals applying for direct service professionals' positions in the development disabilities field. I obtained the test results from the Talent Acquisition - Healthcare Services Profile - Clinical Test screening database. All data are associated with candidates serving as developmental disabilities direct service professionals during the subject time frame.

The data I analyzed were from applicants' test score percentiles. The problem was that percentile rank data are not normally distributed. The Institute for Digital Research and Education within The University of California at Los Angeles provided guidance for addressing this issue of transforming the percentile scores into standard normal scores using the inverse normal function (Institute for Digital Research and Education., n. d.).

Sampling was via a random selection of applicants' test results from the two strata of employees. Logistic regression is a common method for examining a relationship between a binary outcome (i.e.: success/failure) with a set of explanatory variables in a regression setting (Young, Zaretzki, Purdue, Guess, & Liu, 2011). Logistic regression has been employed in fields such as public health because of its simple form and interpretability (Young et al., 2011). Logistic regression is similar to linear regression except for logistical regression the response variable is dichotomous. Simple logistic regression analysis refers to the regression application with one dichotomous outcome and one independent variable; multiple logistic regression analysis applies when there is a single dichotomous outcome and more than one independent variable (Young et al., 2011). Noordzij et al. (2010) noted the need for researchers to estimate the required sample for a power level prior to proceeding with a study. Power is the probability that a statistical test will indicate significant difference when a certain prespecified effect size is actually present (Kumar & Indravan, 2011). Using Hsieh, Bloch, and Larsen's (1998) procedure for estimating the sample size for a simple logistic regression model, I employed G*Power's a priori power test for estimating the initial samples size for the difference between two independent means. The parameter values I used within G*Power, for a two-tailed test, were alpha = .05, Power = .8, effect size of .12. I obtained the effect size of .12 by taking the mean of the pilot sample size of successful applicants (mean of 78.22) and the mean of the 43 unsuccessful applicants (mean of 75.5). I then took the standard deviation (SD) of the pilot sample size of 43 successful applicants (SD 22.41) and the SD of the 43 unsuccessful applicants (SD 23.36) and averaged them to SD of 22.85. As shown in Appendix B, the G*Power analysis resulted in an initial sample

size estimate of 2184 total applicants (1092 successful, and 1092 unsuccessful). I proceeded to use the Hsieh et al. (1998) process to estimate the required sample size for the *multiple* logistic regression model by determining the independent variable having the largest squared multiple correlation coefficient with the other independent variables. That independent variable had a multiple coefficient of determination 0.17 with the other independent variables. Per Hsieh et al. (2010), I proceeded to subtract 0.17 from 1 yielding 0.83, and then computed the variance inflation factor (VIF) where

$$\text{VIF} = 1 / (1 - \rho^2) = (1/1 - 0.17) = 1/0.83 = 1.205 \quad (1)$$

Multiplying the previously computed sample size for the simple logistics regression model (2184) by 1.205 yields a 2631 total sample size requirement for the multiple logistic regression model or 1316 successful and 1316 unsuccessful applicants required for the multiple logistic regression model.

I then proceeded to use Elzinga, Salzer, Willoughby, and Gibbs' (2009) formula to modify the sample size to represent the finite population. I utilized the modified sample size number that was resulting from the use of the VIF model.

$$n' = \frac{n}{\left[1 + \left(\frac{n}{N}\right)\right]} \quad (2)$$

If $n = 2631$ and $N = 100$ (the total number of applicants that were administered the Talent Acquisition - Healthcare Services Profile - Clinical Test since March 2010) resulted in a total adjusted sample size of 96 randomly selected applicants. Using the adjusted sample size 48 employees from those candidates who were successful and 48 randomly former employees who were unsuccessful were randomly selected.

Ethical Research

The genesis of this study occurred during a meeting with the president of the participating company. The president of the participating company stated that the high turnover rate and subsequent cost of turnover of the direct care staff in the developmental disabilities division of the company was concerning. The need to implement competency-based testing in the area of direct service was apparent. The participating company chose the Talent Acquisition - Healthcare Services Profile - Clinical Test. Since March 2010, all candidates applying for development disabilities direct service positions took the Talent Acquisition - Healthcare Services Profile - Clinical Test as part of the applicant screening process.

The individuals' data received were anonymous. Consent was not need because I had no knowledge of each individual except his or her initials. I did not need a withdrawal process for the subjects since I did not have a consent process, and again there is no chance of exposure of candidates. I had no contact with the original applicants and all data collected were in the form of first and last initial. The president of the participating company provided a letter of cooperation for me to use the applicants' data for the purpose of the study (Appendix D), and I do have a data agreement form signed by the president of the participating company on file. I did not receive participant identifying information; therefore, the participants have no risk of exposure. No participant contact occurred so there were no incentives needed. All information provided by the participating company will remain in a locked location. As required by Walden University, I will maintain study data in a locked file cabinet for at least 5 years.

Data Collection

Instruments

The test that was used for this quantitative study was a creation of First Advantage Healthcare, and is for utilization by a range of frontline roles in the health care industry, including nurses, patient support, and facilities support. Entrance tests create opportunity for Industrial Organizational Psychologists and management researchers to make contributions with measurable and important implications for organizations and society (Aguinis, Culpepper, & Pierce, 2010).

The participating company's leaders selected the Healthcare Services Test – Clinical test as the personnel-screening test of choice, and I have permission to use the test for the purpose of this study (Permission letter in Appendix E). Developed by First Advantage in 2010, the test is a computer-based assessment (multiple choice tests) of an individual's desire and ability to provide excellent patient service. Validity estimates were largest when studies used multiple interests for prediction, either by using a single job or vocational focused scale or basic interest scales (Iddekinge, Roth, Putka, & Lanivich, 2011). The test for this study was for examining the efficacy of direct care professionals in direct care healthcare positions.

Though taken by all applicants since 2010, no analysis of test scores for trends or patterns with successful or unsuccessful employees occurred. Personnel within the human resources department of the participating company administer the test in a controlled environment. The test scores are for measuring competencies five distinct areas: (a) respect, (b) interpersonal communication, (c) centricity, (d) quality orientation, and (e) service orientation. The test scores rank individuals from the first to the 99th percentile,

with 1 representing the lowest value and 99 being the highest value. Any score above 50 is a substantial strength. Scores at or below the 20th percentile indicate a substantial weakness, revealing the candidate is not a good candidate for the position. The minimum acceptable score currently used by the participating company is 30 (B. Dallas, personal communications, August 5, 2012).

The validation studies for the test are First Advantage's proprietary information; The participating company has a copy of the report and will share with individuals requiring the methodology behind the reliability and validation studies. Evaluating Talent Acquisition – Healthcare Service Profile – Clinical Test reliability reflected internal consistency estimates reported using Cronbach's Alpha statistic (First Advantage, 2010). In the behavioral sciences, tests with reliability coefficients in the .70 range are considered to be useful, with those in the .80 and above range considered to be highly reliable for decision-making (First Advantage, 2010; Tavakol & Dennuck, 2011). The internal consistency reliability of the Talent Acquisition – Healthcare Service Profile – Clinical Test is .78 (First Advantage, 2010). This result, although supporting internal consistency of the instrument, does not preclude the need to examine the instrument's efficacy for selecting and developing individuals for healthcare patient support and clinical roles. No single assessment can predict job performance perfectly. However, by using the Talent Acquisition – Healthcare Service Profile – Clinical Test (validated instrument of First Advantage), the test was expected to provide an accurate and reliable estimate of employee performance for guiding hiring decisions (First Advantage, 2010).

The president of the participating company, or a designee, randomly selected the number of applicants' files resulting from the a priori power analysis. The total sample

size of 128 applicants, determined by the a priori power analysis, is the number of completed Talent Acquisition files that I evaluated prior to entering them into SPSS for analysis. Half of the files were from successful candidates and half of the files were from unsuccessful candidates. Excel served to develop the initial data organization input and organization. The values of the independent variables' data within this study reflect the transformed test results from the five competency areas with the Talent Acquisition – Healthcare Services Profile – Clinical Test areas: (a) respect, (b) interpersonal communication, (c) centricity, (d) quality orientation, and (e) service orientation.

Data Collection Technique

Holling (2013) noted that the main purpose of large-scale assessments is to quantify the degree of mastery that a population of interest has obtained in a specific content domain. Overall, vocational interests may hold more promise for predicting employee performance and turnover than researchers may have thought (Iddekinge et al., 2011). Anonymous testing results are the source for generating a total score and individual scores across and by each of the five competency areas. A copy of the test questions is contained in Appendix C. An employee of the participating company collected the candidates' data after each candidate finished the test. The president of the participating company, or a designee, randomly selected the required number of applicants' files. The human resources staff provided data to me with only the applicants' initials. The objective for the study was to determine which, if any, of the five competency areas reveal a correlation between test scores of successful employees, and unsuccessful employees. The results of this study may provide refined criteria for the selection of future job applicants.

To estimate the sample size for the full-scale study, I obtained data for an initial pilot sample of 50 successful and 50 unsuccessful employees from the human resources department of the participating company.

Data Organization Techniques

I obtained previous applicants' test result data from the computerized Talent Acquisition - Healthcare Services Profile - Clinical Test, as provided by the participating company's human resource staff. I did not see the applicant or observe the administration of the test. The test scores five competency areas: (a) respect, (b) interpersonal communication, (c) centricity, (d) quality orientation, and (e) service orientation. The test scores rank individuals from the first to the 99th percentile, with 1 representing the lowest value and 99 being the highest value. Any score above 50 is a substantial strength. Scores at or below the 20th percentile indicate a substantial weakness, indicating that the candidate is not likely to be a *good fit* for the position. The minimum acceptable score used by the participating company is 30 (B. Dallas, personal communications, August 5, 2012). I entered the data into an Excel file into SPSS (Neyeloff, Fuchs, & Moreira, 2012). I stratified data in two categories: successful employees (those remaining in their position for a year or longer) and unsuccessful employees (those remaining in their position less than one year). I presented data in a composite comparative histogram to show the percentages of the five categories of the successful employees versus the unsuccessful employees (see Figure 1).

Data Analysis Technique

Data analysis addressed the research hypotheses. Findings supporting or rejecting to support the hypotheses stemmed from the analyses. Analysis of the data from the

Talent Acquisition – Healthcare Services Profile – Clinical Test consisted of the following steps (a) raw data entry and initial demographic analysis (b) transformation of the percentile data, and (c) multiple logistic regression analysis via SPSS of the test scores in five categories to determine the degree and nature of any correlation that may exist. I then used the SPSS Multiple Logistic regression program to analyze employment relationships between the five predictor variables in the screening test for applicants and their success rate in their in the healthcare environment.

I used Multiple Logistic regression analysis because the dependent variable was assumed to be linearly related to the natural logarithm of the independent variable. I did not choose a simple linear regression model since a key assumption for linear regression analysis is that the dependent variable is continuous and normally distributed.

Software

Within the SPSS program, I utilized the multiple logistic regression analysis program. I selected this program because the assumption that the five independent variables and the dependent variable are related in a linear fashion. The SPSS analysis may reveal a pattern of strength or weakness for those candidates that are successful, as well as those that are unsuccessful and determine the degree and nature of any correlation that may exist. The goal is to determine to what extent, if any, a relationship exists between developmental disabilities direct service professional applicants' test results from the Talent Acquisition - Healthcare Services Profile Test and their remaining successfully employed for one or more years.

Reliability and Validity

Reliability

Sullivan (2011) noted that reliability refers to whether an instrument reveals consistent results across multiple studies with the same type of subjects. Reliability of a quantitative study consists of the precision and repeatability of the analysis and measures from an instrument. Reliability and validity are two measures that work in tandem; an instrument can be reliable but not valid and vice versa (Tavakol, 2011). Establishing validity and reliability of an instrument occurs by asking the same questions more than once and obtaining the same results based on expectations and desired outcomes – consistently (Latcheva, 2011). Instrument reliability in research relates to the degree a precise score occurs across a range of measurement. Reliability is part of the assessment of validity (Sullivan, 2011).

Evaluating the reliability of the Talent Acquisition – Healthcare Service Profile – Clinical Test required developing internal consistency estimates using Cronbach's Alpha statistic (First Advantage, 2010). In the behavioral sciences, tests with reliability coefficients in the .70 range are considered to be useful, with those in the .80 and above range considered to be highly reliable for decision-making (Tavakol & Dennick, 2011). The internal consistency reliability of the Talent Acquisition – Healthcare Service Profile – Clinical Test is .78 (First Advantage, 2010). These results supported the purpose of using the subject instrument for selecting and developing individuals for healthcare patient support and clinical roles (Tavakol & Dennick, 2011).

Tavakol and Dennick (2011) noted that researchers reported employing a Cronbach's Alpha coefficient statistic as a reliability indicator of test scores. However,

Tavakol and Dennick also noted that no other statistic has been subject to so much *misunderstanding*. Tavakol and Dennick (2011) stated that an instrument could not be valid unless it is reliable. Researchers employ Cronbach's Alpha as an objective measure of an instrument's internal reliability (Tavakol & Dennick, 2011). Calculating Cronbach's Alpha has become an accepted practice in medical research when there is more than one measure of a concept. It is easier to utilize in comparison to other estimates (Tavakol & Dennick, 2011). Cronbach's Alpha is a measure of internal consistency of a test's items. Alpha is expressed as a number between 0 and 1. Internal consistency is the extent to which all items in the test measure the same concept hence in it connected to the interrelatedness of the test's items. The more correlated the items in the test are to each other, the higher the value of alpha.

For this study, I utilized the Talent Acquisition - Healthcare Service Profile – Clinical Test. Such, Chief Scientist of First Advantage, designed the test to align with the Health Care Alliance Pool (HCAP) survey (M. Such, personal communication, August 19, 2010). The HCAP survey instrument determines if a facility is meeting high levels of quality patient care. Medicare uses this HCAP survey's results to determine reimbursement levels.

The process for administrating the test remained consistent, which increased the assurance that the results were reliable. For example, the same human resources personnel administered the test consistently for all participants.

Validity

Validity in research refers to how accurately a study answers the study questions or the intensity of the study outcome (Sullivan, 2011). For outcome measures (i.e.,

surveys or tests), validity refers to the accuracy of the measurement (Sullivan, 2011).

Predictive validity demonstrates that test scores may predict job performance. A key objective for the study was to examine the predictive validity of the Talent Acquisition – Healthcare Services - Clinical Profile Test – instrument.

Content validity and construct validity are fundamental prerequisites for assuring both reliable and valid research findings (Trumpp, Endrikat, & Zopf, 2013). Content validity refers to the degree to which an instrument measure represents a relevant domain of content (Trumpp et al., 2013). Construct validity refers to the correspondence between a measure of a construct and the actual construct (Trumpp et al., 2013). If a researcher utilizes nonvalidated instruments, the resulting validity of the findings and conclusions of the study may not be valid.

External validity assures the validity of the results and conclusions from conducting my study other populations or environments, such as other types of individuals and/or application domains (Sullivan, 2011). The First Advantage Healthcare Services Profile – Clinical test (2010) is a reliable and valid tool in the healthcare arena (First Advantage, 2010). However, the resultant logistic regression model's results and derivative conclusions may not be applicable to other rural or urban areas. Other rural or urban areas may not reflect the applicants' characteristics within this study due to socio economic status, opportunity for education, and cultural differences.

Transition and Summary

Section 2 outlined the methodologies and strategies I used in the study. I used secondary data test results for this quantitative study. No direct applicant contact occurred. The test results were from a population of direct service professionals in the

development disabilities field employed or previously employed by one CSB in Glynn County, Georgia. The same supervisor hired and directed all selected participants during their tenure. The purpose for this quantitative correlational study was to investigate methods hiring managers need to reduce turnover costs of developmental disabilities direct service professionals in Glynn County, GA. Managers may reduce turnover costs by improving turnover predictions through examining the nature of the relationship between the independent variables from the Talent Acquisition – Healthcare Services Profile – Clinical Test and the dependent variable (probability of successfully retaining employees one or more years).

Section 3 includes the findings and a discussion of the findings' applicability with respect to the professional practice. Moreover, it includes a discussion of the implications for social change, in terms of tangible improvements to individuals' lives, cultures, organizations, and communities. Furthermore, Section 3 provides recommendations for employers and for further study. The proposed study concludes with personal reflections, a summary, and overall conclusions.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The purpose for this quantitative correlational study was to investigate methods hiring managers need to reduce turnover costs of developmental disabilities direct service professionals in Glynn County, GA. Managers may reduce turnover costs by improving turnover predictions through examining the nature of the relationship between the independent variables from the Talent Acquisition – Healthcare Services – Clinical Test and the dependent variable (probability of successfully retaining employees 1 or more years) For this study, the principal research question was: To what extent can Glynn County, GA DSW hiring managers utilize the relationship between developmental disabilities direct service professional applicants' test results from the Talent Acquisition – Healthcare Services Profile – Clinical Test to predict the probability of the applicant completing 1 or more years of successful employment for reducing turnover costs?

The subject company provided me with data on 96 anonymous participants (48 successful/employed a year or longer and 48 unsuccessful/employed less than a year) who had completed the test in a structured environment upon interviewing. All candidates were employed and categorized as a successful employee (a year or longer of employment with the subject company) or unsuccessful employee (less than a year of employment with the subject company). I received the anonymous, random stratified data from the human resources department of the subject company and entered the scores the anonymous participants into SPSS. Since the test scores were given to me as percentile data, which were not normally distributed (Institute for Digital Research and Education, n. d.); I utilized SPSS to transform the data into Z scores, and used SPSS's logistic

regression analysis to determine the degree and nature of any correlation that may exist. The SPSS multiple logistic regression test results for the successful and unsuccessful candidates in Glynn County, did not reveal significance (at the .05 level) for predicting the probability of the applicant completing 1 or more years of successful employment for reducing turnover costs. The Presentation of the Findings heading contains the descriptive statistics, tests of assumptions, and analysis summary.

Presentation of the Findings

In this heading I include the descriptive statistics, evaluation of statistical assumptions, inferential statistics, and a summary of conclusions addressing the research questions. The data analysis method that I utilized is a multiple logistic regression because the logit of the dependent variable is assumed to be linearly related to the independent variable as per Young, Zaretzki, Purdue, Guess, and Liu (2011). Analysis of the data from the Talent Acquisition – Healthcare Services Profile – Clinical Test consisted of the following steps (a) raw data entry and initial demographic analysis (b) transformation of the percentile data, and (c) multiple logistic regression analysis via SPSS of the test scores in five categories to determine the degree and nature of any correlation that may exist.

I received data from the human resources department of the subject company. Per the results of the power analysis in Section 2, I selected a total of 96 anonymous and random applicants (48 in the successful category and 48 in the unsuccessful category). The research hypothesis was that the Talent Acquisition - Healthcare Services Profile - Clinical Test would be a statistically significant predictor of the successful longer term employment of Direct Service Professional applicants (1 year or more of service).

Inferential statistical analysis results revealed no significant value of any of the five test category variables for predicting successful employment (a year or longer) or unsuccessful employment (less than a year). Therefore the Talent Acquisition - Healthcare Services Profile - Clinical Test does not appear to be a successful screening tool alone. The data in the next headings will support this statement.

Descriptive Statistics

I used SPSS to calculate the relevant descriptive statistics for this study. The results revealed the unsuccessful candidates had higher mean scores for four of the five test score categories. The unsuccessful employees had the highest mean score in the interpersonal communication (86.52), with respective areas following as respect (84.19), patient centricity (79.13), service orientation (74.77), and quality orientation (74.27). *Successful* candidates showed respective mean scores in the following order: respect (85.26), interpersonal communication (78.58), patient centricity (75.88), quality orientation (73.80) and service orientation (67.73). The only mean score for which the successful candidates mean score was higher than the unsuccessful candidates was in the respect area (85.26 vs 84.19 respectively). Figure 1 contains the bar charts of the successful and unsuccessful mean test scores.

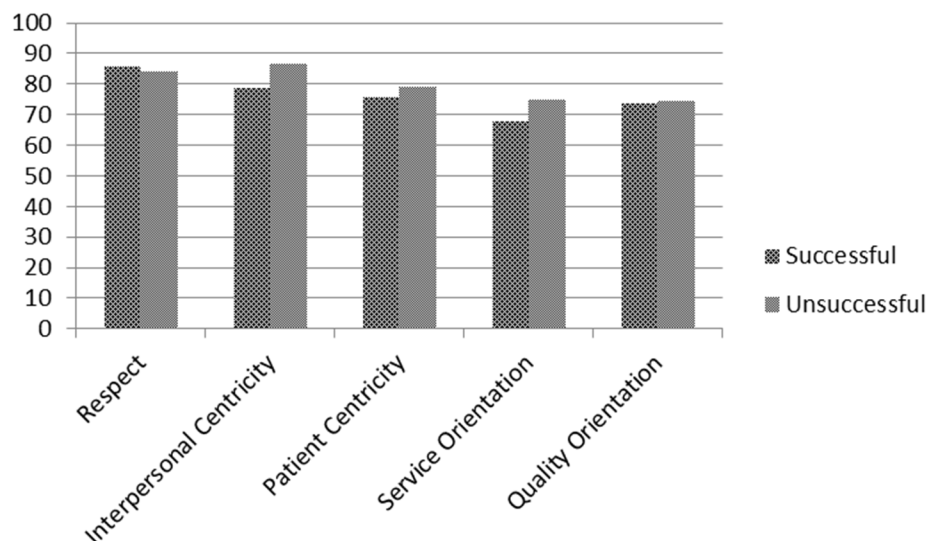


Figure 1. The mean scores of the successful and unsuccessful employees on the Talent Acquisition - Healthcare Services Profile - Clinical Test (First Advantage, 2010).

Evaluation of Statistical Assumptions

The assumptions I tested for the logistic regression model (Laerd, 2013) were:

1. Independence of cases/errors.
2. A linear relationship between the continuous independent variables and the logit transformation of the dependent variable.
3. No multicollinearity.
4. No significant outliers or influential points.
5. Categories are mutually exclusive and exhaustive.

The evaluations of each of these assumptions are as follows:

Independence of cases. I assured case independence by having the human resource department of the subject company randomly select the candidates. I defined

each by the longevity of employment; successful employees remaining with the company 1 year or longer and unsuccessful remaining less than 1 year.

A linear relationship. For the logistic regression model there are a number of methods to test for a linearity of the relationship between the continuous independent variables and the logit of the dependent variable (Laerd, 2013). I used the Box-Tidwell procedure which adds a new interaction term for each continuous variable. These interaction terms are between the existing continuous independent variable and their natural log transformations (Laerd, 2013).

I utilized SPSS to transform the current values of independent variables to the natural log transformations. I then performed logistic regression. The statistical conclusion from the logistic regression analysis was that there was a linear relationship between the independent variables and the logit transformation of the dependent variable (See Table 1).

Table 1

Box Tidwell Test: Significance Levels for Each of the Five Independent Variables' Linear Relationship With the Logit of the Dependent Variable

Respect by LN (Respect)	.502
Interpersonal Communication by LN (Interpersonal Communication)	.301
Patient Centricity by LN (Patient Centricity)	.491
Service Orientation by LN (Service Orientation)	.173
Quality Orientation by LN (Quality Orientation)	.677

Multicollinearity: Multicollinearity is a significant degree of correlation between two or more of the independent variables. There is no clear criterion for evaluating multicollinearity in linear regression models (Jeeshim & KUCC625, 2003). To determine the extent of multicollinearity among the independent variables, I used the VIF and Tolerance Features (See Table 2). I used the Variance Inflation Factor (VIF) as a measure of multicollinearity to determine the tolerance value. Some researchers have posited that a tolerance value of less than 0.1 or a VIF value of larger than 10 may indicate significant multicollinearity (Jeeshim & KUCC625, 2003). As demonstrated in Table 2, utilizing these guidelines as critical values for Tolerance and VIF, there was no significant multicollinearity among the test categories' variables.

Table 2

The Extent of Multicollinearity Among the Independent Variables

	Tolerance	VIF
Respect	0.964	1.037
Interpersonal Communication	0.907	1.103
Patient Centricity	0.745	1.343
Service Orientation	0.934	1.071
Quality Orientation	0.798	1.253

Significant outliers. An outlier is an observation that appears to deviate markedly from other observations in the sample (Williams, 2015). When computing the residual statistics and outliers using SPSS, I ran a linear regression with a confidence interval of 95% with a case wide diagnostic defining outliers as exceeding 3 standard deviations (SD). Results revealed a range of standard residuals from -1.68 to 1.69. Results of the SPSS analysis revealed that there were no values outside of + or -3 SD. A case wise plot was not produced because no outliers were found.

Mutually exclusive categories. In this study each participant could only be in one of the two mutually exclusive dependent variable categories: successful (employed 1 year or longer) or unsuccessful (employed less than 1 year). It was impossible for one participant to be in more than one category which would make them mutually exclusive.

Logistic Regression Analysis Model

In summary, my review of the findings from the logistic regression analysis model identified that the variables within the Talent Acquisition – Healthcare Services – Clinical Test are not statistically significant in differentiating between success or lack of success of developmental disabilities direct service professionals. These findings were based upon the multiple logistic regression test which revealed that the unsuccessful candidates had higher mean scores (See Figure 1) and none of the Test Category Variables, significance levels being less than .05 in the equation (See Table 3).

Table 3

Test Category Variables, and Their Significance Levels in the Multiple Logistic Regression Equation

	B	S.E.	Wald	df	Sig.	Exp (B	95% C. I. for EXP(B)	
							Lower	Upper
Respect	.001	.011	.010	1	.921	1.001	.980	1.023
Interpersonal Communication	-.024	.013	3.292	1	.070	.976	.951	1.002
Patient Centricity	-.003	.012	.080	1	.777	.997	.974	1.020
Service Orientation	-.007	.008	.769	1	.381	.993	.976	1.009
Quality Orientation	.006	.010	.385	1	.535	1.006	.986	1.027
Constant	2.243	1.567	2.050	1	.152	9.425		

Model Fit

One means for examining the model's fit is through the Hosmer and Lemeshow's goodness-of-fit test (Allison, 2014). Goodness-of-fit tests produce a *p-value*. If the *p-value* is low (<.05), reject the model. If the significant value is >.05 then the model passes the test. Classic goodness-of-fit tests are readily available for logistic regression when the data are grouped into unique profiles. Profiles are groups of cases that have the exact value on each of the predictors. Since each of the seventy test questions were weighted the same on the Talent Acquisition – Healthcare Services Profile - Clinical Test, the values on all five of my predictors were the same, this was the appropriate test to conduct.

I entered and analyzed the data using SPSS. I used a binary logistic regression test and selected the Hosmer and Lemeshow Test option. After ran the goodness-of-fit test, I concluded that the model was correctly specified since the significance value was .758 which is greater than $>.05$ (See Table 4).

Table 4

Results From Hosmer and Lemeshow's Goodness-of-Fit for Model

Step	Chi-square	df	Sig
1	4.999	8	.758

Models summary statistics. There are multiple means for calculating R^2 analogues for logistic regression models. However there is no evidence that one way is the best (Allison, 2014). Cox and Snell (1989) developed a method for calculating R^2 for logistic regression models. Table 3 contains the Cox and Snell R Square, and the Nagelkerke R Square values, reflecting indicators of the explained variance of a multiple logistic model. Nagelkerke's R^2 is a modification of the Cox and Snell R^2 , where the latter cannot achieve the value of 1 (Laerd, 2013). The values in Table 5 can be interpreted as indicating that although the model is statistically significant in predicting applicants' success or failure, the model explains only 5.7% to 7.6% of the residual variation in the actual probabilities of success.

Table 5

Model Pseudo R² Statistics Summary

Step	-2 Log Likelihood	Cox & Snell R Squared	Naglekerke R Squared
1	127.452	.057	.076

Category prediction success rates. I used the logistic regression model to estimate the probability of successful or unsuccessful employment for each of the 96 employees. If the estimated probability of successful employment was greater than or equal to 0.5 (better than or equal to an even chance), the employee is in the predicted successful employment category. If the probability is less than 0.5, the test applicant is in the predicted unsuccessful employment category. Table 6 contains the observed frequencies of successful and unsuccessful employees. Thirty-four of the 48 successful candidates' cases resulted in correct classifications, and 14 of the successful candidates' cases resulted in correct classifications. Twenty-five of the 48 unsuccessful candidates' cases resulted in correct classifications and 23 of the unsuccessful candidates' cases resulted in incorrect classifications. In summary 70.8% of the predictions of successful candidates were correct, and 47.9% of the predictions of unsuccessful candidates were correct. And overall, after introducing the five independent variables, 59.6% of the cases were correct. That is, the addition of the five independent test scores improved the overall prediction of cases into their observed categories of the dependent variable by 9.6% versus the base model's 50% correct classification with no predictors.

Table 6

Summary Table of Correct and Incorrect Classifications of Successful or Unsuccessful Employment

Observed	Predicted		Percentage Correct
	Successful or unsuccessful		
	Successful	Unsuccessful	
Successful	34	14	70.8
Unsuccessful	25	23	47.9
Prediction			59.6

The test results in Table 6 do not demonstrate a significantly improvement in prediction accuracy when examining the success or failure of employees.

Conclusions for Model Fit.

As demonstrated in Table 3, all the *p* values for each of the predictor variables were all greater than .05. Since my alternate research hypothesis two was that *at least one* of the five competency areas on the Talent Acquisition - Healthcare Services Profile - Clinical Test would be statistically significant for predicting a successful first year as a DSP employee with the subject company, I could not reject the null hypothesis. Therefore my conclusion from the logistic regression analysis was that none of the independent variables significantly contributed to predicting the employee being employed for 1 or more years. Therefore, I could not reject the null hypothesis.

Applications to Professional Practice

Although I concluded the results of the Talent Acquisition -Healthcare Services

Profile - Clinical Test did not significantly contribute to differentiating between unsuccessful and candidates, my findings did identify the need to develop and implement a better screening tool for identifying candidates who are not expected to meet corporate minimum standards for employees. A combination of human resources' practices within organizations directly affects both voluntary and involuntary terminations (Batt & Colvin, 2011). Strong attachments or loose attachments will affect ones' connectedness (Yang et al., 2011) through corporate procedures such as a combination of preceptor, training, benefits, and administrative support, appeared beneficial (Lee et al., 2008). Reducing turnover in organizations not only results in smaller financial costs but can also directly improve the quality of care delivered in the healthcare field (Guadine & Thorne, 2012).

The results of my study suggest that senior leadership, employees, and individuals receiving services from healthcare organizations may benefit by utilizing more systematic and holistic approach to hiring and retention practices (Davidson & Wang, 2011). The results of this study could enable management to proactively improve recruiting and hiring practices to reduce employee turnover. The reduction of employee turnover would thereby reduce direct and indirect costs that begin with the development of a holistic specialized screening process. In conjunction with a specialized screening process, the implementation of corporate wide quality-based training program, the implementation of a support system program and the encouragement of employee connectedness, and embeddedness could result in performance improvement and employee retention.

Relationship of Results to Theoretical Framework

There are a number of costs and risks associated with employing poor candidates

in the healthcare service profession. Not only does a poor candidate selection decision cost companies financially, but indirect costs such as lost productivity, poor service delivery, and poor morale, may result in consequences that could be serious. Although I initially supported the job matching theory prior to my study, it does not appear that the screening test selected for this study was a better predictor for success of an employee. Future research will be important to determine if there is a better screening instrument to predict successful or unsuccessful employees. I am not dismissing the job matching theory altogether but the use of the Talent Acquisition - Healthcare Services Profile – Clinical Test alone does not seem to predict successful or unsuccessful employees. The screening tool, in conjunction with other corporate practices, may lead to greater employee sustainability. The quality of working life (QWL) system (Noor & Abdullah, 2012), poor training theory (Owoyemi, Oyelere, Elegbede, & Gbajumo-Sheriff, 2011) and job embeddedness theory (Van Iddekinge, Roth, Putka, & Lanivich, 2011) may also be relevant for corporations' human resource managers to obtain and retain quality employees.

Implications for Social Change

The findings from this study support the need for organizations to develop and implement holistic procedures for recruitment and retention through programs such as training and motivation of employees for increasing the quality of patient care.

Employing qualified health care employees can enable communities to reduce risks associated with: (a) individuals suffering behavioral health issues, (b) mental health issues, (c) substance abuse issues, (d) inadequate health insurance, or (e) adverse childhood events or development disabilities. If individuals do not receive the proper

support and care, there is the likelihood they will become homeless or incarcerated (Tsai, Kaspro, & Rosenheck, 2013).

Recommendations for Action

For years, human resources recruiters have sought to identify a positive match between personality attributes and position performance and tenure. Organizational leaders need to develop strategic plans addressing long-term labor practices for staff recruiting and retention. Company leadership should design and develop efficacious internal procedures such as (a) enhancing/training, (b) motivation enhancing, and (c) opportunity enhancing (Jiang, Lepak, Hu, & Baer, 2012). Fostering employee engagement, organizational commitment, and clear expectations leads to a cohesive culture resulting in the retention of valued employees (Maertz & Boyer, 2012). Future researchers may address the limitations of this study by including other CSBs, other behavioral health populations, and/or participants from more urban areas. I will disseminate the results of this study via (a) literature, (b) conferences, (c) seminars, and (d) trainings for various agencies and companies.

Recommendation for Further Research

Conducting the present study allowed me to examine the degree to which direct service professional applicants' test scores on each of the five areas of the mandatory Talent Acquisition - Healthcare Services Profile – Clinical Test were useful in predicting successful (lasting a year or longer) or unsuccessful employees. As noted in Section 1, this study's delimitations included

1. Data were collected from only one CSB when there are 26 in Georgia.
2. The data were collected from only employees in the development disabilities

arena, rather than the mental health or substance abuse arena.

3. Participants were from small to midsized towns.

The results may therefore not apply to other groups of DD direct service professionals throughout the United States. It would be valuable to determine if the findings I obtained are replicated with other CSBs employees in the same county or if the findings are replicated in organizations located in more urban locations. The company that provided me the applicant data also has locations in many urban areas across Georgia (other providers of Developmental Disability services), and serves multiple populations (substance abuse and mental health) in the behavioral health field. I recommend that before utilizing the findings of this study, I would employ the screening test with other populations such as employees that work with individuals with mental health or substance abuse issues or employees that work with developmentally disabled individuals in more urban areas. This study is an initial research study, and more research is needed for exploring and examining different ways to reduce indirect and direct turnover costs in the developmental disabilities direct service professional field. After analyzing the results of this study, I suggest that future researchers either address larger geographical areas serving those in the developmental disabilities field and/or address other specializations within the behavioral healthcare field. Researchers in the healthcare field need to describe measurable potential benefits of employee retention to make their studies useful to corporations and their stakeholders.

Reflections

As I reflect on the last 5 years, I can say it has been a journey like no other. I have identified weaknesses in my personality that have since undertaking this commitment (in

2008 – 7 years ago). To succeed, a person must not only have a vision but must have the attention to detail, organizational skills, and tenacity. The person who completed this journey is not the naïve one who began. When I started this journey, I thought I had all of the answers. I thought that upper management led companies and those employees just listened. My current perspective is the employee is a company's greatest asset, and without quality employees who are valued and embedded in a company, the company will incur indirect and direct costs, which may lead to avoidable costs and potential financial failure. I have learned that each company must develop their own unique infrastructure of recruiting, hiring, and retaining employees.

I first supported the job fit theory, but I now have concluded that, although an appropriate screening test is critical for a good job fit, there are other elements that should be incorporated to ensure job sustainability. Even if there is a good job fit, if there is no support within an organization, it may lead to turnover. Human resources practices such as (a) mentorship, (b) training, (c) motivation enhancing, and (c) opportunity enhancing are critical. Ongoing supervisory feedback and mentoring are important.

After completing the study I encourage senior leaders to review, and as necessary, develop and deploy improved strategies for team building, supervisory feedback, and employee support. The more embedded an employee feels in their environment, the higher the morale, which can lead to higher performance, and higher the quality of care (Yang et al., 2011). Van Iddekinge et al., (2011) revealed new employees observe and decide if they share the mission and values of the company and of their coworkers. If new employees possess the necessary skills to complete critical tasks, and if they are grateful for the job rewards (intrinsically and extrinsically), employees will conclude that there is

a positive job match and they will become embedded. If an employee does not feel a positive job match, they are more likely to exit their position (Van Iddekinge et al., 2011). With a higher quality of care, there is a higher satisfaction rate leading to sustainability of employees and of the company that employs them. Society can benefit from more members remaining employed and healthy.

Summary and Study Conclusions

The primary conclusion resulting from my study is the Talent Acquisition - Healthcare Services Profile – Clinical Test that was implemented as part of the participating company’s hiring process is not a significant predictor of the difference between successful and unsuccessful employees. The SPSS multiple logistic regression test results for the successful and unsuccessful candidates in Glynn County, did not reveal significance (at the .05 level) for predicting the probability of the applicant completing 1 or more years of successful employment for reducing turnover costs. Although a screening tool may be beneficial in setting a baseline for employees, I concluded that the subject employment test was not an efficacious predictor of a developmental disabilities direct service employee being successful. Future research is necessary for healthcare organizations to identify effective predictors of employee turnover.

Prior to selecting candidates, human resources recruiters may elect to identify a positive match between personality attributes and job duties. A successful match could positively improve retention rates and reduce the indirect and direct costs caused by a high employee turnover rate. Along with striving to achieve a positive job match other critical corporate strategies are essential. Although skills’ training is essential, Jiang et al. (2012) noted motivation enhancing and opportunity enhancing are equally important for

the success of the employee. I have concluded that companies may benefit from corporate strategies encompassing a combination of screening, training, and retention plans that can result in cost savings.

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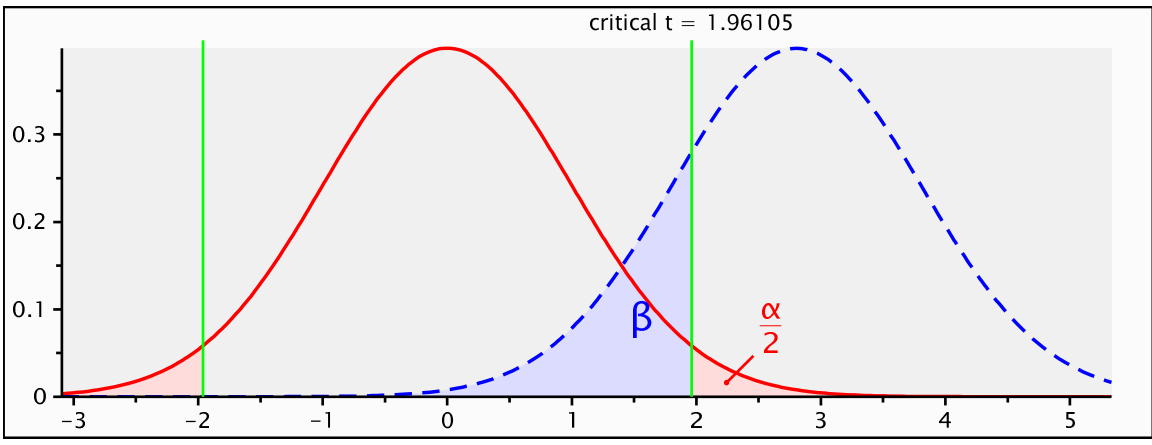
**Appendix A: U. S. Department of Labor Job Openings, Hires and Separations in
2013
and 2014**

Industry	Nov	Oct	Nov	Nov	Oct	Nov	Nov	Oct	Nov
	2013	2014	2014	2013	2014	2014	2013	2014	2014
Levels (in thousands)									
Total	4,126	4,830	4,972	4,574	5,101	4,990	4,316	4,863	4,623
Total private	3,757	4,409	4,512	4,286	4,797	4,688	4,028	4,554	4,335
Construction	165	141	145	299	320	308	275	304	291
Manufacturing	298	287	318	269	276	259	228	260	223
Trade, Transportation And Utilities	786	832	876	1,102	1,135	1,119	933	1,052	1,046
Retail trade	439	460	509	694	778	778	668	720	720

Professional and Business Service	750	966	1,046	950	576	998	888	1,074	923
Education and Health Services	682	850	822	522	589	578	492	564	530
Health Care and Social Assistance	610	764	735	448	507	507	416	484	464
Leisure and Hospitality	562	715	639	792	899	907	761	840	842
Arts, Entertainment, and Recreation	84	57	42	141	150	132	127	133	128
Accommodation and Food Service	477	658	597	651	749	775	634	707	704
Government	369	361	403	249	275	266	253	276	248
State and Local Government	313	361	403	249	275	266	253	276	248

Appendix A. U. S. Department of Labor Job Openings, Hires and Total Separations by Industry, seasonally adjusted. Adapted from “U. S. Department of Labor Job Openings, Hires and Separations in November 2013, October 2014, and November 2014”. Retrieved from www.bls.gov

Appendix B: G* Power Central and Non Central Distributions and Analysis



t tests - Means: Difference between two independent means (two groups)

Analysis: A priori: Compute required sample size

Input:	Tail(s)	=	Two
	Effect size d	=	0.12
	α err prob	=	0.05
	Power (1- β err prob)	=	0.8
	Allocation ratio N2/N1	=	1
Output:	Noncentrality parameter δ	=	2.8039971
	Critical t	=	1.9610518
	Df	=	2182
	Sample size group 1	=	1092
	Sample size group 2	=	1092
	Total sample size	=	2184
	Actual power	=	0.8003305

Appendix C: The Talent Acquisition Healthcare Services Profile

THE TALENT ACQUISITION - HEALTHCARE SERVICES PROFILE – CLINICAL TEST

First Advantage's Healthcare Services Profile is designed to be used with a range of front-line roles in the healthcare industry, including nurses, patient support, and facilities support. It was developed to assess individual's desires and ability to provide excellent patient service. The test is a computerized test that includes 70 items and though should only take 20 minutes to complete will automatically shut down after 30 minutes. Indicate your choice by clicking on the bullet next to your selection.

1. When we contact your most recent manager or teachers, how are they MOST likely to describe you?
 - Tactful
 - Understanding
 - Logical
 - Observant
 - Focused

2. I do not need to ask questions during conversations because I completely understand what others are saying.
 - Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree

3. Others who know you well would say you enjoy working hard to serve people?
 - Much more than others

- Somewhat more than others
 - About the same as others
 - Somewhat less than others
 - Much less than others
4. My most recent manager would say my detail focus is...
- Much higher than others
 - Somewhat higher than others
 - The same as others
 - Somewhat lower than others
 - Much lower than others
5. No matter what you do, some people cannot be pleased.
- Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly disagree
6. When we contact your most recent manager, how will they rate your ability to resolve patient issues?
- Top 25% compared to others
 - Top half compared to others
 - Bottom half compared to others

- Bottom 25% compared to others
 - I have never had this type of job experience
7. You do not need to ask patients if they are dissatisfied because they will tell you.
- Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly disagree
8. When we contact your most recent manager, how often will they say that you tell patients what to expect before doing something for them?
- Much more than others
 - Somewhat more than others
 - Somewhat less than others
 - Much less than others
 - I have never had this type of job experience
9. When we ask your most recent manager, how many times in the last year will they say that patients have complimented your work?
- Never
 - Once or twice
 - Three to five times
 - More than five times
 - This would be my first job

10. How often do your coworkers ask you to help them understand something they were told by another person at work?

- Never
- Rarely
- Sometimes
- Frequently
- This would be my first job

11. It is not realistic to expect people to work fast and work accurately at the same time.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

12. People who know you well would say that your willingness to go out of your way to help others is...

- Much higher than others
- Somewhat higher than others
- About the same as others
- Somewhat lower than others
- Much lower than others

13. When we contact your most recent manager or teachers, how often will they indicate you have offended others in the last year?

- None
- Once
- Twice
- Three times
- For or more times

14. When we contact your most recent manager, how often will they say they had to repeat directions to you?

- Less than once per month
- Monthly
- Weekly
- Daily
- This would be my first job

15. I enjoy work tasks that allow me to focus on...

- Big ideas
- Organizing and planning
- Interacting with people
- Getting the details just right
- My own responsibilities

16. When we ask your most recent manager, will they say that your ability to understand patients' needs is...
- Above average
 - Average
 - Below average
 - Well below average
 - This would be my first job
17. You are very busy at work and there are many patients who need help. One patient has not been waiting as long as others. The person is being very vocal and saying negative things about you and the hospital. What would you most likely do?
- Take care of the vocal patient first to get the situation under control
 - Apologize to the vocal patient and tell him that you will help him as soon as you can
 - Explain to the vocal patient that others should not have to hear his complaints and you will help him as soon as you can
 - Ask the other patients if you can deal with the vocal patient first
 - Explain to the vocal patient that others also need your help and that you will help him when it is his turn
18. I am often surprised by people's reactions
- Strongly agree
 - Agree
 - Neutral
 - Disagree

- Strongly disagree

19. How often will people who know you well say that you confront or argue with others?

- Never
- Rarely
- Sometimes
- Regularly
- Frequently

20. I can learn how to do tasks at work just by listening to others talk about them...

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

21. If you pay close attention to the overall goal, there is no need to worry about the details.

- Strongly
- Agree
- Neutral
- Disagree
- Strongly disagree

22. When interacting with patients, you need to be careful about how much information you share with them.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

23. I like trying to understand why people behave as they do.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly agree

24. Which of the following best describes your preferred approach to explaining detailed information to others?

- You explain it once and answer questions later if people do not understand it
- You follow a set way to explain the information every time
- You take extra time to explain it to avoid questions later
- You explain it one time and expect others to understand
- You prefer to not explain detailed information

25. My friends would describe me as...

- A good listener
- Goal driven
- Sensitive to others
- Responsible
- Observant

26. When others are not being reasonable, the best way to get them to do what is needed is to manipulate them or the situation.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

27. When a patient stops you and says something confusing, it is best to acknowledge the patient and keep working.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

28. When we contact your most recent manager, what will they say is most true of your approach to work?

- Complete as much work as possible
- Ensure that work quality is as high as possible
- Think of as many different ways to complete work possible
- Work slower to balance quality and productivity
- This would be my first job

29. A patient is being discharged after a procedure. Once they are home, many patients have questions about what to do after this procedure. What would you be MOST likely to do?

- Let the patient go. If he had questions, he would have asked
- Ask the patient if he has any questions about what he needs to do at home before he leaves
- Give the patient the telephone number to call if he has questions
- Warn the patient that most people do not understand what to do after this procedure
- Tell the patient that he can come back to ask questions if he needs help later

30. It is most important to me that I ...

- do a good job at work
- treat others with respect
- impress my manager
- enjoy my job
- perform better than others

31. Which of the following would people who know you well say best describes you?

- Knowledgeable
- Friendly
- Conscientious
- Understanding
- Outgoing

32. A patient asks you a question and you do not know the answer. You feel this patient expect you to know this answer. What would you MOST likely to do?

- Find someone else to answer the question
- Say something to satisfy them now and correct it later
- Redirect their attention to a different topic
- Attempt to have them answer their own question by talking it through with them
- Say that you do not know the answer but that you will find it

33. People who do not stand up for themselves do not deserve respect.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

34. When speaking with patients, it is best to...

- Speak quickly so you can answer all their questions before moving on
 - Look them in the eyes while talking
 - Talk and work at the same time to make sure you finish what needs to be done
 - Avoid looking at them to give the patients privacy
 - Speak slowly and use simple language
35. When we asked your most recent manager, how will he or she describe your ability to follow directions without making any mistakes?
- Higher than others
 - Somewhat higher than others
 - Somewhat lower than others
 - Lower than others
 - This would be my first job
36. If you take the time to get to know every patient, you will not have enough time to help everyone who needs it.
- Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly disagree
37. When we ask your most recent manager, how often will he or she say patients or customers commented that you provided excellent service?
- Never
 - Rarely
 - Sometimes
 - Frequently
 - I have never had this type of job experience
38. You are working with Marta on a task that is due tomorrow. You just told Marta that you will not be able to do any more work with her. What is the MOST likely reason or your behavior?
- You decided to work on another important task
 - You do not like working with Marta
 - Marta was being unreasonable
 - Marta is able to complete the task herself
 - Your manager asked you to work on a different task due today
39. You are talking with a coworker about an issue at work. You think his opinion on the issue is wrong. What are you most likely to do?
- Let the coworker finish talking, then tell him why he is wrong
 - Tell your coworker to stop because he is wrong

- Let the coworker finish and then say you have to get back to work
- Tell your coworker you have to agree to disagree
- Let the coworker finish, then change the subject

40. How would people who know you well describe your approach to work?

- Caring
- Accurate
- Complete
- Efficient
- Careful

41. When we contact your most recent manager, how often will he or she say you make mistakes at work?

- More often than others
- Somewhat more often than others
- Somewhat less often than others
- This would be my first job

42. Providing quality medical care is more important than being friendly to patients.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

43. Your job is to deliver meals to patients. While delivering a meal, a patient mentions that she has tried to call for a nurse several times, but no one has come. What would you be MOST likely to do?

- Apologize and tell the patient that you are not a nurse and cannot help her
- Tell her to try again because her nurse is probably just busy
- Ask the patient if she is sure how to use the nurse call button correctly
- Report the issue at the nurses' desk, and then tell the patient you reported the problem
- Tell the patient you will mention her problem at the nurses' desk

44. When talking with others, it makes me uncomfortable to have too much eye contact.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

45. I found it difficult to be respectful to others whose personal beliefs differ from my own.
- Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly disagree
46. There is no point listening to what others have to say if you do not agree with their point of view.
- Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly disagree
47. People who know me well say that I am...
- Sympathetic
 - Hard-working
 - Thoughtful
 - Innovative
 - Driven
48. You overhear Pat talking with a patient. Pat is having trouble understanding what the patient needs. What would you MOST likely do?
- Step into a conversation and take over for Pat so that you can help
 - Nothing because Pat should be capable of helping this patient
 - Ask a manager to step in and help Pat with the patient
 - Stop and offer to help Pat with the patient
 - Ask Pat to step away with you so you can explain how to help
49. Once patient become confused about a topic, it is almost impossible to explain it in a way they will understand.
- Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly disagree
50. Patients feel more at ease when hospital employees introduce themselves as they come into the room.
- Strongly agree
 - Agree

- Neutral
 - Disagree
 - Strongly disagree
51. People should not need to be told more than once what to do.
- Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly disagree
52. How often do you address others by their names when speaking to them?
- Much more than others
 - Somewhat more than others
 - About the same as others
 - Somewhat less than others
 - Much less often than others
53. To predict how others will react to me, I spend time trying to understand their points of view.
- Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly disagree
54. A patient begins crying. What are you MOST likely to do?
- Look away until the patient regains control
 - Acknowledge his tears and ask if he wants to talk
 - Ask a coworker if they can comfort him
 - Get him a box of tissues
 - Ask the patient if there is anything that you can do for him
55. When we contact your most recent manager, how often will they say in the last year that you resolved an issue for a patient before they had a chance to bring it to your attention?
- More often than others
 - Somewhat more often than others
 - Somewhat less often than others
 - Less often than others
 - This would be my first job

56. It is best to give the patients as little information as possible. If you try to explain everything in detail, they will become confused.
- Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly disagree
57. When patients are upset, it is best to...
- Let the doctor handle the situation
 - Ask if there is anything you can do to help
 - Listen to their concerns
 - Move on to other work as quickly as you can
 - Notify your manager as soon as possible
58. When meeting a patient for the first time, what would you be MOST likely to do first?
- Give the patient privacy; only make conversation if she initiates it
 - Tell the patient your name and why you are there
 - Avoid chatting with the patient and focus on your work tasks
 - Greet the patient by name and ask how she is feeling
 - Get to work and explain what you are doing
59. You are working with a patient who complains that she cannot sleep because her bed is uncomfortable. She is asking to change rooms. Hospital policy does not allow patients to change rooms for this reason. What would you be MOST likely to do?
- Tell her you will see what you can do to have her moved to another room
 - Tell her, unfortunately, hospital policy does not allow for room changes in these situations
 - Tell her that there are no rooms to which she could move
 - Tell her that hospital policy does not allow patients to change rooms
 - Tell her you wish to speak to your manager about having her moved
60. People who know you well would rate your ability to clearly say what you mean as...
- Better than others
 - Somewhat better than others
 - About the same as others
 - Somewhat worse than others
 - Worse than others

61. When interacting with patients, it is MOST important to...

- not get personally involved
- show empathy
- appear confident
- have a sense of humor
- appear intelligent

62. When providing instructions to a patient, it is best to...

- Provide a general overview
- Give the patient written instructions to refer to later
- Provide step by step, detailed directions
- Have the patient repeat the instructions back to you
- Give the patient written instructions and ask if he has any questions

63. It is 1:00 am. A patient asks you where the cafeteria is located and what time it opens and closes. Which of the following is the best response?

- “The cafeteria is open from 6:00 am to midnight, so it is already closed”
- “The cafeteria is on the third floor, but it is closed right now”
- “The cafeteria is on the third floor. Go down the hall, and take the elevators on the right”
- “The cafeteria is on the third floor. It closed at midnight but it will open again at 6:0 am”
- The cafeteria is closed right now, but there are vending machines next to the elevators”

64. When achieving results at work or school, you should NOT be too concerned if you offend others.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

65. I do not need to double check my standard paperwork because I am so familiar with the forms.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

66. You should explain written instructions because patients do not always read carefully,

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

67. How often do people ask you to repeat yourself?

- More often than others
- Somewhat more often than others
- About the same as others
- Somewhat less than others
- Less than others

68. Which of the following are you MOST likely to do when dealing with an upset patient?

- Apologize and get a manager to help deal with the situation.
- Ask them to calm down so that you can help them.
- Say whatever I have to say to calm them.
- Try to avoid them because I do not understand why they got so upset.
- Ask the patient why they are upset.

69. You have been assigned a new patient. You are meeting her for the first time. After introducing yourself, what would you MOST likely to say?

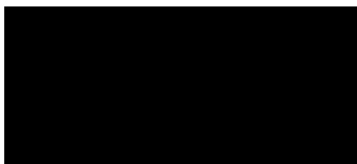
- Ask her if she has ever been to this hospital before
- Ask her what she thinks about the weather
- Tell her about your cousin who struggled with a similar condition
- Ask her what she thinks about a well-known current event
- Ask her about her favorite color

70. It is important to be positive, even when delivering bad news.

- Strongly agree

- Agree
- Neutral
- Disagree
- Strongly disagree

There are a total of 70 questions. Applicants have 30 minutes before the test is timed out. Percentile scores are derived in five competency areas: respect, interpersonal communication, centricity, quality orientation, and service orientation.

Appendix D: The participating Company's Staffing Consent Letter

September 19, 2013

Ms. Doreen Colangelo
Director of DD Services

Re: [Redacted] Data Usage

Dear Doreen,

I am happy to hear your thesis is coming to a successful conclusion.

This letter is to confirm [Redacted] has provided you with employee testing and other associated data to use for your thesis. We have given you our expressed permission to use said data for your thesis in such a manner as you deem appropriate. If there are any questions about the use of [Redacted] employee data related to your thesis please have them contact the undersigned.

Sincerely,

A handwritten signature in cursive script that reads "William Dallas".

William Dallas
President

Appendix E: Participating Company's Permission letter

September 20, 2013

Ms. Doreen Colangelo
Director of DD Services

Re: Permission to use the Talent Acquisition - Healthcare Service Profile – Clinical Test under sponsorship of

Ms. Colangelo,

We are happy to hear that that the organization that you are working with on your dissertation selected the Talent Acquisition - Healthcare Service Profile – Clinical Test.

Under the terms of their agreement with [REDACTED] your sponsor [REDACTED] is permitted to use our assessments for their business purposes. We refer to their agreement:

[REDACTED] - Online Testing Agreement with [REDACTED] dated February 7, 2013, paragraph 11 - License of Online Testing Account".

Since [REDACTED] has authorized you to conduct such testing as necessary to serve their business purposes and for your thesis, [REDACTED] confirms your use of our tests in the manner you deem appropriate.

If you have any further questions, you may direct them to us at [REDACTED]

Sincerely,



Tom MacLadden
Director of Assessment Sales

