2019

Competency Development and Implementation among Direct Support Professionals in New York State

Johanna LoPorto
Walden University

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Johanna LoPorto

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Christopher Atkinson, Committee Chairperson,
Public Policy and Administration Faculty

Dr. Eliesh Lane, Committee Member,
Public Policy and Administration Faculty

Dr. Kristie Roberts Lewis, University Reviewer,
Public Policy and Administration Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2019

Abstract

Competency Development and Implementation Among Direct Support Professionals in New York State

by

Johanna LoPorto

MA, Kaplan University, 2013

BS, Brooklyn College, 2003

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Administration

Walden University

May 2019

Abstract

Direct support professionals (DSPs) serve an important function in the daily supervision and care of clients with intellectual and developmental disabilities (ID/DD) through standardization of technical, cognitive, and ethical competencies for all DSPs. It is not clear, however, how these DSPs and managers perceive the implementation process and utility of these competencies or whether implementation results in meeting the desired outcomes for clients. Using Donabedian's quality of care model as the foundation, the purpose of this qualitative case study in New York State to understand how DSPs perceived the implementation of the DSP core competencies under the direction of front-line managers. Data were collected through face-to-face interviews with 12 DSPs and front-line managers. Data were inductively coded then subject to Braun and Clarke's thematic analysis procedure. Findings revealed that DSPs and front-line managers implemented the core competencies inconsistently because of organizational perceptions and experiences. The implications for social change stemming from this study includes recommendations to the National Alliance of Direct Support Professionals to add a practicum component to the core competencies training which may benefit people living in community residential group homes diagnosed with ID/DD through hands-on approach training that would allow full implementation of the DSP core competencies in various, every day real life situations.

Competency Development and Implementation among Direct Support Professionals in New York State

by

Johanna LoPorto

MA, Kaplan University, 2013

BS, Brooklyn College, 2003

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Administration

Walden University

May 2019

Dedication

This dissertation is dedicated to my children. Joseph, Katrina and Franco, you choose who you want to be, and you determine your own path, I will always be there every step of the way. To my husband Louis, for always believing in me when at times, I didn't believe in myself. For showing me, what real love and friendship really means.

To my parents, John and Carmen, thank you for being in my corner when I became a teenage mom. I hope I have finally made you proud.

Acknowledgments

There have been many people that supported me through this long journey. First, I want to extend my appreciation and gratitude to my committee chair, Dr. Christopher Atkinson for his consistent mentoring, advice and guidance-thank you! I also want to extend my gratitude to my committee member, Dr. Eliesh O. Lane for her feedback and support through the dissertation process, and Dr. Roberts Lewis who ensured that the study adhered to Walden University research standards.

I also want to extend my appreciation to the two agencies that allowed me to conduct my research, Cris Marchionne at Person Centered Care Services and Steven DeWater at Able-2. I also want to thank the Supervisors and the Direct Support Professionals that took time from their busy schedules to sit with me and talk. Their input and thoughts throughout this process were truly valuable.

A special thank you goes to my husband Luis. I could have not done this without him, literally. I spent weekends locked in our room writing while, he tended to my every need and provided me with every comfort, so I wouldn't stop writing. Thanks babe!

Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction to Study

Individuals living within New York State residential group homes rely on direct care professionals (DSPs) to provide 24-hour care and services to ensure each resident optimal quality of life. The objective of these group homes is to provide people diagnosed with developmental disabilities (DD) and intellectual disabilities (ID) rehabilitation services that help develop skills to successfully live, work, and learn within their communities. The development of group homes resulted from the de-institutionalization era of the 1970s, a period that saw lawsuits rulings determine that people with DD/ID disabilities would be better served through integration in their communities.

As people with DD/ID transitioned to community group homes and residential facilities, the need for workers to provide support care and services increased. DSPs provide these support services with the primary function of providing personal assistance, supervision, behavioral management, and medication administration 24 hours a day (Larson & Hewitt, 2012). DSPs work in several settings that include home-health agencies, hospitals, individualized residential alternatives (IRAs), supportive apartments, and home-community based service (HCBS) facilities.

Problem Statement

Since 1975 and because of the Willowbrook consent decree, people diagnosed with ID/DD began to transition from institutionalization into residential community group homes with a demand of direct care staff to provide services and care (Rothman & Rothman, 1985). Today, these direct care staff now known as direct support professionals

(DSPs) is projected to grow from 369,580 in 2010 to 505,060 by the year 2020 for all direct care service occupations (Paraprofessional Health Institute, 2013). The Office for People with Development Disabilities (OPWDD) (2013) emphasized that nonprofit organizations providing services to people with ID/DD experience continuous high turnovers because of job-related stress, burn out, work demands, and low organizational morale. Thus, job related stress, burn out, work demands, and low organizational morale are associated with client abuse, neglect, and overall inadequate care and services (Hewitt & Lakin, 2001; Hewitt & Larson, 2012) To be effective, DSPs must possess the complex skills, knowledge, and competencies that will enable them to meet the demands of their jobs, and presumably, increase their job satisfaction (Larson & Hewitt, 2012). McKillip and Minnes (2011) also found job satisfaction to be the most critical component of DSPs' decisions to leave their employment, as low job satisfaction was correlated to job-related stress, burn out, and poor work-social interactions. In 2013, OPWDD developed the New York State Direct Support Professional (NYS DSP) core competencies initiative. Adopted from the Alliance for Direct Support Professionals (NADSP) credentialing program, the OPWDD core competencies program is intended to provide administrative support, structure, and oversight for the implementation of a professional development program. This program is composed of seven goals, 23 standardized competencies, and 60 identified skill sets (NASDP, 2011).

This policy aims to provide all New York OWPDD state-operated service organizations an educational training program that standardizes the technical, cognitive, and ethical competencies for all DSPs. The goal of the training program is to teach all

DSPs to manage work-related stress and burn out, while, improving services and protections to people with ID/DD. However, although researchers advocate for the need of DSP competencies training and education, they have not shown how competencies are implemented within the organization's culture to determine effectiveness in increasing job satisfaction and organizational morale. Today, NYS ID/DD provider organizations provide competencies training to all DSPs (Larson & Hewitt, 2012; Valla, 2014). It is not known however, how the NYS DSP competencies are being implemented and practiced in ID/DD provider organizations thus, requiring exploration. The goal of this qualitative research was to explore DSPs perception and experience in implementing the competencies within their organizations.

Purpose of Study

The purpose of this qualitative study was to explore the perceptions of DSPs located in New York State regarding the effectiveness of the DSP competencies in their organizations in relationship to job satisfaction and organizational morale. In addition, I also aimed to explore what DSPs perceived to be necessary in enhancing the effectiveness of the NYS DSP competencies organizational practices that would improve ID/DD care and supports.

An understanding of how DSPs practiced the competencies helped determine whether the competencies were effective in improving DSP performance, job satisfaction, and organizational morale. Further, an understanding on how DSPs perceived the competences practiced in residential community homes helped determine whether the competencies were effective to ID/DD care and support services.

I selected a case study approach as the most appropriate mode of inquiry for my research because it allowed for a contemporary phenomenon to be studied in its everyday context, when boundaries between the phenomenon and context were not clear (Yin, 2014). Yin and Stake (1995) posited that a case answers the *how* and *why* questions connected to the phenomenon of interest, under realistic conditions and in their natural setting. In this approach, participants were encouraged to share their experiences and perceptions of OPWDD's standardized competency-based practices within their organizational cultures, policies, and directives.

Theoretical and Conceptual Framework

The theoretical framework of this proposed study was Baumgartner and Jones' (1993) punctuated-equilibrium theory (PET). PET holds that periods of equilibrium or stasis exist when an issue is captured in a subsystem, or state governed institutions, which, for this study was, the NYS nonprofit disability provider organization. Periods of disequilibrium occur, on the other hand, when an issue is forced onto the macropolitical agenda, or in the forefront of governmental political agenda setting. Issues are placed on macropolitical agendas through public discourse, in which policies may either be reinforced or questioned. When policies are questioned, there is political pressure for policy change, or punctuations. Then, when the subsystem, or state governed institution has adopted the new policies, a state of equilibrium once again occurs (Baumgartner & Jones, 2002).

In this study, I used PET as a framework for describing how OPWDD developed the NYS DSP credentialing competency policy after disability issues were forced onto

the macropolitical agenda. In this study I aimed to determine how NYS DSP competencies were implemented in NYS service provider organizations and whether the they were effective in improving DSP work performance, job satisfaction, and organizational morale (OPWDD, 2013).

Another objective of this study was to also understand the implementation of the NYS DSP competencies within the structures and processes of their organization. Based on Donabedian's Quality of Care model (1980), structure, process, and outcomes are identified as the required components for delivering high-quality individualized support care and services. Structure refers to the environment and resources required to provide services, while processes describes the practices used to implement care. The outcomes are the end results actualized by the recipient. Donabedian argued that a good, efficient structure is essential to good processes and good processes are essential to good outcomes. I applied Donabedian's model to the implementation of the competencies to examine the DSPs organizational policies (structure) with the DSPs knowledge, skills, and, attitudes of service and care (processes) to the quality of life (outcomes).

Significance of Study

The DSP competencies are implemented across all NYS disability provider organizations (Valla, 2014); nevertheless, there is a lack of research regarding how DSPs perceive the NYS DSP competencies implemented in their organizations. The significance of this study was to add to the existing literature on professional ID/DD caregivers that addresses the relationship between policy implementation and organizational cultures. Managing DSP performance continues to be problematic as

challenges continue to exist in NYS ID/DD provider organizations. DSPs now are required to implement the DSP competencies within perceived barriers such as organizational policies, procedures or practices that limit them from implementing the competencies effectively (Larson & Hewitt, 2012). In addition, barriers may also be perceived as directives given by front-line managers that conflict with the NYS DSP competencies. Conflicting directives and policies results in job related stress, burn out and, low organizational morale which ultimately impacts the service and care that is being provided to the people receiving services (Hewitt & Lakin, 2004; Konrad & Morgan, 2006; Larson & Hewitt, 2012). Hewitt, Edelstein, and Hoge (2008) state that organizational culture plays a profound effect on DSPs intent to stay in their jobs and on their overall job satisfaction. When DSPs report positive views of their organizational culture such as experiencing high morale, teamwork, and participation in decision-making, they report higher levels of job satisfaction and organizational commitment.

Exploring DSP perceptions on the implementation of the DSP competencies may reveal discrepancies between policy development, implementation, and organizational practices. Sharma and Good (2013) posited that front-line managers need to understand the importance of social change in the organization as they play a critical role in setting forth that change. When front-line managers focus on social change, they create positive human impact, moral goodness, and unconditional social improvement through and within the organization. In this study I explored the process of organizational change because of the NYS DSP competency mandated implementation. Implications for social change may include improving organizational policies and procedures that will align with

the guidelines specified in the NYS DSP core competencies. The alignment between organizational policies and the NYS DSP competencies will help improve DSP job satisfaction, work performance, and morale that will ultimately improve ID/DD services.

As people with ID/DD continue to reside and be part of communities, organizations must successfully train their DSPs with the skills, knowledge, and confidence to do their jobs but also allow an organizational environment free of contradictory policies or procedures. I hope to disseminate the findings of this study to the National Organization of Human Services and the National Association of Direct Support Professionals to help optimize mental health care services in residential communities. In addition, it is my intent to present the results of this study to the Direct Support Professional Alliance of New York State (DSPANYS) and to the NYSACRA (New York State Association of Community and Residential Agencies) to inform state and agency representatives of the role organizational culture plays in the development of DSPs.

Overall implication for social change include informing policy makers of the importance of future policy development that may improve DSP job satisfaction, work performance, and organizational morale, with corresponding competent services and care to people living with ID/DD.

Research Questions

In this study I intended to understand the implementation of the DSP competencies from the perceptions of DSPs in residential group homes in New York State. The following research questions were the focus of this descriptive study and

developed based on the conceptual framework. There is a lack of research on the implementation and practices of the NYS DSP competencies in ID/DD provider organizations to determine whether organizational factors contribute to the effectiveness of the competencies. Also, this study was aimed to explore how DSPs perceived the effectiveness of the competencies within their organizational cultures, the directives of their front-line managers, and resident quality of life. The research questions therefore concentrated on the perceptions and practices of DSPs and in the implementation of the NYS DSP competencies. The research questions were as follows:

1. How did DSPs describe the effectiveness of the NYS DSP competencies in relationship to job satisfaction and organizational morale?

   The sub-question was:

2. What did DSPs perceive it would take to enhance the effectiveness of the NYS DSP competencies organizational practices to improve ID/DD care and supports?

Nature of Study

A descriptive case study was used to explain the experiences and perceptions of DSPs applying the NYS DSP competencies in their organizations. The unit of analysis, or bounded group, for this research was the implementation process of the NYS DSP competencies in service nonprofit provider organizations, from the perspective of the DSPs. Data were derived from in-depth face-to-face interviews with four DSPs and two frontline managers from each organization, a total of 12 participants for the study through purposeful sampling (Creswell, 2009; Patton, 2012).

Semi-structured interview questions focused on the NYS DSP initiative implementation, organizational change, and DSP competency practices. Secondary data included training transcripts, training curricula, and written organizational policies. Data were triangulated through member-checking and sharing interview transcripts with interviewees that verified their accuracy. The other method of triangulation was the comparison of secondary data with primary data collected through the interviews. The data were analyzed through the identification of themes and patterns, used with a descriptive and inductive approach. After transcription of interview audiotapes, data analysis was aided by a qualitative data analysis software program (CAQDAS) to assist with coding to produce descriptive and interpretive reports based on themes (Stake, 1995; Yin, 2014).

Definitions of Terms

Competency: A basic personal characteristic that is a determining factor for learning set of knowledge, skills, and abilities for acting successfully in a job or situation (McClelland, 1973)

Direct support professional (DSP): A person whose primary job function is to provide support, training, supervision, and personal assistance to people with disabilities (Hewitt, Seavy, Morris & Hoge, 2007).

Developmental disabilities: A group of conditions due to impairment in physical, learning, and behavioral areas.

Home and community-based services wavier: A law that provides Medicaid funding to states for services such as case management, home-health aides, personal care,

residential and day habilitation, transportation, supported employment, home modification, occupational speech, physical therapy, behavioral therapy, and respite care (Miller, Ramsland, & Harrington,1999).

Intellectual disabilities: Those disabilities characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in fewer conceptual, social, and practical adaptive skills. This disability originates before the age of 18 years.

Individualized residential alternative: Individual Residential Alternatives are certified residences under the auspices of OPWDD. IRA are operated by both OPWDD and private provider agencies. These residences provide around the clock supervision, adaptive skill development training and education, activities of daily living assistance, community inclusion, and appropriate behavioral skill building (OPWDD, 2017).

Job satisfaction: The degree to which job needs are fulfilled and how much of this fulfillment is perceived by the employee (Porter, 1962, p. 377). It is a positive or negative evaluative judgment one makes about one's job or job situation (Weiss, 2002, p. 175)

New York State direct support professional (NYS DSP) core competencies: Specified as seven goals, 23 competencies, and 60 skills sets used to train and prepare the DSP workforce providing services and care to people with DD/ID (OPWDD, 2016). The New York State Office for People with Developmental Disabilities (OPWDD) adopted the National Alliance for Direct Support Professionals (NADSP) Code of Ethics and formulated the NYS core competencies (Valla, 2014).

Organizational culture: The shared basic assumptions, values, and beliefs of the members of the organization (Ruiz-Palomino & Martínez-Cañas, 2014, p. 96).

Organizational morale: Emotions and attitudes that include satisfaction with the work environment, commitment or loyalty to the institution and a willingness to work toward common goals (Johnsrud, Heck, & Rosser, 2000, p. 4).

Supervisor of direct support professionals: A person whose primary job involves direct supervision of DSPs.

Assumptions

Assumptions are events or conditions that are not visible or testable, and out the researcher's control. Assumptions are basically events or conditions that can be taken for granted in a study (Roberts, 2010). In this study, the first assumption was that the participants responded to the interviews honestly and openly about their experiences. This assumption was very important because the findings of the study was dependent on the participant's description of how they perceived the NYS Core competencies being effective in their organization.

A second assumption was that the organization will use the findings of the study to improve the implementation and practices of the NYS core competencies. This assumption was important as the findings may improve how the competencies are being implemented to the actualized ID/DD service outcomes.

The timeframes between the interviewer and interviewee was a limiting factor as DSPs were not readily available to participate in the interviews. An interview schedule

was developed between managers, DSPs, and the interviewer that helped facilitate participation.

Scope and Delimitations

The scope of a study refers to the parameters or domain under which the study was undertaken (Creswell, 2007). The scope of this study was limited to the exploration of NYS core competencies implementation in relationship to organizational morale and job satisfaction through the perceptions of the DSPs. The scope of the study focused on the DSPs perception to the effectiveness of the competencies within the culture of the organizations to client service outcomes.

The delimitations are the characteristics that limit the scope and define the boundaries of a study, which is in the researcher's control (Yin, 2011). The boundaries of this study included the geographic area selected, the organizations that was studied, and the participants selected interviewed for the study. The participants interviewed included DSPs and front-line managers that were trained in the DSPs competencies in NYC and in upstate New York. The delimitations to this study included data from the interviews, through the semi-structured interview questions from both organizations. Gatekeepers combined with purposeful sampling were also used to ensure appropriate participant selection.

Transition and Summary

In this research, I focused on the perceived effectiveness of the NYS core competencies implementation to the quality care and services to people living with ID/DD. The relationship between job satisfaction and organizational morale was explored

to determine its impact on how the core competencies are implemented. Chapter 2 contains the literature review on the topic of the NYS core competencies, job satisfaction and organizational morale as well as a short history of the institutionalization of people with mental disabilities that led to the development of the NYS core competencies. This chapter also included literature on the theoretical and conceptual framework of this study. Chapter 3 contains the research methodology and design while, Chapter 4 contains the discussion on the results of the study and the data analyses. Chapter 5 covers the discussion, conclusions, and recommendations for future research.

Chapter 2: Literature Review

The purpose of this qualitative case study was to explore the experiences and perceptions of DSPs and the implementation of the NYS DSP competencies in ID/DD provider agencies. Despite the conclusion that training programs and education are required to provide DSPs the competencies to meet the demands of their jobs, there is a gap in literature to the implementation and effectiveness of these standardized competencies to service outcomes. This study added to the existing literature on professional ID/DD caregivers and the relationship between policy implementation and organizational culture.

The purpose of this literature review was to examine, analyze, and synthesize research on how care for people with disabilities transformed to the development of the NYS DSP Core Competencies setting forth change for the role of ID/DD care providers. To understand more about ID/DD supports and care services, I first examined origins of institutionalization that led to community-based residential care and the need for competency-based training. This section included the competencies required for both roles of DSPs and front-line supervisor. Following this examination, I reviewed literature that pertained to the theoretical foundations of policy development that led to the dismantling of mental institutions and leading to the disability rights. Next, I reviewed literature on the conceptual framework that provided the model for ID/DD services and care while, also including literature related to DSPs and the challenges they face from organizational and group home cultures. The remaining content of this literature review focused on influential research that pertained to the roles of the DSPs and organizational

leadership with literature on job satisfaction, organizational effectiveness, commitment and organizational morale. This provided a better understanding of client care and services within the structure of community-based residential mental health care facilities.

Research Strategy

To locate the literature for this study, I conducted a systematic search of different library databases including ProQuest Dissertations, EBSCO ABI/INFORM Global, Academic Search Complete, Business Source Complete, Emerald Management Journals, ERIC, ProQuest Central, PhycArticles, PsycINFO, SAGE Premier, ProQuest, and Thoreau. What follows is an analysis of current literature on the research findings on organizational cultures and the development of the NYS core competencies. The following keywords were appropriate to search for relevant articles from these databases: *direct support professionals, direct care competencies, organizational culture, corporate culture, group home, developmental disabilities care, intellectual disabilities, mental institutions, Willowbrook, disability rights, disabilities movement, leadership, disability management, productivity, morale, job satisfaction, DSP turn-over, organizational commitment, effective organization, leadership, DSP competencies, competency-based training, human services training, NYS core competencies, and quality of care.*

The literature review includes a brief history of institutionalization with an overview of the seminal works by Hewitt (1998, 2001, 2004, 2005, 2007) and Larson (1999, 2004, 2005, 2012) in the field of direct support professionals which I cited to provide a complete understanding of the DSP role and the development of DSP core competencies. The current sources for this review were peer reviewed and published

between 2012 and 2016. The remaining sources included books and peer-reviewed articles published between 1970 and 2011. I examined numerous research studies to gain an understanding of how ID/DD services were historically being provided and how it transformed to the care and services being provided today. There is voluminous research on the development of the NYS core competencies but little research has been done on how the identified competencies are being implemented. Therefore, the available information made minimal contribution toward understanding the perceptions and experiences of DSP implementing the standardized competencies in community-based residential care settings.

Background of Study

The History of Institutionalization

The treatment of people with ID/DD has been recorded since the early seventeenth century. Mental illness was perceived by social and religious problem associated with the supernatural and sin. Communities were small and closely-knit, so people with mental illness were often cared for by their families and neighbors (McGovern, 1985). By the eighteenth century, the perception of mental illness stemming from supernatural forces shifted to a view of insanity by disease (Grob, 1994). Communities began to see people with disabilities as inhuman, dangerous, diseased, and a threat to their communities. Thus, these people were no longer cared for by families or neighbors but confined to mental hospitals or prisons. The first American mental hospital opened in 1773 at Williamsburg, Virginia and soon after, other states followed (Kemp, 2007; Roberts & Kurtz, 1987). People with mental illness were placed in prisons and

institutions to protect the public from society's "undesirables" as people diagnosed with mental illness were perceived to be diseased and a threat to communities (Grob, 1994, p.74-77).

In 1793, the perception of the mental disabilities shifted once again when Philippe Pinel, a French philosopher and asylum doctor started to unchain his patients arguing that mentally-ill people could be cured. This new idea became to be known as the *moral treatment*, a theory which posited that mental disabilities was curable through kindness, conversation, and the close attention of a physician. The undesirables were now labeled feeble-minded and by the 1840s, asylums in America were being built to fit this *moral treatment* philosophy with asylums now educating the mentally disabled providing lessons in practical and functional skills, such as sewing, farming, blacksmithing, self-dining, self-dressing, and hygiene (Grob, 1994; Trent 1994). Throughout the late 1800s and early 1900s, mental institutions, or *asylums* were built in America aimed to operate within the moral treatment philosophy. These new asylums were humanitarian institutions operating within the belief that through reason, understanding, and science, society's religious and moral obligations to the insane will be fulfilled (Grob, 1994; Roberts & Kurtz, 1987). Ultimately, these institutions became nothing more than prisons operated with no morale or reason, leading to the abuse of those instituted as hospitals became overcrowded and understaffed.

Theoretical Framework

In 1972, emerging journalist Geraldo Rivera secretly entered building six of the Willowbrook School in Staten Island, New York and with a hidden camera captured live

video footage that shocked the nation. Rivera captured footage of the school's overcrowding, staff's dehumanizing practices, dangerous, dirty conditions of the institution, and the abuse of residents. This footage disrupted New York State' mental health policies. Baumgartner and Jones (1993) posited that policymaking both makes leaps and undergoes periods of stasis, but when a profound event occurs such as Rivera's Willowbrook media coverage, policymaking may be pushed in a new dramatic direction. The aim of Baumgartner and Jones' punctuated equilibrium theory (PET) explores long periods of policymaking stability and policy continuity, disrupted by short but intense periods of instability and change. Baumgartner and Jones (1993, 2002, 2005) examined the rapidity of the change between periods of equilibrium and of issue expansion for policymaking arguing that stable periods of policy making are punctuated by policy activism.

Rivera's news coverage resulted in public outrage with advocacy groups filing a class action suit against New York shifting the policy equilibrium. According to PET, a shift in policy equilibrium occurred from accumulated policy errors that quite suddenly attracted media and public attention, amplifying policies requiring political action. Punctuated equilibrium is described as having two approaches: policy communities and agenda setting (Cairney, 2012). Policy communities focus on identifying stable relationships between interest groups and public officials. These relationships endure because the community members share an agreement about the policy problem and few other actors are interested in the issue (Jordan & Maloney, 1997). Those mostly involved with the policy monopoly, or image of the policy problem, can protect that image by

framing the issue in a way that, gives the perception that the policy problem has been solved. The issue is then portrayed as dull to minimize external interest and to avoid public attention. Through the process of negative feedback, policy monopolies are maintained and stabilized with decisions being unreceptive to new information thus, producing gradual change resulting in policy changes that will be slow and incremental (Baumgartner & Jones, 1993, 2002; Baumgartner, Jones & Mortenson, 2014; Breunig & Koski, 2012; Cariney, 2011; Jones & Baumgartner, 2005).

In contrast, agenda setting describes the powerful influence of the media and the ability to set forth punctuations. The focus becomes the issues that attract high levels of attention, or *triggering events* that result in positive feedback. Positive feedback occurs when an issue is amplified producing radical change as decision makers become hyper-sensitive to new information, the media, public opinion, and interest groups. For instance, in a case study to the control of tuberculosis, malaria, and polio were examined finding that that health policies changed after punctuated rather than incremental policy processes. This study concluded that policy image played an important role on how the problem was conceptualized and how pressure on policy venues, or actors who hold decision making power, shifted. Thus, when pressure on policy existed, disease control initiatives took on a rapid momentum, producing a punctuated pattern for policy change (Shiffman, Beer & Wu, 2002).

Thus, it was not until Rivera's story on Willowbrook that created a period of punctuation to set forth policy communities to pursue disability rights. On April 30, 1975, Judge Orin Judd signed the Willowbrook consent decree, ending a three-year legal battle

to improve conditions for the mentally disabled. New York State was mandated to spend $2 million dollars creating small community housing and group homes providing all necessary living provisions such as food, clothing, clean, safe environments, medical, therapeutic services, programming, and education. The Consent Decree also mandated community integration to ultimately prepare each resident for life in the community (Rothman & Rothman, 1984). Rivera's story on Willowbrook heightened public awareness resulting in the deinstitutionalization of people living with ID/DD. The Willowbrook Consent Decree decision marked a new wave of policy makers and advocates that led to subsequent landmark legislation such as the Developmental Disabilities Assistance and Bill of Rights Act in 1975, the Education for all Handicapped Children Act also passed in 1975 and the Civil Rights of Institutionalized Persons of 1980, the American with Disabilities Act in 1990 and ultimately the Supreme Court Olmstead decision in 1999, which recognized the importance of "individual choice" to their own services and treatments (Friedman, 1977; Curtis, 1986).

Conceptual Framework

As care for people with ID/DD transitioned from institutional to community residences, research has demonstrated the need of independent operational processes that maximizes the quality of care for residents. Donabedian's (1980) quality of care model (QOC) identifies three domains relevant to high-quality client care: structure, process, and outcome. Donabedian's model (Figure 1) refers to the environment and the resources necessary to provide services that includes facilities, equipment, staff, and monetary resources. The process describes the techniques and practices implemented to provide

care, while outcomes are the end results realized by the recipient. According to Donabedian, an established structure is a prerequisite to effective process, and effective processes is a prerequisite for high-quality outcomes.

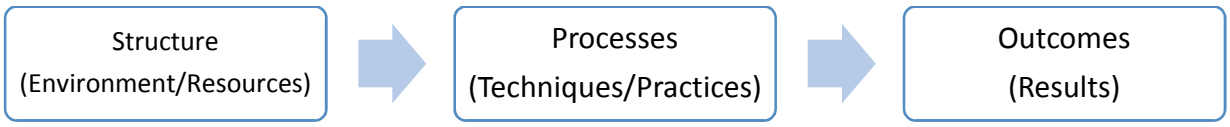

Figure 1. Donabedian Quality of Care Model. Adapted from *Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies* by Ranji, S. R., Shetty, K., Posley, K. A., Lewis, R., Sundaram, V., Galvin, C. M., & Winston, L. G., Rockville (MD): 2007, *Vol. 6: Prevention of Healthcare–Associated Infections*, p.113.

Since the model's inception, health care providers have used Donabedian's conceptualization to analyze organizational operations within these three domains (Donabedian, Wheeler, & Wyszewianski, 1982; Larson & Muller, 2002; Mitchell, Ferketich, & Jennings, 1998). Grounded within a medical perspective, Donabedian's model examined quality assessment standards on each domain to evaluate services and care across the medical sector. This model is also applied in other care provider sectors as program developers, policy makers, health care managers continually evaluate to define and measure quality of services and support care (Campbell, Roland & Buetow, 2000). In 1990, the U.S. Institute of Medicine published its now widely used definition of quality care; "quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with professional knowledge," (Lohr 1990, p. 21) broadening Donabedian's QOC model. This definition now meant that structures, processes, and outcomes was to be related to the recipient's satisfaction extending beyond the medical perspective and the provider's judgement (Gerteis, Edgman-Levitan, Daley, & Delbanco, 2011). Thus, Donabedian's

model expanded from a medical framework that included structures and processes to prevent, diagnose, and treat to achieve health outcomes to a now, psychosocial model to include the recipient's experiences with structures, processes, and their believed outcomes. By including client experience as an important domain of quality, different components of quality domains can be explored such as communication, shared decision-making, information, client-preferences, and continuity of care (Schoenbaum, & Sundwall, 1995; Gerteis et al. 2011). Process of quality of care therefore, involves domains of technical competence, interpersonal skills, and coordination that cannot be neglected because they are aspects of care that can affect the likelihood of desired outcomes (Wehling, 1990, p.130).

Donabedian's (1980) framework was developed at a point when health care quality assessment was heavily reliant on the professional judgment of the care provider. Research conducted by Ovretveit (1992), applied Donabedian's model to develop a system for improving the quality of healthcare based on three other dimensions. Ovretveit applied the dimensions to quality professional, client, and management quality. Professional quality is based on professional views of whether consumer needs have been met using correct techniques and procedures. Client quality is whether direct beneficiaries feel they get what they want from the services. Management quality is ensuring that services are delivered in a resource-efficient way. Joss and Kogan (1995) also developed a different QOC model in where the three dimensions included technical, systemic, and generic quality. Technical quality is concerned with the professional content of work within a given area. Systemic quality refers to the quality of systems and

processes that operate across the boundaries between areas of work. Generic quality refers to those aspects of quality which involve inter-personal relationships. Camilleri and O'Callaghan (1998) developed seven attributes for their QOC model that included professionalism, technical care, service personalization, cost, environment, client amenities, accessibility and, catering. In 2003, Jabnoun and Chaker used ten dimensions for their quality of care model in the medical sector that included tangibles, accessibility, understanding, courtesy, reliability, security, credibility, responsiveness, communication, and competence. In that same year, Lawthers, Pransky, Peterson and Himmelstein (2003) developed a quality of care framework concluding that high quality of care for people with disabilities required a link between a medical and social quality of care model. Thus, Lawthers et al. (2003) proposed a three-dimensional quality of care framework that included assessment and care planning, service delivery and client experience and outcomes. Assessment and care planning entailed appropriate, safe, and timely services while, service delivery included access to care, processes of care, and care coordination. Outcomes were related to the client experience with health, vocational and social services.

The literature relies upon that Donabedian's (1980) quality of care framework is still important today. The three domains can be applied in various settings including to the care of people diagnosed with ID/DD living in community homes (Kozma, Mansell & Beadle-Brown, 2009; Lawthers, Pransky, Peterson & Himmelstein, 2003). Despite recognition of the relationship between organizational characteristics and quality of care, staff performance to quality of care and client outcomes still needs to be explored. The

results of receiving appropriate, well-coordinated services may be captured by the individual's perception of the services but, what happens when the person's disability does not allow them to obtain a clear perception of their services? In addition, how is quality of care captured by the employees who are providing the service and how do they themselves, perceive their organizational structures and processes impacting care and service outcomes?

The goal of this dissertation was to explore the DSPs experiences and perceptions of the NYS DSP competencies implementation within Donabedian's quality of care framework. An understanding of how the NYS DSPs competencies are being implemented within organizational constructs helped to determine whether the competencies were effective in improving service outcomes.

The NYS DSP Competencies

Today, people diagnosed with ID/DD live in small community homes or apartments with 24-hour support services and care. The shift from institutional to community care however, continue to be a consistent problem in ensuring the quality of life for people living with ID/DD as DSPs turnover and vacancy rates continue to rise. In addition, ineffective organizational cultures, low job satisfaction, and low organizational morale produce work place conflict and dissimilarities effecting service implementation further resulting in poor quality of services for people living in community residential homes.

Competency-Based Training

Competency-based training has been described as the acquisition of competencies or, skill sets and highly specific behaviors required to complete a critical task (Ricciardi, 2005). Research have shown that competency-based training is crucial to improving DSP retention and performance (Konrad & Morgan, 2006; Stone & Harahan, 2010), help with job-related stress (Schonfeld, Cairl, Neal, Watson & Westerhof, 1999), reduce burn out (Austrom, 2000), and increase job satisfaction (Grant, Kane, Potthoff, & Ryden, 1996; Braun, Suzuki, Cusick, & Howard-Carhart, 1997; Maas, Buckwalter, Swanson, & Mobily, 1994; Parsons, Simmons, Penn, & Furlough, 2003; Castle, Engberg, Anderson & Men 2007). In addition, staff job satisfaction is more likely to increase through the promotion of staff development and specialized skills (Maas et al., 1994) optimizing the quality of life of the people served (Forbat, 2006).

Seminal works found that DSP training generally focused at the beginning of employment with initial orientation on regulatory requirements and not on competency development with DSP engaging in low performance and experiencing job dissatisfaction resulting in poor quality service outcomes. The research concluded that competency-based training is required to enhance the learning of knowledge, skills, and attitudes of employees with the goal of changing how the DSP performs to improve quality of care and service (Anderson, Hewitt & Larson, 1999; Hewitt & Lakin, 2001; Hewitt et al., 2004; Hewitt, Lakin & Larson, 2004; Hewitt, Sauer & Sedlezky, 2005; Hewitt & Larson, 2005; Hewitt & Larson, 2007; Hewitt & Larson, 2012)

This finding led to a more comprehensive job analysis conducted by Taylor, Bradley and, Warren in 1996 with the use of "Developing a Curriculum" process. This

process used structured activities to determine the essential skills and attributes and found that a set of 15 standardized competencies required by the DSP to perform effectively *(see Appendix A)*. NADSP then validated these competencies through a national survey of human service settings, consumers of services, trainers, agency administrators, and, educators, resulting in the Community Support Skill Standard (CSSS) training requirement. The CSSS defined the core skills for DSPs and community support work. The CSSS identified the skills that DSPs needed to support people with disabilities, in leading self-directed lives, contributing to their communities and encouraging the attitudes and behaviors that enhanced inclusion in the community. The CSSS are not a set of minimal criteria that a person needs to start in direct support, but rather a set of identified areas of competency-based skills, knowledge, and attitudes of an experienced worker (Hewitt & Larson, 2007; NADSP, 2011). In addition, increased hours of training do not address issues of DSP recruitment, retention, performance, or quality of service as competency-based training requires an interactive, hands-on approach that integrates education into daily practice (Stone, 2001; Stone & Harahan, 2010)

In 2013, the CSSS standardized competencies were then adopted by New York State with the introduction of the NYS DSP core competencies (Valla, 2014). Competency-based training is now the required model in human services and particularly in the field of ID/DD support services. Competency-based training includes job analysis, assessment of skills, setting expectations for learning, selection of best curricula, and setting in which skills can be transferred to job performance (Test, 2004; Hewitt et al., 2004; Hewitt & Larson, 2007; Ricciardi, 2005; O'Nell & Hewitt, 2012; Larson & Hewitt,

2005, 2012). The NYS DSP competencies now provides the guidelines to optimize the care and services to people with ID/DD by providing competency-based training program composed of seven goals, 23 standardized competencies, and 60 identified skill sets intended to provide administrative support, structure, and oversight for the implementation of care and advocacy (see Appendix B*)*.

This policy aims to provide all New York OWPDD state-operated service organizations with a competency-based educational training program that standardize the technical, cognitive, and ethical competencies for all DSPs. The literature however, fails to demonstrate how these competencies are being implemented in ID/DD provider organizations and this study aims to fill the existing gap in the literature.

The Role of the DSP

Following the Willowbrook consent degree in 1975, in 1981 Public Law 97-35, entitled the Medicaid Home and Community Based Services Wavier went into effect. This law provided a stimulus for community services and family supports, and a reduction of dependence on institutional care. It is now the principle source of funding for in-home services, comprising 70% of the funding in the United States (Rizzolo, Friedman, Lulinski-Norris & Braddock, 2013). The home and community-based waiver allows for people living with ID/DD to live in community residential group homes through their life span. Thus, the DSP role began to shift from that of primary caregiver assisting the person with ADL's (activities of daily living) to that of a qualified professional requiring training in community supports, skill development, medication

administration, behavior management and crisis intervention (Hewitt, 1998; Hewitt & Lakin, 2001; Hewitt et al., 2004; Larson & Hewitt, 2005, 2012).

The role of front-line managers. Leadership behavior, disposition and attitude plays a significant role in the satisfaction, commitment, and morale of employees (Berson & Linton, 2005; Chun, Kosik & Yun, 2012; Godshalk & Sosik, 2000) The concept of leadership carries various definitions and linked to a variety of different roles (Harrington, Nixon, & Parker, 2012; Bakker, Dollard & Tuckey, 2012; Cameron, 2011) Tuckey et al. (2012) defined leadership as having the ability to influence others, while Cameron (2011) added that leadership also includes having the ability to influence organizational change. Maynard, Gilson, and Mathieu (2012) and McDermott, Kidney, and Flood (2011), on the other hand, describe leadership as going beyond individualistic characteristics and having the ability to balance the organization by empowering its employees. The best leaders are those who gain information, knowledge, and talents to evaluate organizational processes and then react properly to those processes (Freidman, 2011). Leadership is vital to an organization as it directly impacts employee performance and morale. Ineffective leadership, in contrast, tend to create low organizational commitment and job satisfaction, setting forth for low organizational morale (Gray-Stanley et al. 2010; Gray, & Muramatsu, 2013; Aboyassin & Abood, 2013).

Bennis and Nanus (1985) identified the differences between leaders and managers noting that managers are people who do things right and leaders are people who do the right thing. Organizational leaders oversee the functioning of the organization, while managers are left to oversee the daily operations of departments. Front-line managers are

those that define the job, provide the training, mediate the stresses, create the culture, and establish a well-functioning work environment (Hewitt et al. 2004); at the same time, they are expected to maintain working groups and ensure operational effectiveness to achieve organizational goals (Gosling & Mintzber, 2003). These managers are not always equipped to fulfil the supervisory demands of their position as leadership skills, essential training, knowledge, and competencies lack (Avolio, Walumbwa, & Weber, 2009; Burchard, Gordon, & Pine, 1990; Hewitt, et al., 2004; Thousand, Burchard & Hasazi, 1986). Mansell (2006) stated that managers who hold leadership positions need to be skilled enough to influence the direction of quality supports provided by the DSPs by ensuring education and training of the DSPs (McConkey & Collins, 2010; Hewitt et al. 2004; Hewitt & Larson, 2012). Problems begin to exist when these managers do not possess the skills to engage in leadership compromising working relationships and organizational operations demands (Gosling & Mintzber, 2003). Hewitt, et al. (2004) provided comprehensive research when their study of 146 participants of a focus group concluded that managers must competent to lead.

Hewett et al. (2004) identified 14 detailed competency areas that included "(a) enhancing staff relations, (b) providing and modeling direct support, (c) facilitating and supporting consumer support networks, (d) program planning and monitoring programs, (e) managing personnel, (f) leading training and staff development activities, (g) promoting public relations, (h) maintaining homes, vehicles, and property; (i) protecting health and safety, (j) managing finances, (k) maintaining staff schedule, (l) coordinating

vocational supports, (m) coordinating polices, and (n) performing general office work" (p. 127).

According to Hewitt et al. (2004), a manager's lack of training and experience results in low competencies, which decreases the effectiveness of front-line managers leading their departments to organizational effectiveness. In addition, Hewitt, et al. (2004) and Larson and Hewitt (2012) reported that front-line managers desired additional training and education to meet the expectations of the position.

In another study, Clement and Bigby (2012) revealed similar results in their replication of the Hewitt, et al (2004) study, finding that front-line manager's job is dependent on job-related competencies. Through semi-structured interviews of 16 house supervisors and five senior managers, the study concluded that education and training is required to develop leadership competencies. Burchard (1999) expressed that front-line manager's competencies encompass both task responsibilities, as well as personal characteristics associated with positive perceptions, attitudes, and interactions. These personal characteristics involve active listening, problem-solving, cooperation, and positive dispositions toward normalization. This study further added to the research by describing five attitudes discovered of front-line managers that included; passion and vocation to work directly with people diagnosed with ID/DD, the ability to influence positive lives, stamina and flexibility between different roles, ability to remain calm, ability to independently complete responsibilities, ability to understand the desires of individuals, and the perceptions of work-life balance to endure the demands of the position while enjoying their personal lives (Clement & Bigby, 2012, p.135).

Organizational Cultures

The term organizational culture is rooted in qualitative and anthropological research on societal culture that was first applied to the study of organizations during the 1970s (Handy, 1976; Pettigrew, 1979). An organization's culture is essentially the personality of the organization. It is comprised of many different components that include leadership, professional growth, internal communication, life/work balance, employee satisfaction, performance, and employee morale. It has been concluded that there is no one definition to describe organizational culture and found that many different concepts are used to describe the operations of an organization, and the behaviors of the people in that organization (Cooke & Rousseau, 1988; Hofstede, Neuijen, Ohayv, & Sanders, 1990; Schein, 2010). Heskett and Kotter defined organizational culture as "the set of beliefs, behaviors, norms, and values that helps a culture be most effective" (1992, p. 5). Organizational culture is also described as "a pattern of shared basic assumptions that was learned by a group as it solved its problems of external adaptation and internal integration that has worked well enough to be considered valid, and therefore to be taught to new members as the correct way to perceive, think, and feel in relation to those problems" (Schein, 1996, p. 236). Organizational culture is now understood as behaviors shared among members (Glisson & James, 2002), existing at various levels (Detert, Schroeder & Mauriel, 2000) that impacts employees' attitudes and behaviors (Schein, 1996, 2010; Smircich, 1983). Organizational culture is perceived as the common assumptions, values, and beliefs shared by the members of the organization (Palomino & Martínez-Cañas, 2014, p. 96). It is characterized in a setting and taught to newcomers, to

promote a universal way of thinking, feeling, and communicating (Schein, 2010, Trice & Beyer, 1993).

Organizational culture is important as it influences the organization and its employee's behaviors (Mannion, Davies, & Marshall, 2005; Lakin, Prouty, & Coucouvanis, 2007; Morgan & Ogbanna, 2008). Schein (1996, 2010) posited that organizational cultures have three levels: artifacts and symbols, accepted values, and basic assumptions. The first level, artifacts and symbols include the visual and the most recognizable components of a culture. Artifacts include ritualistic behaviors, language, beliefs, clothing, and the setting of the organization. Symbols are established through the vocabulary, visual communication, pictures and social exchanges that have a specific meaning to organizational members. The second layer, accepted values, involves the values maintained by organizational leaders that are typically written, but may or may not reflect the values of the employees. Organizational culture is also believed to be an organization's unwritten and unconsciously beliefs that guide organizational decisions (Bourne & Jenkins, 2013) which Schein (2010) denoted as the organization's basic assumptions, the third layer of organizational culture. An organization's basic assumptions are related to the employee's routines, and on how employees interpret what they experience or pay attention to. Set forth by organizational leaders, organizational cultures lay the foundation for organizational commitment and organizational morale which, ultimately impacts the employee's behavior (Schein, 2010). In a survey of a child-welfare system, employees that appeared more committed held more experienced, skills, and knowledge of the child-welfare system were found to build stronger interpersonal

relationships and networks resulting in high employee performance than those employees with less experience and knowledge (Collins-Camargo, Elle & Lester, 2012). In addition, committed employees were found to stay in their positions longer increasing employee retention (Kacmar, Andrews, Van Rooy, Steilberg, & Cerrone, 2006; Hewitt & Larson, 2012)

Group Home Culture

Organizational cultures also impact DSPs working in residential settings with continuous around the clock care. After the dismantling of institutional care, community group homes became the predominant model of community living in the United States for individuals with ID/DD. Individuals living in residential group homes are assisted, monitored, supervised, and supported by DSPs (Mansell & Beadle-Brown, 2010; Rizzolo, Friedman, Lulinski-Norris, & Braddock, 2013; Stancliffe, Emerson, & Lakin, 2000). In a smaller separate setting, organizational cultures change or shift as DSPs create their own group home culture. In a study that examined self-determination predictors concluded that residential policies, practices, and managerial leadership influenced the realization of innovative self-determination actions of individuals with ID/DD. This study found that personal characteristics, DSP competencies, and environmental variables were related to the care of individuals. Living environments that were smaller and more individualized allowed for the individuals to have greater choice and self-determination than those living in larger, less individualized group homes (Stancliffe, 2001). In another study, staff that allowed the same accommodations to ID/DD client as the rest of the population, resulted in community inclusion, participation

in social, cultural, and economic activities, as full citizens (Mansell and Beadle-Brown, 2010). In a study of five group homes, DSPs were found to require the training to effectively apply meaningful inclusion activities in the community (Clement & Bigby, 2009)). In another of study of three group homes, staff interviews and observations concluded that the group homes where managers and staff shared the same values, enabled teamwork with a culture that was characterized as coherent, respectful, and motivating to staff (Bigby & Beadle-Brown , 2016). In a comparable study of 96 group homes, implementation processes were examined and found that group homes that influence community care held a more supportive culture with effective management, accommodating staff and, trained, skilled DSPs (Nieboer, Pijpers & Strating, 2011).

While organizations provide various policies and procedures for continuous care in group homes, these standards also may present challenges and barriers for the DSPs. Cost, space, resources, and skilled staff are necessary components in the development and maintenance of residential care facilities and community inclusion service supports (Lamb & Bachrach, 2001). DSPs may be faced with challenges such as increased caseloads, increased stress, and decreased flexibility in work schedules that results in increased responsibilities, longer work hours, and staff burnout (Gilbody, Barkham, Bee, & Glanville, 2006; Larson & Hewitt, 2012). These challenges, in turn, lead to work avoidance and hostility ultimately decreasing safety and security for the residential clients (Gilbody et al., 2006). Thus, the group home creates a culture that may be hostile, with DSPs feeling disengaged and disconnected from the organization impacting the service and care for the people they support (Hewitt et al.,2005; Hewitt & Larson, 2012).

Job satisfaction. Job satisfaction is the degree to which job needs are fulfilled and how much of this fulfillment is perceived by an employee (Poter, Steers, Modwdy & Boulian, 1974). It is a positive or negative evaluative judgement one makes about one's job or job situation (Weiss, 2002). Job satisfaction is therefore ultimately described as to what an employee feels about his/her job, and how the job itself is perceived. Job satisfaction is well documented in the literature as many organizational entities struggle with meeting DSP needs and expectations. In a study of 96 DSPs, questionnaire results concluded that DSPs who experienced lower job satisfaction due to job related stress and burnout, demonstrated their intent to leave their employment much quicker than those who experienced higher job satisfaction (McKilliop & Minnes,2011). Other studies conclude that DSPs who feel unsupported, not valued, nonengaged and who had poor working relationships tend to experience work-related stress, burnout, and depression that led to low job satisfaction and higher turn-over rates (Hewitt & Larson, 2007; Gray-Stanley, Heller, Hughes, Johnson-Ramirez & Muramatsu, 2010; Gray & Muramtsu, 2013; Heer, Kroese, O'Brien & Rose, 2013; Bogenschutz, Hepperlen, Hewitt, & Nord, 2013; McConachie, McKenzie, Morris, & Walley, 2014). Thus, as the DSPs needs, and expectations are not fulfilled, low job satisfaction in return impact DSP commitment resulting in continuous high turn-over rates. In addition, low wages also impacted job satisfaction as Bogenschutz et al. (2014) reported; DSPs on average earn the minimum of $11.26 an hour at a 40-hour work week which averages to a salary of $ 23,400 annually placing many DSPs below poverty guidelines. Many organizations hire DSPs below a 40-hour work week which means many DSPs must rely on multiple forms of income to

adequately provide for themselves and their families (Larson, Hewitt & Knobloch, 2005; Hewitt, Seavey, Morris & Hope, 2007). Consequently, low wages in conjunction with work-related stress and burnout increases low job satisfaction resulting in high turnover rates further impacting the quality of care to people with ID/DD (Austrom, 2000; Lason et al., 2005; Gray-Stanley et al., 2010; Hewitt & Larson, 2012; Bradshaw & Goldbart, 2013).

Other studies show that lack of training and knowledge results in low job satisfaction as DSPs express that they cannot adequately perform their duties effectively. In a study of a controlled randomized group, effects of a competency-based training were tested against turnover rates for a period of one year. This study concluded that DSPs who received training intervention performed to job expectations decreasing turnover within that year (Bogenschutz et al., 2015). DSP workforce must include increased capacity, sustainability, competency development, and organizational support. As DSPs gain the knowledge and skills to effectively perform their responsibilities, the more confident they become in their roles. As DSPs become confident in their roles, the less stress and burnout they experience thus, resulting in workforce retention (Gray-Stanley et al., 2010; Larson & Hewitt, 2012; McLaughlin, Sedlezky, Belcher, Marquand, & Hewitt, 2015)

Organizational culture effectiveness. Organizational culture literature contains information on how organizations use effective organizational culture to improve employee performance and productivity (Flamholtz & Randle, 2012; O'Reilly, Caldwell, Chatman & Doerr, 2014). Organizational supervisors argue that effective organizational

culture is crucial to the operations of the organization and having an ineffective culture, more likely compromises the organization's integrity and reputation (Flamholtz & Randle, 2011). Effective organizational culture constitutes of members behaving and working consistently with the organization's values (Flamholtz & Randle, 2011). In a study of 94 employees, organizational effectiveness variables were coded and noted that supervisors with an effective organizational culture shaped employee attitudes, improved operational effectiveness, and increased financial performance for the organization. In addition, operational effectiveness contained information on how organizational leaders and management used an effective organizational culture to introduce and innovate new policies and procedures to improve processes and services (Hartnell, Ou and Kinicki, 2011).

In an effective organizational culture, employees share the same goals and values of the organization resulting in high performance and productivity, a positive work environment and strong interpersonal relationships (Denison, 1990; Schein, 2010; Flamholtz & Randle, 2012; Childress, 2013; Inabinett & Ballaro, 2014; Pinho, Rodrigues & Dibb, 2014). Effective organizational cultures require shared values and a common purpose to create a sense of teamwork. Organizations that established open communication with employees and management tend to create more effective organizational cultures that increases teamwork and high level of participation by all members of the organization (Schein, 2010; Flamholtz & Randle, 2011; Miguel, 2015). High levels of participation and employee involvement in the decision-making process were also noted to motivate employees that allowed for the employees to develop a sense

of ownership and responsibility in their roles (Engelen, Flatten, Thalmann, & Brettel, 2014). In a survey study of health care workers, employees with a sense of ownership showed improved performance and productivity requiring little to no supervision (Pinho et al., 2014). Effective organizational culture and communication was also found to enable professionalism as a study of 175 senior managers interviewed, revealed professionalism followed from organizational cultures equipped with respect and dignity between employees and manager. An organizational culture equipped with respect and dignity thus, resulted in high organizational commitment, motivation, and engagement. The study concluded that when employees and managers develop respect and dignity for each other, they help each other and integrate their knowledge and experience to improve performance in the organization (Miguel, 2015).

Organizational Commitment. Organizational commitment continues to be a consistent topic among ID/DD providers today as it is linked with organizational culture and performance (Mathieu & Zajac, 1990; Meyer & Allen, 1997; Meyer, Stanley, Herscovitch, & Topolnytsky, 2002; Cooper-Hakim & Viswesvaran, 2005; Stiffler, 2007; Klein, Molloy, & Cooper, 2009; Schalock, 2010; Macbeth, 2011; Mathieu & Gilson, 2012). Organizational commitment has been defined psychological association between employee and organization that makes it less likely that an employee will leave the organization" (Allen & Meyer, 1996, p. 252). It is the characteristics reflecting the employee's loyalty to the organization (Luthans, 2006) and the connection that binds an employee to an organization (Allen & Meyer, 1996; Meyer et al., 2002; Verkhohlyad & McLean, 2012).

In 1991, Meyer and Allen created the Organizational Commitment Questionnaire (OCQ) which identified three types of commitment; affective, continuance, and, normative. Affective committed employees are emotionally invested in an organization and will often continue employment simply because they prefer to. Continuance committed employee stay in the organization because of needed exchanges. These employees remain in the organization because they need to as the cost of leaving is perceived detrimental. Lastly, normative committed employees remain in an organization because they feel a sense of obligation to do so (Allen & Meyer, 2000). The results of the questionaries' concluded that employees with high affective commitment tended to perform higher than those with lower affective commitment. In addition, affectively committed employees demonstrated a sense of connection and experienced more job satisfaction and competence (Meyer & Allen, 1991; Mowday, Porter, & Steers, 1982). Continuance committed employees outperform those who felt no obligation to the organization and normative employees remain in their organization because they felt obligated to so and because the costs associated with leaving were too high (Grant, Dutton, & Rosso, 2008). These three types of organizational commitment ultimately influence the employee's level of performance and commitment, which for this study will be explored to associate how and why the DSPs commit to their organizations and to implementation the NYS DSP competencies.

In a survey of 1244 employees and 96 managers working in 24 different bus companies concluded that the strength of the relationship between organizational commitment and organizational effectiveness varied upon the behaviors to which the

employees were committed to the organization (Angle & Perry, 1981) In another study of 216 business leaders, employee's that perceived their values were aligned with the organization's values, committed more readily to the organization. Organizational practices significantly affected the perception of organizational values and correlated with employee ethical, moral behavior and degree of commitment (Angel Sastre-Castillo & Ortega-Parra, 2013). Organizational commitment was also related to the degree employees believed their organization were committed to them (Aselage & Eisenberger, 2003; Eisenberger & Shanock, 2006; Linden, Shore &Wayne, 1997).

Organizational Morale

Organizations exist to provide consumers with products or services in a community. The organization's ability to thrive and succeed is dependent on the leadership and the organizational culture (Hewitt et al., 2005; Hewitt et al., 2007; Terry, Hussain, & Nelson, 2011, Larson & Hewitt, 2012). Disgruntled and negative employees promote negativity to those around them and influence the behavior of staff and service users. Employee commitment or lack thereof, has several negative consequences for the organization including low organizational morale. Just as organizational culture, there is no one definition to describe morale. Morale as "a quality of mind and spirit which combines courage, self-discipline, and endurance" (Baynes,1988, p. 108). Morale is also described in terms of satisfaction with one's work environment with measurements of high or low levels of morale (Westrook, 1980). Doherty (1988), on the other hand, described morale as a psychological characteristic of how employees may see themselves in the organization. McKnight, Ahmad and Schoeder defined morale as the "the degree to

which an employee feels good about his or her work and work environment (2001, p. 467). It includes feelings of "intrinsic motivation, job satisfaction, experienced work meaningfulness and organizational commitment" (2001, p. 476).

The concept of morale includes satisfaction with the work environment, enthusiasm, and commitment to the organization (Johnsrud, 1996) while other studies, related morale to employee behaviors (Jackson, Rossi, Rickamer-Hoover & Johnson, 2012). Lack of clarity in such definitions of morale has led to its confusion with other related constructs such as job satisfaction and organizational commitment (Arrow, McGrath and Berdahl, 2000). An organization's mission and vision is illuminated through the type of culture it employs and the response of staff who carry out their roles in the organization. If supervisors simply delegate policy and procedures and remains disconnected from the organization's operations, that mission and vision may become lost within the operations of the organization. Such evidence is clearly seen in the history of institutionalizations prior to and including the Willowbrook State School (West & Kaniok, 2009). Regardless of organizational structure, the function and mindset of an organization's employees is directly related to the core beliefs and actions of the leadership. Leadership impacts staff attitudes, work ethics, morale and behaviors that can improve organizational effectiveness or promote negativity and dissent (Chatman & Cha, 2003).

In this study, morale is defined as: "Emotions and attitudes that includes satisfaction with the work environment, commitment or loyalty to the institution and a willingness to work toward common goals" (Johnsrud, Heck, & Rosser, 2000, p. 47).

This definition most importantly describes the existence of two dimensions: psychological factors (attitudes), and performance (employee productivity) and suggests a relationship. This relationship assumes that the employees' psychological factors have a direct impact on work performance (Arrow et al. 2000). Organizational morale is tied between being positive and being negative. Organizations with low employee commitment tend to negatively impact organizational morale increasing turn-over rates and low work performance. Employees with strong affective commitment to the organization are more committed to their duties, demonstrate extra work effort, follow organization procedures, and, possess strong organizational morale (Akroyd, Legg, Jackowski & Adams, 2009). A descriptive analysis between employee trust and their organization concluded that employees who work for an organization with high morale developed higher rates of trust, job satisfaction, creativeness, and commitment to the organization. Staff that trusted their organizations worked to satisfy group objectives instead of individual objectives, and they desired to improve the organization's performance (Fard, Ghatari & Hasiri, 2010). On the other hand, low staff morale increased costs, absenteeism, lack of motivation, and decreased efficiency, and heightened staff's refusal to provide services (Aquino, Felps, Freeman, Lim and Reed, 2009; Cappelli 1997; Firth, 2004; Straka 1993).

The objective of this study was to explore how morale can act as a catalyst for DSP performance in implementing the NYS competencies. This study answered the research question on how DSPs describe the effectiveness of the competencies in relationship to job satisfaction and organizational morale. There are many reasons

behind low staff morale, but the primary reason found in the literature is poor and ineffective leadership. The literature emphasizes the importance of the leadership as organizations are directly influenced by the leader's own behaviors and decisions (Hewitt et al., 2007; Larson & Hewitt, 2012)

Challenges Impacting DSP Teams

Low organizational morale presents challenges and barriers for DSPs. Funding, resources, and skilled staff are necessary in the development and maintenance of ID/DD supports (Lamb & Bachrach, 2001). DSPs may be faced with increased caseloads and increased stress when organization do not have the tools and resources to effectively provide care and services. DSP experiencing job dissatisfaction resulting from working larger caseloads, increased responsibilities, poor communication, longer work hours, and staff burnout, will more likely compromise the safety and security of the individuals they serve (Gilbody, Barkham, Bee, & Glanville, 2006; Gilbody et al. 2006; Larson & Hewitt, 2012). Consequently, the clients receiving support services may be exposed to employee and workplace conflict impacting their care and treatment.

The DSP support team are comprised of individuals working together to accomplish a common goal. Drue and Weingart defined team as: "the interchangeably and semi-autonomous sets of independent individuals who have a joint responsibility for accomplishing a set of tasks" (2003, p. 152). Low organizational morale tend to impact DSP teams from successfully and effectively providing care and services when faced with challenges such as ratio of patients to staff, unclear goals, fractured systems, unclear identification of duties, lack of training, poor communication, and poor team dynamics.

In a survey study, results concluded that staff who fostered a collaborative-team culture experienced less burn-out and exhaustion than teams who did not foster close, collaborative teams (Willard-Grace, Hessler, Rogers, Dubé, Bodenheimer, & Grumbach, 2014). In another survey study of 231 clinicians and 280 staff members working in university-run care clinics, variables of burn-out, team structure, and perception of team culture were examined. The results of the study showed that team structure and team culture interacted to predict exhaustion low team culture and team structure seemed to have little effect on exhaustion, whereas among clinicians reporting high team culture and a tighter team structure, experienced less exhaustion concluding that fostering team culture plays an important strategy to protect against employee exhaustion and improve services (Willard, Hessler, Horsfall, Cleary, & Hunt, 2010). Study results of six community mental health teams also concluded that conflict between DSPs caused irreversible damage and DSPs that engaged in behaviors of isolation, fraternization, negotiation, and manipulation damaged the organizational and group home culture and systems, ultimately impacting the care and services of clients (Lankshear, 2003). As DSP teams experience conflict, so does the client as DSP behavior filters into the client's care and services.

Organizational change. A component to this dissertation is to examine how organizational supervisors maintain their culture through organizational change. Just as PET creates changes in public policies, those changes in turn create variations in the subsystems, or local organizations. The relationship with the public sector and nonprofit organizations is an important one as, nonprofits have an integral role in implementing

public policy where government provisions of public goods and services are inadequate or nonexistent (Boris, 1999; Young, 2006). Thus, PET impacts the organizational culture (Gersick, 1991, Miller & Friesen, 1980, Romanelli & Tushman, 1994) which can also impact organizational commitment and morale. In organizations, PET depicts organizations as evolving through long periods of stability, or equilibrium periods, but which at any time can be punctuated by fundamental change, or revolutionary periods such as a new state policy or mandate (Tushman & O'Reilly, 1996). Organizational changes provide a significant event around which shared meanings, beliefs, and values, that are constructed, destructed, and modified (Gray, Bougon, & Donnellon, 1985). Organizational change is described as the introduction of new patterns of actions, beliefs, and attitudes among a population because of problems and opportunities that emerge from the internal and the external environments (Tichy, 1983).

Employee performance in an organization is crucial to that organization's success. organization requires employees who are willing to do more than their usual job scope and contribute performance that is beyond their position expectations (Chien, 2004), In other words, employees must be committed to the organization so performance can become flexible enough to adapt through the process of organizational change (Aryee, Chen & Budhwar, 2004). Organizational change can have a fundamental impact on employee performance as the change is dependent on how the employee perceives that change. Many organizations face disappointing effects in organizations from wasting resources to burning out employees. Organizations often fail to prepare or train employees for organizational change and thus, that change will not be incorporated into

the already existing culture creating challenges for the staff (Kotter, 1996; Kotter & Cohen, 2002). Barriers to successful implementation of change in an organization includes lack of resources, such as available competent staff and leaders, funding, lack of institutional support, and an excessive focus on bureaucracy (Post & Altma, 1994; Weick & Quinn,1999; Parker & Quinsee, 2012).

Organizational employees must share and communicate new visions for the organization to succeed, which can prove difficult if the company does not provide that new vision (Carter, Armenakis, Feild, & Mossholder, 2013; Stahl & DeLuque, 2014). In a study of 258 manufacturing companies, participants were provided with a questionaries' on attitudes toward organizational change. The results concluded that different types of organizational culture tend to hold different levels of acceptance of attitudes toward organizational change concluding that certain type of organizational culture could facilitate the acceptability of change, while other types of culture could not. The study concluded that change will consistently be present and organizational leaders must have the skills to manage and lead change effectively (Rashid, 2004) Organizational performance relates to the understanding and purpose of the change as employees will often tend to underperform when they do not understand the goal or purpose for the change and when they do not perceive the benefits (Doppler, 2004).

To engage in effective performance, organizational leaders must engage in effective organizational development to help the organization through the process of change (Beckhard, 2006; Kotter, 1996; Rogers, 1988). The process of change in an organization involves diagnosing and planning for the change, implementing and then

evaluating the impact in the organization and its employees (Wadell, Cummings & Worley, 2011). Organizational development often involves the diffusion of an innovation throughout an organization (Rogers, 1983). An innovation is any new idea being introduced into an organization, such as the NYS DSP core competencies. Furthermore, organizational policies and daily practices need to interact well to build the new expected standard in employees' performance (Gruman & Saks, 2011). Thus, changes in state policy with new mandates in disability rights punctuated the equilibrium in ID/DD provider organizations. As new legislations and policies were created, organizational punctuations occurred as New York State organizations were mandated to develop organizational policies, procedures, and trainings to implement the NYS DSP competences (Valla, 2014).

Transition and Summary

The main objective of this study was to add to the growing body of research in the field of ID/DD with a specific attention to DSP experiences and perceptions of the implementation of the NYS DSP competencies in organizations. Research supports the development of community-based residential homes and results from this study provided evidence to support revisions to the regulations guiding the content of DSP core competencies training.

In this chapter, a brief history was provided on institutionalization leading to Willowbrook's media coverage expose in 1972 and the theoretical framework of punctuated equilibrium and policy development that set forth for disability rights and laws (Baumgartner & Jones, 1993, 2002; Cairney, 2012). Under public law 97-35, home

and community-based waiver programs were developed that allowed individuals with ID/DD to transition to community residential homes changing the role of DSPs and front-line managers (Larson & Hewitt, 2012). Donabedian's (1980) quality of care model provides the conceptual framework for this study as it will be used to assess DSP experiences implementing the competencies to service and care outcomes within the organizational culture.

Chapter 2 also provided a background to the development of NYS DSP core competencies with an emphasis on leadership and its impact on DSP performance and organizational culture. The literature demonstrates that front-line managers must be equipped with leadership competencies to enable an effective organizational culture composed of employee commitment, work productivity, job satisfaction and high morale (Schein, 2010; Flamholtz & Randle, 2001, 2012; Akroyd et al., 2010; Larson & Hewitt, 2012). Although research has concentrated on the need for competency-based training and the development of the NYS DSP competencies, a gap in the literature exist on how the competencies are being implemented in ID/DD NYS provider agencies and how they are being perceived by those implementing them.

This chapter also presented literature on organizational change depicting how PET also impact organizational policies and procedures through state policy mandates. The literature shows how organizational change can also impact leadership, DSP behavior, performance, and ultimately the organizational culture (Aryee et al., 2004).

The purpose of this case study was to explore DSP experiences and perceptions of the NYS DSP competencies implementation in their organizations to determine whether

the competencies were effective in improving DSP performance, job satisfaction, and organizational morale that may also impact service and care outcomes. The scope of this study was limited to two NYS organizations, one in metro New York and the other, in upstate New York to determine how the NYS DSP competencies varied in implementation. Data was collected and analyzed from interviews, using identical interview questions for both organizations. Chapter 3 provided the description of the study, design, sampling strategies, procedures, the role of the researcher, and information on how the gathered data was assessed.

Chapter 3: Research Method

The purpose of this qualitative descriptive case study was to explore DSP experiences and perceptions of the NYS DSP competencies implementation in their organization. In this study I aimed to answer the research questions on how (a) DSPs describe the effectiveness of the NYS DSP competencies in relationship to their job satisfaction and organizational morale and (b) on what DSPs perceive that it would take to enhance the effectiveness of the competencies organizational practices to ultimately improve ID/DD care and supports. In this chapter, I describe my role as researcher, methods that were used for selecting the sample along with a detailed description of the research design and procedures.

Researcher's Role

As researcher, I recruited participants and collected data while ensuring against any bias while exploring knowledge, analyzing results, and interpreting the data collected. In a qualitative case study, the researcher gathers data from multiple resources, such as interviews, records, and documentation. A qualitative method of inquiry met the aim of the study because the qualitative method applies to studying individual and group behaviors in the organization while, the case study design explored the role of organizational culture to the implementation and perception of the NYS DSP competencies (Yin, 2014). As the researcher, I served as the research instrument. I selected participants through purposive sampling and through the help of gatekeepers. I guided the participants through the interview questions using an interview protocol to prompt participants to provide descriptive results. I then collected data to then analyze

and interpret the data by coding noting patterns and emergent themes (Rubin & Rubin, 2011). My role as researcher entailed face-to-face interviews, asking relevant interview questions, and taking notes. By listening, reflecting, and asking probing questions, I was able to keep the momentum of the interviews that helped develop essential data in addressing my research questions.

Since I have a professional relationship with one of the organization in where the study was conducted, I ensured against researcher biases by conducting the study apart from own department with participants I directly do not have any contact with. By recognizing and identifying potential biases, I could ensure neutrality of research conclusions. I set aside any personal experiences, beliefs, and, attitudes to reduce bias (Hancock & Algozzine, 2015; Yin, 2014;).

My role as researcher also assigned me with the responsibility of practicing ethical principles to protect the rights and well-being of my research participants. Before conducting my study, I completed the National Institutes of Health (NIH) Office of Extramural Research Protecting Human Research Participants certification and reviewed the Belmont report (1979) that provided the ethical core principles in conducting research. In addition, I applied to the Walden University's Institutional Review Board (IRB) and after gaining approval recruited participants for the study, developed consents following the three-basic ethics of research involving human subjects that included the principles of respect of persons, beneficence, and justice (Belmont Report, 1979). The signed consent forms serves as evidence that each participant was willing to take part in the study and that each participant could withdraw from the study at any time. In

addition, I communicated the purpose of the study and informed participants on procedures in keeping their information confidential to prevent any forms of bias, and to ensure them that no repercussions would occur because of their participation. At the end of the study, participants were provided with an exit email, thanking them for their participation in the study.

The participants for this study came from two NYS provider organizations, one in New York City and other in upstate New York to provide a comparative analysis on how the NYS DSP competencies were currently being implemented. To gain access to potential participants, I met with residential department executive team to discuss the study and request for permission. After being granted written permission to recruit, I provided the residential executive team a flyer with information on the study, the criteria needed of DSPs to meet the purpose of the study and contact information for DSPs seeking additional information on the study. The criteria for the selection of participations included DSPs experienced between 2-5 years, being above the age 18, and having completed the NYS DSP core competencies training. Data was derived from in-depth face-to-face interviews with four DSPs and two frontline managers from each organization, a total of 12 participants for the study through purposeful sampling (Creswell, 2009; Patton, 2012). I continued to sample until saturation was reached upon discovering no additional information. Qualitative methods rely on patterns of information which determined the number of 12 participants and the two-session interviews (Patton, 2002). The rationale for the number of participants selected was to

save money and time. I traveled upstate to Elmira, New York for one of the organizations to be studied and as such, was limited by time and finances.

To protect the research participants from any potential risks, I followed all the procedures and guidelines established by the Institutional Review Board (IRB), U.S. federal regulations, and Walden University's ethical standards (Walden, 2013). I built a slow, respectful, and constructive relationship with each of the participants, I was successfully able to obtain credible information that answered the research questions (Creswell, 2009). Furthermore, I took preventative measures to limit any potential bias by remaining impartial, nonjudgmental, and unbiased throughout the research process because researcher bias can change the direction or results of a case study (Yin, 2014). For this reason, I separated my emotions and personal feelings regarding the NYS DSP competencies, and all personal reactions and views from the individuals participating in the study.

Data Collection and Instrumentation

In this qualitative case study, I was the primary instrument to collect data (Yin, 2014). Through face-to-face, semi-structured interviews, journals, and follow up questions I explored DSP experiences and perceptions regarding the NYS DSP competencies. I provided probing questions to understand the implementation of the competencies in their organizations in relation to job satisfaction, morale and organizational effectiveness to ID/DD care and supports. The interviews were conducted for one hour within two sessions for each of the participants to increase the chance of understanding the context, the participants' experiences, and perceptions, to examine

additional content, and to allow for clarification (Knox & Burkard, 2009). Participants were informed in advance that the interviews would be within two sessions. The first session, I gathered information on the participants past and current training in caring and providing services to people with ID/DD. I also inquired on their personal experiences with organization to their perception of job satisfaction, the introduction of the NYS DSP competencies, and their perception on the competencies to service outcomes. During the second session of interviews, I probed deeper into their professional experiences with the implementation of the competencies within the organizational constructs, culture, and morale. I also asked questions about their experiences with implementing the competencies specific to their roles as DSP or front-line manager.

With participant written consent, I utilized an audio tape recorder to record the interviews, observe, and record hand written notes in a journal during the interview process. An interview protocol was applied to help guide the process of the interviews. To ensure confidentially, I used pseudonyms to report and display the results to ensure the participants privacy as suggested by Yin (2014). I labeled each participant with a letter to ensure privacy and confidentiality. In addition, to ensure participant privacy during the process of interviews and to prevent intrusion to the people living in the community-based residential homes, the interviews were held the organization's administrative conference rooms or in the offices of the group homes. None of the interviews were held in common living areas of the group homes.

Secondary data were collected from archival organizational documents that included written organizational policies, training transcripts, and training curricula from

each of the organizations from before and after the NYS DSP core competences were mandated to examine the process of organizational change.

Data Analysis

For the research process to be effective, qualitative researchers must consider data analysis prior to collecting, reviewing, and analyzing the data (Yin, 2009). By analyzing data prior to the study, a systematic approach is applied that helps synthesizing the data to form interpretations (Patton, 2002). Creating a priori codes for precoding before data collection initiates the first stage of data organization and analysis. A priori codes help to identify pre-existing categories and codes that will help explore emergent themes once the data is collected (Patton, 2002). Initial codes (see Table 2) were created from the literature review related to the research questions to ensure alignment with the data.

Data were triangulated through member-checking and sharing interview transcripts with interviewees to verify their accuracy. Member-checking included interview transcripts being emailed to the participants for verification. Participants were provided five days to review the transcripts. After completing their reviews, the participants then emailed me back their verification, confirming their transcripts to be accurate. The process of member checking allowed for the respondent's validation of findings and responses to enhance the validity of the study (Silverman, 2013). Triangulation also consisted of the comparison of secondary data with primary data collected through the interviews. The coding process for this study began with a transcription of the interviews to note common themes among the participants. The data

were then analyzed through the identification of themes and patterns that was categorized and assigned to the respective research question.

Data analysis was also aided by the qualitative data analysis software program NVivo 12 that helped me code data, note patterns and themes to find relationships between stages of the study and to then build a logical chain of evidence (Miles, Huberman & Saldana, 2014). Nvivo 12 allowed me to create nodes. Nodes are vital in understanding data in Nvivo as it allowed me to gather related material in one place. A node is a collection of references on a specific theme, case or relationship. I gathered the references by coding sources to specific nodes. By gathering data in one place in the software, I was able to look for emerging patterns and themes. The NVivo 12 software for Windows ensured data organization and systematic access to retrieve, view, and organize data.

Table 1

A Priori Codes

Word/Concept	Code
Competency	COMP
Job Satisfaction	JOB STSF
Training	TRN
Perception	PRCPT
Experience	EXP
Belief	BLF
Support	SUPP

(table continues)

Support Services	SUPP SVS
Skills	SKLS
Performance	PERF
Attitudes	ATTS
Policies	POL
DSP	DSP
Manager	MGR
Community Home	COMM HOM
Home Culture	HOM CUL
Organizational Effectiveness	ORG EFF
Organizational Culture	ORG CUL
Morale	MOR
Commitment	COMMT

Issues of Trustworthiness

Trustworthiness in research is very important as one extends evidence of quality that is crucial for ensuring the relevance of findings, conclusions, and recommendations. To maintain quality in this study, I incorporated the criteria of reliability, credibility, dependability, and confirmability through the implementation of triangulation and member checking (Shah & Corley, 2006).

Reliability refers to the consistency of the results of a study that can be replicated (Shenton, 2004; Yin, 2014). Reliability deals with the consistency, dependability, and replicability of the findings obtained from a study that minimizes errors and biases to ensure the study is reliable and credible (Shenton, 2004). To ensure reliability in this study, I properly documented procedures and kept a research journal to record and reflect on my thoughts, attitudes, beliefs, preconceptions, and feelings about the study that also helped with improving the validity of the qualitative study (Ortlipp, 2008). With continual self-reflection, I was able to note potential biases that may have influenced my objectivity. To further enhance reliability, I also applied triangulation by analyzing the multiple sources of data that allowed for confirmability. Confirmability helps to ensure that the study's findings were the result of the experiences and ideas of the participants, rather than the characteristics and preferences of the researcher to reduce the effect of researcher bias (Shenton, 2004).

I used member checking as a strategy to ensure credibility to allow the participants the opportunity to review their transcripts and verify the accuracy of their descriptions (Miles et al., 2014; Shenton, 2004). This is important because the focus of the study was on the DSP's perceptions of the NYS DSP competencies therefore, they must verify the findings are truly their perceptions.

Finally, the use of thick descriptions improved the trustworthiness of the findings. By describing the perceptions and experiences of the DSPs and front-line managers in significant detail, I was able to evaluate the extent to which the conclusions were transferable to other times, settings, situations, and people (Lincoln & Guba, 1985).

The DSPs and frontline manager's voices were the final check in the data analysis. It is important for a researcher to make sure that the data indeed supports the findings. Thick descriptions were important for promoting credibility as they helped to convey the actual situations that were investigated (Shenton, 2004).

Ethical Research

To ensure an ethical study, I obtained IRB approval from Walden University. All participants completed informed consents procedures outlined below. Participants of the study were provided with the option of leaving the study at any time for any reason. The names of each of the participant were kept confidential using pseudonyms. All consent forms, field notes, interview transcripts and files were stored on a password-protected computer. All recordings, journals, and thumb drives, which only I had access to, remain locked in a secure location for approximately 5 years as per Walden's Institutional Review Board (IRB) guidelines (Walden, 2013). After the 5-year storage period, I will destroy all research data by shredding all documents, files, facility that has a heavy-duty metal shredding machine.

Informed Consent Procedure

Each participant completed consent forms before the interviews were conducted. This form included information regarding the purpose of the study, procedures for the interviews, voluntary nature of the study, risks, payment, privacy, and contact information for questions. This form can be found in the Appendix section of this dissertation. An interview protocol for the interviews was also used while interviewing the participants. No payment was provided to the participants.

Transition and Summary

A qualitative case study was conducted to gather information on DSP experiences in implementing the NYS DSP competencies. In addition, this study explored the DSP's and frontline manager's perceptions of the implementation of the competencies within the structures of the organization to the client's service outcomes aligning with the conceptual framework of the study. I used interviews, archival data, and journals to gather pertinent information. After the data collection process, the data was transcribed, analyzed, and triangulated. Data was then coded to categories and themes through NVivo 12. All procedures were reviewed to ensure strict adherence to ethical standards.

In Chapter 4, I shared the results of my study. I included the setting of the two organizations being used for the study along with participant selection, data collection, analysis, and evidence of trustworthiness. Baumgartner and Jones' PET theory of policy and organizational change will be used to frame the discussion of the results. Lastly, implications for social change and recommendations were discussed.

Chapter 4: Results

Introduction

The purpose of this qualitative study was to explore frontline managers and DSPs perceptions and experiences implementing the NYS core competencies. The study aimed to examine the effectiveness of the DSP competencies in their organizations in relationship to job satisfaction and organizational morale. Using Donabedian's QOC conceptual framework (1980) this study explored what DSPs perceived to be necessary in enhancing the effectiveness of the NYS DSP competencies organizational practices that would improve ID/DD care and supports. Thus, implementation of the competencies was examined in reference to DSPs organizational policies (structure) with the DSPs knowledge, skills, and, attitudes (processes) to the quality of life (outcomes). Applying Baumgartner and Jones' punctuated equilibrium theory (PET), this study also explored how the NYS DSP core competencies were instituted in their organizations to examine how organizational supervisors introduced the core competencies and how organizational changes impacted job satisfaction and organizational morale (Hewitt et al., 2007; Larson & Hewitt, 2012). The research questions that guided this study were as follows:

1. How did DSPs describe the effectiveness of the NYS DSP competencies in relationship to job satisfaction and organizational morale?

The sub-question was:

2. What did DSPs perceive it would take to enhance the effectiveness of the NYS DSP competencies organizational practices to improve ID/DD care and supports?

To answer to the research questions, supervisors and DSPs from two NYS organizations were interviewed. Chapter 4 presents a detailed analysis of interviews from a total 12 participants. They were two supervisors and four DSPs from each organization. The data collection setting is included as well as a description of the demographics of the participants. This is followed by a presentation of relationships and themes addressing the research questions with the procedures used to enhance the study's trustworthiness.

Settings

Interviewees from both Agency A (PCCS) and Agency B (Able2) did not report any unusual, personal circumstances or concerns at the time of the study. Agency A was located in Staten Island, NY while Agency B, was located in upstate Elmira, NY. Staff who expressed an interest were prescreened to ensure they were employed by their agency for at least two years, were trained in the NYS DSP competencies and were older than 18 years of age.

Demographics

The participants included a total of five men and seven women. Agency A participants were comprised of one male and five females with the male being one of the front-line managers. Agency B participants included four males and two females with two males as front-line managers. Both agencies carried different titles for the front-line manager position with Agency A referring front-line employees as Program Managers while Agency B, referred to them as Program Supervisors. For the purpose of this study, I referred all employees in a supervisory position as Supervisor designated with the letter "M" and corresponding number to indicate the participant were in a management level

position. All other eight participants were employed and referred to as DSPs. All participants from both agencies were full-time employees working in residential group homes serving people with ID/DD.

Table 2

Participant Demographics

Participant	Agency	Level of Position	Gender	Age	Years Employed
M-1	A	Supervisor	Female	28	4
M-2	A	Supervisor	Male	32	3
M-3	B	Supervisor	Male	58	6
M-4	B	Supervisor	Male	27	2 ½
A	A	DSP	Female	42	4
B	A	DSP	Female	56	10
C	A	DSP	Female	27	5
D	A	DSP	Female	28	3
E	B	DSP	Male	27	3
F	B	DSP	Male	36	2 ½
G	B	DSP	Female	56	10
H	B	DSP	Female	40	10

Data Collection

Once the Walden Institutional Review Board (IRB) granted approval (#02-02-18-0457058), for the study to occur, I began the recruitment process. Agency A recruitment began on February 12, 2018 and ended on March 17, 2018. Response rates to the

recruitment flyer averaged at about two per week. At the time of the interviews, I was employed at Agency A as a Division Director. To guard against researcher bias, I conducted the study apart from my own department with participants I directly did not supervise. Interested participants contacted me directly and once a pre-screen was conducted over the phone to determine that the individual met baseline qualifications, a date, time, and location was scheduled for the interview. Employees who agreed to participate were provided an informed consent agreement that included a statement of confidentiality. Both the participant and I signed and dated the consent form at the beginning of the interview and the participant was given a copy for their records. Interviews commenced on February 14, 2018 and ended on April 23, 2018. Interview with Participant E was scheduled twice as she was not able to be interviewed on the first original scheduled date. All interviews were conducted in a meeting room at the administrative building. There were no other deviations from the plan described in Chapter 3.

Agency B's recruitment began on April 11, 2018 and ended on May 4, 2018. The gatekeeper assisted me by placing the recruitment flyer at the agency's announcement board and in employee mailboxes. He also assisted by conducting a preliminary determination of qualified employees according to years of employment, age and training completed. Once participants were identified, interested participants contacted me to schedule a date and time for interviews. Interested participants were all informed that I would be traveling from Brooklyn NY, so all participants agreed to meet with me on May 22 and 23, to facilitate the interviews as per scheduled times agreed upon. I arrived at

Elmira, NY on May 21, with interviews commencing on the morning of May 22. All participants arrived at their scheduled interviews on May 22, except for Participant G. Participant G experienced car trouble and upon his request, he completed his entire interview in one session on May 23, 2018. This interview lasted for 40 minutes. All participants were provided an informed consent agreement and statement of confidentiality. Both myself and the participant signed and dated the form prior to beginning the interview. All interviews were carried out and completed on May 23, 2018 in a conference room located in the agency.

Interviews

Participants were informed in advance that the interviews would be within two face-to-face sessions, for one hour and audio recorded. Questions for the interview were developed to answer each of the research questions. Interviews for both Agency A and Agency B were completed between thirty to 40 minutes for each of their sessions except for Participant G. As per his request, his interview was completed during one session which lasted 40 minutes on May 23, 2018. Participant G was unable to meet for his first scheduled interview as he experienced car trouble and upon notifying me, requested to have his entire interview conducted the following day. Through semistructured interview questions, participants added their own opinions and ideas. During the interviews, I also conducted member-checking to allow each of the participants to clarify their answers and to ensure the participant's answers were being understood correctly by repeating the answers back to them (Miles, Huberman & Saldana, 2014). I wanted to ensure the

understanding of the context, the participants' experiences, and perceptions by allowing for clarification (Knox & Burkard, 2009).

During the first round of interview questions, I gathered information on the participant's past and current training in caring and providing services to people with ID/DD. I also inquired on their experiences with organization to their perception of job satisfaction, the introduction of the NYS DSP competencies, and their perception on the competencies to service outcomes. During the second round of interviews, I probed deeper into their professional experiences with the implementation of the competencies within the organizational constructs, culture, and morale. I also asked questions about their experiences with implementing the competencies specific to their roles as DSP or Supervisor.

I utilized an audio tape recorder to record the interviews, observe, and record hand written notes in a journal during the interview process to note body language, facial expressions, and limited responses to questions. The interview protocol I created was applied to help guide the process of the interviews. To ensure confidentially, I used pseudonyms to report and display the results to ensure the participants privacy as suggested by Yin (2014). I labeled each participant in a supervisory role with the letter M and a corresponding number. Participants in the DSP role were identified by a letter. In addition, to ensure participant privacy during the process of interviews and to prevent intrusion to the people living in the community-based residential homes, the interviews were held at the organization's administrative conference rooms. None of the interviews were held in everyday living areas of the group homes. Once the interviews were

completed, member checking was conducted again by sending the participants a copy of their respective transcription via email to ensure their accuracy. Participants were given five days to review the transcripts and to send back an email confirming their transcripts. All participants confirmed their transcripts via email except for Participant A. Participant A was having trouble with her computer and was unable to download the document. On April 5, 2018, I met with Participant A and provided her with a copy of her transcript for review. She reviewed the transcript and confirmed her transcript to be accurate. Participant A had no additional questions or concerns and thanked me for meeting with her.

Documentation

In this qualitative case study, a review of the primary documents served as secondary data which enabled me to ascertain information about the case. I reviewed the following documents such as: written organizational policies, training transcripts, and training curricula from each of the organizations from before and after the NYS DSP core competences were mandated to examine the process of organizational change.

For Agency A, training transcripts were provided through Paycom. Paycom is the agency's payroll and HR Software that helps them manage employee records and provide online training. The employee handbook and the residential policies were pulled up from the organizational drive in which I have access to. For agency B, the gatekeeper provided me with training records and their policies. This organization uses Therap as their software to maintain employee records and training. Both agencies used the same training curricula which is provided by OPWDD which outlines the DSP Core Competencies as

per the specific goals in each competency area. This OPWDD curricula was used by both agencies in their new hire trainings. Employee handbooks, policies and training records were then checked against agency practice. Agency A appeared to have a procedural outline for staff training which allowed staff to self-enroll in trainings in Paycom. At the same time, supervisors were also given the ability to assign staff trainings through Paycom as well. For Agency B, there were no procedural outlines that specified on how staff were to receive training after the new hire process.

All research participants were debriefed immediately following the interviews. I have twenty years' experience working within various settings designed to provide services to people with intellectual and developmental disabilities which aided in my ability to establish a rapport with each of the participant interviewed at both agencies.

Data Analysis

One the interviews were completed, the recordings were transcribed and sent to the participants for member checking so interviewees to verify their accuracy. Member-checking included the analysis and my interpretations checking of the data back to the participants through email. Participants was provided five days to review results. The process of member checking allowed for the respondent's validation of findings and responses to enhance the validity of the study (Silverman, 2013). Triangulation also consisted of the comparison of secondary data with primary data collected through the interviews. The coding process for this study began with a transcription of the interviews to note common themes among the participants. The data was then analyzed through the identification of themes and patterns that was categorized and assigned to the respective

research question. Data analysis was aided by the qualitative data analysis software program NVivo 12 that helped me transcribe, analyze, and triangulate the data into categories and themes. By noting patterns from the answers to the interview, I was able to then build a logical chain of evidence (Miles, Huberman & Saldana, 2014).

Evidence of Trustworthiness

To maintain quality in this study, I incorporated the criteria of reliability, credibility, dependability, and confirmability through the implementation of triangulation and member checking.

As indicated in Chapter 3, reliability refers to the consistency of the results of a study that can be replicated (Shenton, 2004; Yin, 2014). Reliability deals with the consistency, dependability, and replicability of the findings obtained from a study that minimizes errors and biases to ensure the study is reliable and credible (Shenton, 2004). To ensure reliability, I properly documented procedures by keeping a research journal to record and reflect on my thoughts, attitudes, beliefs, preconceptions, and feelings about the study. With continual self-reflection, I could note potential biases that may have influenced my objectivity which also helped with improving the validity of the study (Ortlipp, 2008). To further enhance reliability, I also applied triangulation by analyzing the multiple sources of data that allowed for confirmability. I ensured that the constructs developed in the study were developed from an original source and linked to the conclusion drawn and the data sources. Thus, confirmability helped to ensure that the study's findings were the result of the experiences and perceptions of the participants,

rather than the characteristics and preferences of the researcher to reduce the effect of researcher bias.

To ensure credibility, I used member checking to allow the participants the opportunity to review their transcripts and verify the accuracy of their descriptions (Shenton, 2004; Miles, Huberman & Saldana, 2014). This strategy was applied because the focus of the study was on the DSP's perceptions of the NYS DSP competencies therefore, they had to verify the findings were truly their perceptions.

Finally, the use of thick descriptions improved the trustworthiness of the findings. By describing the perceptions and experiences of the DSPs and supervisors in significant detail, I was able to evaluate the extent to which the conclusions were transferable to other times, settings, situations, and people (Lincoln & Guba, 1985). The DSP's and supervisors' voices were the final check in the data analysis. It is important for a researcher to make sure that the data indeed supports the findings. Thick descriptions were important for promoting credibility as it helps to convey the actual situations that were investigated (Shenton, 2004).

Since I have a professional relationship with Agency A, I ensured against researcher biases by conducting the study apart from own department with participants I directly did not supervise. By recognizing and identifying potential biases, I was able to ensure neutrality of research conclusions. By setting aside my subjective experiences, beliefs, and, attitudes I was able to reduce bias in the study (Yin, 2014; Hancock & Algozzine, 2015).

Results

After the data were transcribed, the participants' interview responses were placed into categories and nodes which made it easier to note the themes. The information from the interviews were coded in relation to the research question. Creating the nodes allowed me to make connections to each of the research questions. Once I finished inputting the coded interviews into NVivo 12, categories were matched to the emergent themes. Table 3 reveals these themes and the number of sources or responders, with the number of references found. For example, when asking questions on leadership, 11 participants discussed disconnected leadership which were referenced 33 times.

While analyzing the data, it became clear that the themes could be grouped into three categories: Barriers, Culture and Perception. This section describes the three categories discovered and their relevant themes which also includes a discussion on the discrepant cases that were found. Table 4 illustrates the categories with their relevant themes.

Table 3

Codes

Disconnected Leadership	11	33
Low Morale	11	26
Lack of Recognition	11	24
Lack of Training	12	22
Lack of Communication	8	22
Lack of Policies	8	21
Low Job Satisfaction	12	20
Inconsistent Implementation	12	18
Personal Interpretations	10	15
Evaluations	5	11
High Turnovers	8	10

Table 4

Categories and Themes

Categories	Barriers	Culture	Perception
Themes	Lack of Trainings	Evaluations	Low Morale
	Personal Interpretations	Inconsistent Implementation	Low Job Satisfaction
	Lack of Policies	Disconnected Leadership	High Turnovers
	Lack of Communication	Lack of Recognition	

Category 1: Barriers

Upon analyzing the data, is was evident that there were barriers that led the DSPs from truly grasping and implementing the NYS DSP Core Competencies.

Lack of trainings. There were 22 references made to lack of trainings. There were 11 respondents that had various responses to questions regarding training but ultimately, these 11 participants stated that they did not receive Core Competencies training, did not remember exactly if they did receive training or felt training was lacking in some way. For instance, Supervisor M-1 stated, “When I'd review it with the staff, that was kind of my review. I review it independently and then review it with them in like a group setting, so I guess that would be my type of review.” Supervisor M-2, only remembers training at new hire, “I was given, if I'm not mistaken, when I first started here it was three, four and a half years ago. So, I want to say that I was given the core competencies and code of ethics at my new hire.” Supervisor M-3 and M-4 both stated to receiving no formal training and basically learned the competencies while on the job. M-3 states “Pretty much all my life I have been in a supervisory role. I always been like a

charged person," while M-4- stated, "I learned through the field, pretty much I didn't get classes in where you get basic training."

All DSPs interviewed held different views on how they were trained in the Core Competencies. DSP A stated she was given a book to learn, "They gave me a book to learn about the members you served. The book is so outdated that it does not tell the story. Learned more working with them than reading the book." DSPs B, E, and H remembers receiving training but were unsure sure if the core competencies were part of the training. DSP B stated, "From the beginning I have been trained that we need to look at people first, not look only at their disabilities," while Participant E stated, "I learned through the classes you're able to go through. Is what they give you. I also feel that a lot of it is human nature" and DSP H stated, "I think I just learned, the basic steps you know, along the way. DSP D on the other hand, was aware of the core competencies but remembered she had to learn them on her own,

> Honestly, I am yet to receive training on the core competencies. I was provided with the actual booklet, so I pretty much did my own research, but I was not properly trained on that. I pretty much read it and signed my own training record.

Personal interpretations. A second barrier that was noted were that all the participants held different interpretations and views of the core competencies and its effectiveness. There were 15 references made to personal interpretations. Supervisor M-1 believed that some of the competencies were more relevant that the others and stated, "So I think some of them stick out more than others, like health and safety ones." I feel like maybe because they're spoken about more, or they come up more." Supervisors M-2 and

M-4 believed that the competencies are implemented as to DSPs own ideas and perceptions of what they are. Supervisor M-2 stated,

> I think that they are very effective in providing support for the people we serve, but I also think beside them also coming with their own sets of unique problems, also a lot of the things that the core competencies take DSP's view but, don't know that what the core competencies are.

Supervisor M-4 stated, "The competencies are implemented as per the staff's viewpoints. We give them free-range to do whatever they want as to their own personal values." Supervisor M-3 noted a difference between DSPs working for extended periods of times to those DSPs that were fairly new. He added, "For the new staff, is easier because is all they know, for the older staff I want to say it was a big change."

The DSPs also held different interpretations to core competencies. DSP A and F perceived the core competencies as guidelines that can be applied with flexibility and as per situations. DSP A stated, "We came from trying to figure it out as you go to oh, we have this, that we can draw from. A blueprint so you are able to pick up your blueprint and you have to adjust it as you go so basically you have a start, an option, use to get to where you need to go. DSP F stated,

Well, when I go to work, they have the core competencies listed on the board, so I look it every day and I use it to help the individuals as well as myself to make sure it goes with the core competencies, to see how they react to it to see if they need it or not. I use it to switch it up and help.

DSP H also perceived the competencies as guidelines but was unable to explain why she thought they were effective. She stated, “I just think they work, we just follow them, you know what I mean, I mean we have them on the bulletin board”.

DSPs also interpreted the competencies as a tool for behavior management. DSP A also believed that the core competencies were used for behavior management just as DSP B. DSP A explained,

> If a member is a having a bad day and you are not able to re-direct them, two minutes later, another will start having a bad day. You can't fix the situation right then and there but, you can re-direct and the competencies, gives us that, the tools to learn your members. The re-direction is where it comes from.

DSP B also related the core competencies as a tool for behavior management, she added,

> When you do something, and they like it, and they behave a certain way, they behave right, there are no behaviors, then it is effective. If you have an individual, that nobody wants because he is hard, you re-direct. You use redirection.

DSP D, E and G, all stated that the core competencies were interpreted differently by everyone and therefore, implemented differently. DSP D stated, “I have the open ground to do as I see fit. Is pretty much the greenlight they give me and then of course I take it and apply it to the core competencies,” DSP E stated,

> I think it’s helped because everyone takes it differently. You may take it one way and I might take it another way and of course, the individuals that we provide services for might take it another way also. I don’t think is something that can be changed. I think is something that everyone is going to take it differently.

DSP G added, “I do think they are effective, what I do think is that and what is happening is that it has a lot of gray areas so people have their own opinions on them.”

Lack of policies: The third theme found was the lack of organizational policies related to the core competencies. There were 21 references made to the lack of policies. Interviews revealed that although the organizations held policies and procedures, none of the participants could remember or believed that they were any policies or procedures related to the core competencies specifically. Supervisor M-1 stated, “I don't know if we necessarily have anything specific. We have these reviews and I'm saying, you're doing this; and if you're not doing that, make sure you're doing this but, I don't think there's, like a specific policy”. Supervisor M-2 stated, “I know that there are things on Paycom, for example, that are relevant to core competencies and things like that, but I don't know personally how effective they are.” Supervisor M-3 stated, “I think. I mean there are policies and procedures. I think a lot of its training,” while Supervisor M-4 was unable to think of any, “I will need to come back to that one. I can't think of any.”

The DSPs were not aware of any written policies related to the core competencies but also, identified in where they would like to see some. Participant A stated, “One of the things that they can do is provide more sites, I think they do not have enough sites to offer our members, to help our members. The lack of sites makes them loose interest.” For DSP B and C, when asked about any polices, DSP B responded, “Not sure” and DSP C stated, “I really do the overnight so I really don’t see anything.” DSP D on the other hand recognizes that the agency struggles with the development of policies and

procedures, “I feel like this agency is struggling with that in a whole, for example in residential, when a lot of the places they go to, the staff should be going in for free, they go out to the movies. So, should the individual not be able to go because staff does not have the money to pay for it? As an agency, they should be paying out the money.” DSP E also was unable to recall any specific policies related to the core competencies but, described how he would like to see some policies in reference to equipment and supplies needed for the people needing them,

> I have a person in my resident who is in a borrowed wheelchair because we have been waiting two months just to get new tires for his chair. It is more like a slow process, these people don’t get what they need, they have to wait like six months to get something they need, these people live on their wheelchairs.

DSPs F, G, and H, all stated they did not know of any organizational policies related to the core competencies.

Upon being interviewed on the competencies in relation to job satisfaction and morale, Supervisors and DSPs all noted communication as being a real concern. Three of the four participants in the supervisory roles explained how they do not have time to communicate.

Lack of communication: There were 22 references made to issues related to the lack of communication. Supervisor M-1 stated, “Managers don't have any time to explain the whole picture. I can't explain to all my staff why I'm doing something. It is what it is sometimes, and you've just got to follow it, and if I have time at the end of the month in the staff meeting, sure, I'll explain it, if we have time.” Supervisor M-2 also adds, “I don't

necessarily have time to really sit down and explain everything to them. It means our needs, specifically in residential, are very immediate. So, it's challenging to accommodate that and the core competencies as well." M-4 stated, "I don't know if we tell them right away or that we explain the evaluation, but they get the first evaluation within the first three months of New Hire."

DSPs also stated that information is not communicated to the from their supervisors resulting in issues with services and supports. For instance, DSP A revealed that at times of emergencies that are not made aware of the situation, " Like, what we do with our members, at times of emergencies, they don't have time to get on the phone and relay a message, or send a text or an email, to say they are trying to implement or explain something that is going on with them. DSP B originally stated that she had no issues with communication but during her second interview she revealed that she did not like the way supervisors communicated with her,

> Sometimes the way your immediate boss communicates with you, just respect. It's not so much about the money but the respect. We all come from different walks of life, but you have to treat people in the right manner. I am from old school and maybe that is the way they talk but, you have to have respect. You can't talk to people like, we need to treat each other with respect. You could be my daughter, my leader but still need to respect me for what I do.

DSP C and D related the lack of communication and both felt information was just not being provided. DSP E on the hand, spoke about always feeling confused as a result of communication,

> One person will tell you one thing and another person will say something else and as the DSP, you are just confused and, I think that is like a daily struggle. One person will tell you to do something this way and another person will tell you do it another way and then I am not even sure on what I should actually do.

DSP F stated that he felt there were no issues with communication but admitted he did things his way and then related the information to his supervisors, "Well, I go to my supervisor and tell them what I think needs to be different, and sometimes I will go ahead and implement something I believe is beneficial and then later go ahead and tell the supervisor." For DSP G, she simply felt disregarded when not having her own questions answered,

> Well, I think with the competencies, when you question them, the people you are asking don't have the answers. That is where some of confusion comes through. You expect your manager to know and for them to say I am not sure but, they never get back to you. I think they need to have some timing on when to respond to us, at least to give us an answer when we are asking something, asking a question.

DSP G's response confirms what Supervisors M-1 and M-2 stated, in where they just don't have the time to explain or answer DSPs questions.

Category 2: Culture

Organizational culture is understood as behaviors shared among members (Glisson & James, 2002), existing at various levels (Detert, Schroeder & Mauriel, 2000) that impacts employees' attitudes and behaviors (Schein, 1996, 2010; Smircich, 1983).

Upon reviewing the data, it was clear that the culture of both organizations impacted the way the core competencies were being implemented.

Evaluations: There were 11 references made to evaluations with one interview being a DSP. All supervisors interviewed stated that the staff performance evaluations were the tool to measure how DSPs were meeting the expectations of implementing the Core Competencies. The DSPs however, were not aware that they were being evaluated on the competencies. Supervisor M-1 stated, “We have these reviews and I'm saying, "You know, we even have cross-check forms that are based on the core competencies but, how well can we really cross-check, unless we're working 24 hours a day, and cross-checking every shift?” Supervisor M-2 explained, “they get the core competence training and then the next time that they'll realistically see that list, is probably in the next review. I think that is the moment in where DSPs are explained what the core competencies are related to their job. I mentioned before that in general, that their jobs are being done with these core competencies but they are not aware of it. I think when they have their evaluations is like backwards, like these are the core competencies, this is what you already do you don’t do.” Supervisor M-3 also acknowledged using the yearly evaluations to measure implementation of the core competencies but stated that he would help the staff during the year, “We have our yearly evaluations. I am kind on the floor with my staff, you know actually working as a supervisor, I do help my staff.” Supervisor M-4 stated,

> We have the evaluation, that we use on our employees. There is a lot of questions, categories and they break it down to specific details that may note things they

> might not be doing right. It falls under each competency area. I don't know if we tell them right away or that we explain the evaluation but, they get the first evaluation within the first three months of New Hire. They will get a broad view on the competencies there, and then we tell where they can go from there development wise but no, I don't think we provide that information during training or orientation.

DSPs A, B, C, E, F, G and H did know of organizational evaluations but did not know that evaluations would be in referenced to the core competencies until they received their initial evaluation. DSP D stated that she still did not receive an evaluation since her date of hire three years ago,

> I work in an agency where I have never been evaluated before, those little things, just those things, people feed and learn from constructive criticism, I am not getting constructive criticism, how I am going to do any better, how could you learn otherwise, and then you are handed a form and expected to do a lot more.

Inconsistent implementation. The interviews not only revealed that the core competencies were viewed differently but also that they were implemented inconsistently. There were 18 references made to the inconsistent implementation of the core competencies. Supervisor M-1 shared,

> I think, like, professionalism, the core competencies are very effective. I think the way they break them down, they're very straightforward. But that's something that is so straightforward. I think when it comes to like supporting someone, you know, and even just down through something along the lines of making sure that someone's having the best quality of life-- Define that for each person, and I think that's where, like, sometimes

you can have a hard time, because, the best quality of life for one person is completely different for another. Supervisor M-2 added,

> I think we have a hard time kind of understanding the competencies. I feel as though that will come and give us certain things that are in the best interest of the people that we support. Which is great of them, but is also not, again, technically a core competency that they themselves are not doing, So, I know that I see staff that kind of question where those are fitting in certain real-life situations.

Supervisor M-3 and M-4 believed that there was a universal understanding of the competencies, but that some competencies were practiced more than others. For instance, Supervisor M-4 identified the competence of professionalism not being practiced enough,

> I'd say the lowest one would be being professional, when it comes to documentation and work place actions, not with the individuals but with their own peers. I mean any tension between them, the staff is going to affect the individuals, so I would stress professionalism more. They need to be made aware that they are in a job rather than hanging out in a friend's house, I think that is where they get confused.

The DSPs also described the inconsistencies of implementing the core competencies which coincided with the services provided. DSP A related,

> There are some members that you have that is simply too much, they drain you. So, now they switched to have members weekly, if you made plans or promises, and now the group is changed by Friday, you come in on Friday morning and that

> whole schedule is changed, causing that member to have behaviors because they were promised something they are not getting.

DSP B related the inconstancies to the continuous change of supervisory staff, "Well every time you have a manager or supervisor, and you begin to settle down with us, it changes again." DSP C, F and H related they implemented the competencies as to what they believed the person needed or as per the competencies they knew. DSP D described how residences lacked the ability in assisting the people they served in making decisions, "I want to say in the broader sense, yes we are person centered but in residential I think we are lacking that angle to make their own choices. They are always told on what they can and cannot do." DSP E on the other hand related the incontinences of the core competencies because of the lack of resources needed, particularly to the need of wheelchairs, " I don't know if it's an agency thing, or DSP thing but I think is more of the process. Like this cost this much, this insurance pays for this much and this insurance pays for that. Why don't you just get it because these people need it." DSP G described inconsistencies on what was being implemented and on what was being documented,

> I think for the most part, I think we need to have more individuality, I think we need that in the agency, I mean because they are different, each is their own person so we should work harder on finding what is best for them and not what might look good on paper. Something may look really good on paper but is really not is working for them.

Disconnected leadership. There were 33 references made to disconnected leadership. The organizational structure, the function and mindset of an organization's

employees is directly related to the core beliefs and actions of the leadership (Chatman & Cha, 2003). The data analysis showed that there was a disconnection between the Supervisors and the DSPs that impacted the implementation of the core competencies. Supervisor M-1 believed that even in her position more layers were needed to promote the core competencies, "I think there needs to be more layers of people who enforce it, selling it, demonstrating and being hands on with those layers. I think for each department you have a manager or an analyst or whatever but in a residential setting, there is only a manager and a coordinator. Supervisor M-2 described how DSPs were given the opportunity to be heard,

> I definitely think that staff always want to be heard, that includes them in much dialogue as possible. In terms of policies and procedures, that nature, I think explanations as much as possible, are useful in those regards, I could tell you that the agency needs more layers to have more of a presence, like supervision which in turn would theoretically reinforce the core competencies within the staff.

He also added,

> I have seen a big disparity between DSPs and management partially because DSP don't understand certain things and partially, because management may be lacking in a certain degree. I do believe that staff feels like management is not there with them.

Supervisor M-3 acknowledged that understanding what DSPs needed from them helped with the interaction, "You know some people are good at it and some are not, and

when you are dealing with people, you know you may need some guidelines." He further adds,

> I interact with my staff as much as possible, you know listen, do as much listening as I can. Interacting with one of the folks, you know so that helps me you know, like well maybe we could have done this a little bit different, a little better. You know when things calm down I take a minute and chat about things not simply to make things easier but, how we can make things better.

Supervisor M-4, described the disconnection from the DSPs when he transitioned into his supervisory role, "I recently have been stepped into working out with staff in getting the individuals out, going out to water parks, things like that but now, in a senior role, I would be setting those things up but, I will no longer be able to go."

The DSPs also described their disconnection from their supervisors, for instance, DSP A stated, "If I am at a group with a member who had a behavior, and I am trying to re-direct or help, if a manager gets involved, every practice that was implemented gets thrown out the window." DSPs B, C F and G described the lack of understanding between DSPs and supervisors as to the interactions that would occur. DSP C stated, "Maybe the way things are worded many people won't understand. Not everybody has a higher learning you know, but everyone can understand what it is and then everybody, everyone would be on the same level," whereas, DSP C stated, "I feel like if things were said in a more professional manner, in a respectful way, people would want to do their jobs." She commented on how the organization focused more on acknowledging what was done wrong rather on what was done right, "Like I said, respect is needed and

noticing that good is being done and not just focusing on the negative, I think the higher ups could be a little bit more respectful to the employees." DSP F believed the disconnection between supervisors and DSP relied on the lack of training, "We really don't get training on them is more going over them like in meetings, like here are the core competencies, this is what it means, and we need you to implement them." DSP G again felt the disconnection from her Supervisor due to feelings of being disregarded, "I think for them is not that important, so they don't answer your questions, and I think for management they should know. They don't know but they don't take the time to find out either." Both DSPs D and E felt disconnected from their supervisors due to the disparity of their roles. DSP D described, "I feel in this agency, the higher up you are the more disconnected you are with the services, and on what we do and what we stand for. I feel that if you're in high position you're kept away while DSP E added,

> Yea, but in administration you in there where you lose perspective and even if they started where I am, they may not understand it now because this agency is always changing. We're the bottom-feeders, you know we are the low of the low in the agency. We're doing the direct care, I feel like we need a leader, a person that wants to be here, that checks how you are doing.

Lack of recognition. Another theme discovered during the data analysis was the lack of recognition noted by the participants interviewed which impacted their job satisfaction overall. There were 24 references made to lack of recognition Supervisor M - 1 spoke of a wellness program that never came to fruition in her agency,

> I know in some point they were talking about paying for a gym membership for the wellness program. If that was something that would have happened that would have been something that may have encouraged a lot of people just because being in the field is a stressful environment.

Supervisor M-2 stated, I don't think there is ever a problem with the material, I think is really is management, professionalism, communication skills, prep, if you have those in line then it will keep things that work. Supervisors M-3 and M-4 described how they felt that staff needed more praise. Supervisor M-3 stated, "I think it would help if every once in a while, it will make staff feel good to hear, oh you did a good job" while Supervisor M-4 stated, "We could definitely praise the staff more often, I mean we could use more money, it's always more money you know, over-worked, under-paid but, when all is set and done, we try to come up with other incentives, to say thank you but, is such a generic thank you, I try to do things throughout the shift, show them different things for doing a great job, to give them a sense of achievement and satisfaction."

The DSPs also spoke on how they would like to be recognized for the work they did. DSP A provided an example on how they were made to feel unimportant during client behaviors,

> If you had a bad day with one of your members and you come in, the only information they are interested in is the BIR (Behavioral Incident Report) or did you do your statement, no one takes the time, to ask how you feeling? No one cares so is something happened to you."

DSP B expressed how she wanted to be made feel valuable and being part of a team, “To make the employees see that they are valuable too. That they are important too. Example, say you are proud that you appreciate them. Sometimes people are working feeling unappreciated.” DSP C, D and E also added on how DSPs are not appreciated, as DSP C stated, “I said before respect is needed and noticing that good is being done and not just focusing on the negative. Just say thank you a lot more, notice what it takes for what we do” while DSP D added, “I feel staff are not appreciated and believe that if you have staff that feel appreciated they would go the extra mile. It will also build morale. DSP E spoke about tangible items for recognition, “I feel you will feel appreciated more if you got something. I have been here three years and I have a badge to show for it. We're the ones doing the hands-on, yes, we're getting paid by the elite but, there should be recognition throughout the agency.” Just like DSP E, DSP F also spoke about rewards, “I have spoken to is something like employee of the month, some kind of a recognition program. To say, hey, we are thinking of you guys, good job.” DSP G just expressed how she wanted the opportunity to be promoted,

> I like the work that I do and I do think that the organization allows people to move but not within our own, I see people in higher up or hire from outside for positions. They do not provide enough training for DSPs to learn, like management and I think they should because a lot of people would like to move.

Category 3: Perception

In reviewing the data, it was discovered that the Supervisors and DSPs differed in their perceptions of the implementation of the core competencies because of their specific

roles. This disconnection in perception impacted morale, job satisfaction and retention in each of the organizations.

Low morale. There were twenty-four references made to low morale. The Supervisors and DSPs all responded as how they believed morale was in their organizations. Both Supervisors M-1 and M-2 from Agency A both acknowledged that the morale were different and dependent if you worked in managerial or if you worked as a DSP. M-1 describes, "I think there is a disconnect, so I think morale for the agency, I think for overseers and management is one thing, is good, great but, for DSPs is kind of lacking a little bit" while Supervisor M-2 added, "morale overall, I think it's hard to be a DSP. I think it's hard there's the because there is challenging to get the respect that, realistically, they deserve. Bother Supervisors from Agency B described morale as fluctuating from up and down. Supervisor M-3 stated, "Up and down, I'm being perfectly honest, it's up and down. Only because we had a lot of staffing changes. Different managers and different supervisors and that is hard for them because as soon as they get used to someone there is someone new." Supervisor M-4 stated, "It's like a roller-coaster, it goes up and down. If we are fully staffed, morale is going to be up. If we're not, morale will go down."

For the DSPs, low morale was associated to a varied of reasons. For instance, DSP A reflected on how people changed when promoted,

> Is different for everyone, I really don't know how to put it. You could be in a position and everybody is fine and then you get a position the next day and now all

> of a sudden you looked down on the people you used to be in trenches with. How the job is, once you get a promotion, you are now bigger, better than everyone else.

DSP B and C spoke about the lack of respected resulted in low morale. For example, DSP B stated,

> It's about not just trying get people as your employees but try to build a relationship with them, to be treated like human beings too. We are individuals too, we need help too, we work to lift people up and that is valuable, but when will someone check on us, check how we are doing.

DSP D, believed there was low morale as employees observe people being promoted because they are friends with someone doing the hiring, "You get hired because you know someone, or you get promoted just because, I feel the agency struggles with that." DSPs E, F and G explained that their own morale was good but, lacked in organizational operations that resulted in employees feeling frustrated. For example, DSP G stated, "For the most part, is okay, and I'm going to say okay because we have people that don't want to work, don't do no work and they don't have to and then you have the ones that do, and that causes frustration."

Low job satisfaction. There were 20 references made to low job satisfaction. When being asked about job satisfaction, Supervisors as well as DSPs described how they enjoyed their jobs but held different views on where improvements could have been made to make their jobs easier. For instance, Supervisor M-1 stated, "Burnout is real. It's a real thing, and you don't realize it until you're in it. I definitely like all the people I support, and I wouldn't change any of that. Like, I love what I'm actually doing, I think

that, in an ideal world, where funding wasn't a thing, to have a million supports and have a bunch of people would be great." Supervisor M-4 related,

> I really feel improve on our training process, if people are well trained, the shifts will run smoother, less confusion, less animosity between shifts, between staff, co-workers, we can increase our numbers, lower the work load, reduce stress.

DSPs tied their job satisfaction to recognition and promotions, for instance DSP E, Most of the time is good and some other days is frustrating, you know you try to take time off and it's not always so easy while, DSP F stated, "What they could do to increase my job satisfaction and for some other co-workers, is something like employee of the month, some kind of a recognition program. To say, hey, we are thinking of you guys, good job." DSP G, just like Supervisor M-4, also described how lack of trainings impacted job satisfaction, "I am for the most part, I like to work, and like the work that I do and I do think that organization allows people to move but not within our own, they do not provide enough training for DSPs to learn, like management and I think they should because a lot of people would like to move."

High turnovers. There were 10 references made to high turnovers. Supervisors and DSPs described how staff turnovers impacted job satisfaction and morale which also resulted on how the NYS core competencies were being implemented. The Supervisors perceived high turnovers because of regulations changing, changes in management or working relationships. For instance, for Supervisor M-1 stated that the continuous changes of state regulations also influenced staff turn-overs, "I think with all these regulations, there are changes and we don't even realize it and, I don't think it's

necessarily coming from us, but it's coming, even for small things." Supervisor M-2 identified several different reasons for turnovers,

> I think in any job some may work for a paycheck while others do not. I think is the setting, the group home vs someone working in the office. Maybe they don't agree with their Manager or Supervisor and they don't want to whatever, you know. I also have come into contact with people, with DSPs that feel that discouraged because they feel certain Directors and Managers are really close.

Supervisor M-3 explained, "Different managers and different supervisors and that is hard for them because as soon as they get used to someone there is someone new," while Supervisor M-4 stated, "The work load vs staff, that's going to be difficult because the turnover for staff is high and the needs are immediate. We are short staffed, we are at minimal staff and they get burned out quick, it's like a revolving door, once we get that quality staff, they don't stay."

The DSPs on the other hand, perceived high turnovers due to the lack of recognition they felt because of their role. For example, DSP E stated, "Well, right now no. I don't think they recognize their care takers, their DSPs, all that and, that is the biggest issue with turnovers is that people don't get recognize." DSP G added,

> You know, we have a lot of new people that come in and are always on their cell phones and what we get from management is that we have to get used to this new generation but then, where is the work ethic?

Discrepant Cases

Discrepant cases arose when a response is different from the total responses of the

group. There were two discrepant cases noted for two of the interview questions in the study. Unlike the other Supervisors, Supervisor M-3 stated that he believed there were no communication issues between the Supervisors and DSPs. He described that in his own residence communication was effective and noted teamwork to be effective between the employees. The other discrepant case was for DSP D. Of all the DSPs, she was the only one to state that she did not receive an evaluation but expressed how she wanted one just, so she can know how she was doing in her job.

Documents Reviewed

Documents were analyzed from both Agency A and B to explore relationship to themes found during the interviews. Document 1 for Agency A were the organization's residential handbook which describes the agency's policies, procedures and expectations. A review of this document mentions the NYS DSP Core Competencies as one of the topics are to be trained but does not specify how often the employee is to obtain the training. This document also revealed the implementation of the employee's evaluation but fails to mention that the evaluations are related to the staff performance as per the NYS Core Competencies. The second section of this document does provide an outline of the competencies but with no real objectives on how employees are to meet each the goals of the competencies. There were however, outlines found on communication tips on how to meet medical regulatory compliance. Document 2 were the organizations overall employee handbook which described employee benefits, policies and expectations. This document also identified the core competencies but no mention on how employees were expected to meet the core competencies. Document 3 for Agency A entailed the

participants training transcripts which were generated through their HR software, Paycom. A review of the training transcripts revealed that all participants in Agency A were trained in the core competencies except for one participant. Supervisor M-2 transcript showed he had not received core competencies training since March 15th of 2017. A review of Document 4 were Agency B's employee handbook which included policies related to employee benefits, operational procedures but no specified policies on how employees are to adhere to the NYS Core Competencies. Document 5 entailed the participants training transcripts which were generated from their HR software, Therap. The review revealed that the participants were trained between 2015 and 2016 with two participants showing they were not trained in the competencies. Table 4 illustrates the documents reviewed with a description while Table 5 provides a description of the participants latest training dates in the core competencies.

Table 5

Case Study Documents

Agency	Document	Description
A	Document 1	Residential Department Handbook
	Document 2	Organizations Policy and Procedure Manual
	Document 3	Training Transcripts from HR Software Paycom
B	Document 4	Organizations Policy and Procedure Manual
	Document 5	Training Transcripts from HR Software Therap

Table 6

Participant Training Dates

Agency A Participants	Training Dates	Agency B Participants	Training Dates
M-1	3/21/18	M-3	5/23/16
M-2	3/15/17	M-4	12/18/15
A	3/6/18	E	10/6/15
B	4/12/18	F	10/13/15
C	4/18/18	G	No Training
D	3/14/18	H	No Training

Data Saturation

Data saturation requires collecting and analyzing the data until redundancy of the themes and patterns occurs. Thus, when there is no new information emerging from the analysis of the data, data saturation has occurred. In this study, the semi-structured interviews and collection of other data sources concluded upon repetition of the themes and patterns, thus confirming data saturation. Therefore, I confirmed data saturation by collecting data through the semi-structured interviews, cross-referencing with documents collected and through triangulation of multiple data sources that established redundancy of themes and patterns.

Transition and Summary

The purpose of this qualitative case study was to explore the perceptions of DSPs located in New York State regarding the effectiveness of the DSP competencies in their

organizations in relationship to job satisfaction and organizational morale. In addition, this study was also aimed to explore what DSPs perceived to be necessary in enhancing the effectiveness of the NYS DSP competencies organizational practices that would improve ID/DD care and supports. Responses to the research questions were found in the data through categories and themes. Once the data analysis was complete, the data was organized to provide answers to the two research questions.

First, "How do DSPs describe the effectiveness of the NYS DSP competencies in relationship to job satisfaction and organizational morale?" It is clear, that the Supervisor and DSP relationship impacted the participant's ability to implement the core competencies but also, their interpretations of the core competencies themselves combined with the lack of training also impacted how they were implemented. In addition, the perception and experiences between Supervisor and DSP effected job satisfaction and morale.

The second interview question, "What do DSPs perceive that it would take to enhance the effectiveness of the NYS DSP competencies organizational practices to improve ID/DD care and supports?" described the DSPs and Supervisors own ideas on what they thought was needed to increase the effectiveness and implementation of the core competencies.

In chapter 5, the findings are interpreted. This includes conclusions that address the two research the research questions with findings related to the literature review in chapter 2. I linked the results of this study to the conceptual framework that connects to the Supervisors and DSPs perceptions and experiences to the implementation and

effectiveness of the NYS DSP Core Competencies. This chapter also concludes with (a) the application to professional practice, (b) implications for social change, (c) recommendations for action, (d) recommendations for future research, (e) reflections, and (f) the conclusion of the study.

Chapter 5: Conclusion

DSPs must possess the complex skills, knowledge, and competencies that will enable them to meet the demands of their jobs, and presumably, increase their job satisfaction (Larson & Hewitt, 2012). McKillip and Minnes (2011) also found job satisfaction to be the most critical component of DSPs' decisions to leave their employment, as low job satisfaction was correlated to job-related stress, burn out, and poor work-social interactions. As such, OPWDD developed the New York State Direct Support Professional (NYS DSP) core competencies initiative that would provide administrative support, structure, and oversight for the implementation of a professional development program that in turn, would increase quality supports and services to the people being served.

In this study, I explored DSP experiences and perceptions regarding the NYS DSP competencies. I provided probing questions to understand the implementation of the competencies in their organizations in relation to job satisfaction, morale and organizational effectiveness. Through semi-structured interviews, I gathered information on the participants competencies training in caring and providing services to people with ID/DD. I also inquired on their experiences and perceptions to their organizational culture with thoughts to their perception of job satisfaction and morale, the competencies related to services with their own understanding of their professional experiences with the implementation of the core competencies.

By analyzing the data, three categories emerged that became apparent to the effective implementation of the core competencies: barriers, culture and perception. The

data revealed similarities and differences between the cases. The relationship between Supervisor and DSP is vital to the provision of services and care to the people with ID/DD living in the community residential homes.

Interpretation of Findings

In this section, I summarized and interpreted the study's findings using the participants' perceptions and experiences as they relate to the research question and to the conceptual framework. Using Donabedian's quality of care (QOC) model for the conceptual framework and Baumgartner and Jones' punctuated equilibrium theory (PET), the themes found in this study were compared to the literature review described in Chapter two.

Punctuated Equilibrium Theory (PET)

The Willowbrook Consent Decree decision marked a new wave of policy makers and advocates to change how supports and care are to be provided to people diagnosed with ID/DD. The theory suggests that most social systems exist in an extended period of stasis, which are later punctuated by sudden shifts of change (Baumgartner & Jones, 1993, 2002; Baumgartner, Jones & Mortenson, 2014; Breunig, & Koski, 2012; Cariney, 2011; Jones & Baumgartner, 2005). This theory was applied to examine OPWDD's latest initiatives which includes the NYS DSP Core Competencies. The aim of the core competencies is to ensure high quality supports in all aspects of the individual's life, while also including the professionalism of the Direct Support Professional. Interviews in this study however, revealed that no changes occurred in either organization with the introduction of the core competencies. Interviewees perceived the core competencies as

an additional training curriculum they had to complete during new hire training and reviewed annually thereafter. Supervisors were aware that DSPs would be evaluated on the specific competencies, but staff were not aware until they were given their first initial evaluation. In addition, interviewees revealed that the competencies had no impact on staff's professionalism or in the supports of the people they supported. Thus, employees are trained in the core competencies but afterwards, they were no systems in place to set forth for implementation of the competencies which accounted for the lack of change in the organizations. The findings in this study suggest that the core competencies are not effective in improving DSP work performance, job satisfaction and organizational morale as they were no changes noted in either organization that impacted DSP or Supervisor work performance and in the service provisions of the people being served.

Quality of Care (QOC) Model

Drawing from Donabedian's (1980) quality of QOC model, three domains are relevant to high-quality client care: structure, process, and outcomes which allowed the findings to be examined, analyzed and interpreted without exceeding the scope of the study. The QOC model identifies structure, processes, and outcomes as the required components for delivering high-quality individualized support care and services. Structure refers to the environment and resources required to provide services, while processes describes the practices used to implement care. The outcomes are the end results actualized by the recipient. Donabedian argued that a good, efficient structure is essential to good processes and good processes are essential to good outcomes. This model was applied to examine the aspects of quality of care related to the implementation

of the NYS DSP core competencies. Donabedian's model was applied to the themes discovered to explore both the organization's structure (barriers), processes (culture) and outcomes (perception) to the implementation of the core competencies.

Structure: Barriers

By analyzing the data, four themes became apparent related to the organization's structure: lack of trainings, personal interpretations of the core competencies, lack of policies and lack of communication. These themes posed as barriers for both organizations and their DSPs as there were no real foundations to set forth with the implementation of the core competencies once employees were trained.

Lack of trainings. Relevant trainings between leaders and employees clarifies expectations and personal interpretations. The data revealed similarities and differences between the cases but showed that continuous trainings may be beneficial for the universal implementation of the competencies. All participants interviewed remembered receiving training on the core competencies when hired but none of them were able to recall the material or what were the specific goals of the core competencies. Training records for agency A showed trainings that were more up to date in comparison to training records for agency B. Agency A provided core competencies training for 2018 with only one employee (Supervisor M-2) being out of date. Agency B training records revealed three transcripts for 2015, one transcript for 2016 and two transcripts showing no core competencies training at all. This inconsistent process of trainings indicates lack of organizational structure for organizational trainings. Competency L (see Appendix B) describes how organizations are to educate, train and develop staff as so the knowledge

acquired can be applied but, DSPs in this study all stated that training was needed to improve their own performance indicating training was provided inconsistently.

Personal interpretations. The participants interviewed all held personal views of the core competencies which also posed as a structural barrier since different interpretations of the competencies meant different forms of implementation. The data revealed that DSPs perceived the core competencies as a basic guideline to assist them in their roles but, believed that the core competencies could be applied as they saw fit or to the tools and resources the organization allowed them to have. For instance, competency M, O and P (see Appendix B) of the competencies outlines how organization must participate in identifying problems in ensuring health, wellness and safety yet, for DSP E, this was a real issue as the problem of someone needing a wheelchair was identified and not addressed. In addition, interviewees all spoke about being held to the expectation of professionalism, but perceived supervisors being unprofessional themselves which also violated several competencies. Thus, supervisors and DSPs perceived the competencies to be implemented as how they felt should be implemented as there was no governing oversight to ensure its proper implementation.

Lack of policies. For Agency A, the seven goals of the core competencies were mentioned in the residential manual, but in the scope of what staff was going to be trained on and expected to follow while Agency B, held no policies related to the core competencies. The document review revealed that there was no specific reference on how DSPs were to fulfill the expectations of the NYS DSP Core Competencies. Policies facilitate leaders by providing specific guidelines for their actions and the actions of the

employees they are supervising. The findings revealed that there was a lack of policies geared to the implementation of the core competencies.

Lack of communication. Participants in the study all revealed issues with communication except for Supervisor M-3. He admitted that his program was much smaller than the other group homes which made it easier to communicate and was unsure if communication was effective within the agency. Supervisors in the study revealed that they did not always take the time to answer DSPs questions or concerns simply because they did not have the time to do so. The DSPs' on the other hand, noted that supervisors did not take the time to answer their questions or concerns leading them to believe that did not know the answers, did not know how to problem solve a situation or simply that their supervisors did not care about them. Participants also revealed that the lack of communication created confusion among the DSPs effecting how services were provided. Lack of instilling effective and meaningful communication violates competency area G (see Appendix B) which emphasizes the importance of communication.

Processes: Culture

Four themes became apparent related to each of the organization's processes: evaluations, inconsistent implementation of the core competencies, disconnected leadership and lack of employee recognition. These organizational processes create the culture of the organization. As descripted in chapter two, organizational culture is understood as behaviors shared among members (Glisson & James, 2002), existing at various levels (Detert, Schroeder & Mauriel, 2000) that impacts employees' attitudes and behaviors (Schein, 1996, 2010; Smircich, 1983). Organizational culture is perceived as

the common assumptions, values, and beliefs shared by the members of the organization (Palomino & Martínez-Cañas, 2014, p. 96).

Evaluations. All supervisors interviewed stated that the staff performance evaluations were the tool to measure how DSPs were meeting the expectations of implementing the Core Competencies. The DSPs however, were not aware that they were being evaluated on the competencies except for one. One DSP in Agency A, was aware that she would be given an evaluation based on the core competencies. However, this DSP has been employed in the agency for three years and still have not been given an evaluation. This is one example on how processes are being practiced inconsistently. Supervisor interviews revealed that they were aware that DSPs were not informed that their performance would were based as per the outlined competencies and would only inform them when being given the evaluation.

Inconsistent implementation. Interviews revealed that the implementation of the core competencies were inconsistently implemented because they all viewed and interpreted them differently. As such, they would apply the competencies as to what specific competency they knew. All participants revealed that there were aware that core competencies held various competencies but only practiced the ones they could apply when a situation required it. DSPs from both organizations revealed that the competencies were implemented as per the organization's resources. These DSPs identified competencies of maintaining health, wellness and advocating but, also identified that they were no platform to allow for advocacy or the resources to allow for

health and wellness. Due to lack of tools and resources, the competencies would not be implemented.

Disconnected leadership. As described in Chapter 2, effective leadership is vital to the success of an organization. Leadership directly impacts employee performance and morale. In contrast, ineffective leadership, tend to create low organizational commitment and job satisfaction which impacts, employee morale (Aboyassin & Abood, 2013; Gray Stanley et al. 2010; Gray, & Muramatsu, 2013). Supervisors and DSPs from both organizations recognized a disconnect in the relationship. Supervisors interviewed recognized that their DSPs wanted to be heard but, due to their own responsibilities and duties, they were not able to dedicate the time to meet with their DSPs. From the DSPs perspective, supervisors simply do not care about them to take the time to meet and talk with them. DSPs also held a perception of themselves as not being worthy enough for supervisors to take time for them or to take them seriously. One DSP from Agency B even referred to himself as a "bottom-feeder" describing himself as being the low of the lowest in the totem pole of the organization's job positions. He also referred his supervisor and administration as the "elite", recognizing that there was a clear, identified line between supervisors and DSPs. This disconnect between supervisors and DSPs also contribute to the lack of communication. Supervisors are those that define the job, provide the training, mediate the stresses, create the culture, and establish a well-functioning work environment (Hewitt et al. 2004). The results of this study showed the necessity for leadership to come out of their offices and make themselves visible and approachable to their staff.

Lack of Recognition. The disconnect between supervisors and DSPs also allowed for the lack of recognition of DSPs and in the work that they do. All supervisors interviewed revealed that DSPs should receive more praise and recognition but also admitted, that it simply did not occur. DSP interviews also revealed their own need to be recognized by their supervisors. Due to the lack of communication and disconnection from their supervisors, DSPs held the perception that their supervisors did recognize them because they did not care or because they themselves did not know or understand the complexities of being a DSP. DSPs interviewed from both agencies believed their supervisors cared more about paperwork than their own safety and well-being due to the lack of recognition when sustaining injuries from working with behavioral individuals. DSPS in this study expressed their need of being recognized and appreciated but foremost, wanted their supervisors to perceive them as valuable.

Outcomes: Perception

Donabedian's (1980) quality of QOC model identifies structure, processes, and outcomes as the required components for delivering high-quality individualized support care and services. The outcomes in this study related to the supervisors and DSPs own perceptions on how processes and structure impacted the implementation of the core competencies ultimately effecting support care and services.

Low Morale. As mentioned in chapter 2, there is no one definition to describe morale. The concept of morale includes satisfaction with the work environment, enthusiasm, and commitment to the organization (Johnsrud, 1996) while other studies, related morale to employee behaviors (Jackson, Rossi, Rickamer-Hoover & Johnson,

2012). For this study, morale was defined as: "Emotions and attitudes that includes satisfaction with the work environment, commitment or loyalty to the institution and a willingness to work toward common goals" (Johnsrud, Heck, & Rosser, 2000, p. 47). As such, interviews of supervisors and DSPs revealed that morale was dependent on the position you were in. All four supervisors acknowledged that morale was higher at their level than that of DSPs. One Supervisor also noted morale being difficult for DSPs because they never received the respect or recognition they truly deserved. DSPs on the other hand, noted low morale because of the continuous leadership changes, shifts not being fully staffed and the lack of respect they felt when not having their questions answered or concerns addressed. One DSP even spoke about her feelings in being defeated, for not being able to build a relationship with her Supervisor, as she was often ignored nor assisted when needed. Thus, DSPs work their shifts feeling frustrated and devalued. These feelings of being frustrated and devalued mixed with continuous changes and disconnection with leadership, results in inconsistent implementation of the core competencies. Low morale further presented challenges and barriers to the implementation of the core competencies when consequently, the clients receiving support services would be exposed to employee and workplace conflict impacting their care and treatment.

Low Job Satisfaction. As described in the literature review, job satisfaction is the degree to which job needs are fulfilled and how much of this fulfillment is perceived by the employee (Poter, Steers, Modwdy & Boulian, 1974). It is a positive or negative evaluative judgement one makes about one's job or job situation (Weiss, 2002). Job

satisfaction is therefore ultimately described as to what an employee feels about his/her job, and how the job itself is perceived. Supervisors and DSPs from both organizations described how they enjoyed their jobs but held different views on where improvements could have been made to increase their job satisfaction. For instance, supervisors wanted to feel less burnt out because they were simply juggling too many responsibilities. They related the feelings of being burnt out to the lack of training DSPS were provided, which meant they had to manage their managerial duties while ensuring shifts were covered. DSPs also believed their job satisfaction would increase by decreasing burn out by working less shifts and being given the opportunity to take vacations when requested. DSPs also believed that their job satisfaction would increase through recognition and promotions. For these DSPs, they wanted their supervisors to recognize, support them and to treat them fairly. Once DSP described his interaction with his supervisor when requesting time off several times and was denied due to shifts being short staffed but noted, that same supervisor taking three vacations during each time of his requests.

High Turnovers. During the interviews, supervisors and DSPs both described how shifts needed to be covered due to the residences being short staffed. This need for staff was related to low job satisfaction and morale. Supervisors and DSPs from both organizations perceived high turnovers because of low job satisfaction, low morale and ineffective working relationships. Interviews revealed that DSPs did not commit to their jobs because of the lack of recognition, lack of communication and ultimately the inability to build relationships with their supervisors. Supervisors on the other hand, related DSPs turnovers to burn out or finding a better job.

Limitations of Study

The results of this study offer insight into the participants' perceptions, feelings and experiences regarding the NYS DSP core competencies implementation in their organizations. There are some limitations however, associated with case study methodology as causal relationships cannot be determined by case studies (Yin, 2009). There are at least four limitations to this study. The first is due to the qualitative nature and design. The findings cannot be generalized outside of the context and specific population. In addition, causal relationships between the findings cannot be determined. A second limitation is bias. I worked in one of the organizations during the time of the study. To address this concern, I recruited participants outside of my own department. Participants were also asked to review and comment on the themes that emerged from the data through a member checking process. Through this process, participants were allowed the opportunity to review their transcripts and verify the accuracy of their descriptions (Shenton, 2004; Miles et al, 2014). The third limitation is the timeframes between the interviewer and interviewee. Many of the Supervisors and DSPs were scheduled to work during the time of interviews. An interview schedule was developed between the Supervisors and DSPs which helped facilitate participation. The fourth limitation is that the data are based solely on the participants' and the researcher's interpretations of events. These interpretations, and the perceptions that they are based upon, are individual and may or may not be accurate.

Recommendations

Organizational leaders need to be more proactive about co-worker relationships and invest in their employees. Based on the results, I recommend four potential areas of policy adjustments that could benefit from further study: competency and practicum development, communication strategies, supervisor/DSP collaborative forums, and employee appreciation strategies.

Competency and Practicum Training Development

The results of this study showed that training in the core competencies were inconsistent. Some participants did not receive training while, others did not remember if they ever received the training or learned the competencies while on the shift. It is recommended that organizations invest in training programs that allow frequent opportunities for DSPs and supervisors to practice the core competencies. As described in the literature review, increased hours of training do not address issues of DSP recruitment, retention, performance, or quality of service. Research shows that competency-based training requires an interactive, hands-on approach that integrates education into daily practice (Stone, 2001; Stone & Harahan, 2010), a component that was missing in the training curriculum for both agency A and B. Both organizations provided core competency training at new hire through PPTs, through document reviews and HR software but, there was no evidence on how those trainings were followed up on through practicum for every day, real-life situations. As such, both organizations would benefit from core competencies training developed through interactions with

peers and supervisors in different learning contexts, such as community residences, day habilitation programs and in the community.

To support DSPs in learning the core competencies and then in implementing them, trainers must provide authentic and frequent opportunities to practice these skills, which include role plays, collaborative work, conflict resolution, and problem-solving opportunities. As such, core competencies trainings at new hire also needs to be supplemented with core competencies training in the field, while on the job. Mentoring and teaching techniques can be added in developing the staff on how, when and where to apply the core competencies as so the DSP can fully grasp what their role is. Thus, with a practicum component, the staff can learn how to appropriately apply the core competencies to real-life situations. For instance, a staff can learn how to appropriately advocate for a person when a situation may appear difficult such as, when a person is seeking out information on sexuality or engaging in a new relationship. These are real life examples in where a staff may not be equipped to handle and upon not being equipped to handle, go without being addressed, thus violating the goals of the core competencies.

To handle this situation and so many like these, core competencies training must go beyond the classroom and into the field. Through a training practicum component, DSPs will fully acquire the technical and cognitive skills to truly professionalize the DSP.

Communication Strategies

The results of this study suggest that communication is vital between supervisors and DSPs to ensure adequate care and support for the individuals being served but, also to build effective relationships. The study showed that miscommunication led to

confusion in DSP responsibilities and the perception that supervisors simply did not care about them. This perception created a disconnect between the supervisors and DSPs. In addition, this failed communications between DSPs and their supervisors were also compounded by the negative experiences DSPs had with their supervisors. Organizations need to develop communication policies that outlines the specific actions supervisors will take in addressing DSP concerns. At the same time, these communication policies need to provide strategies that allows for DSP and Supervisor supportive dialogue that may enhance DSP performance such as through consistent evaluations. These policy steps will help minimize communication issues but, will also help build relationships between supervisors and DSPs. In addition, it will also help minimize misinterpretations of services addressing the theme of personal interpretations.

The results of study showed that because the core competencies were not fully or consistently communicated, DSPs implemented the competencies as per their own interpretations. Some of these strategies can include face to face support meetings, in where staff can safely express to their supervisor what they need from them. This dialogue can open opportunities in what DSP perceives feel they need to achieve job satisfaction as to what the supervisor believes the DSP needs. Through support meetings, both DSP and the supervisor can discuss what each think of what is happening on the job, what is needed, how each other feel and perceive the job to be with room for solution building.

Supervisors need to set time aside for their DSPs and policies need to be created to promote and influence that time. DSPs vary in their levels of need for support and their

ability to connect with their supervisor will be dependent on passed interactions. By building communication strategies within a supportive dialogue however, effective communication can be built setting forth for effective ID/DD services but also for increased job satisfaction, morale and retention.

Supervisor/DSP Collaborative Forums

A recurring theme found in this study was that DSPs felt disconnected from their supervisors. As already recommended, open and clear lines of communication are needed to allow for consistent implementation of the core competencies but also, for the building of working relationships. Supervisors and DSPs however, must also be given the opportunity to engage in informal, transparent, and interpersonal collaborative forums. The findings of this study showed that the DSPs believed that their supervisors perceived them as unimportant because they were never given a platform to discuss their own concerns, issues or goals. Willard-Grace, Hessler, Rogers, Dubé, Bodenheimer, & Grumbach (2014) found organizations that fostered collaborative-team culture experienced less burn-out and exhaustion than teams who did not foster close, collaborative teams. In addition, having collaborative dialogue between supervisors and DSPs allowed for supportive, valued and engaged employees (Hewitt & Larson, 2007). Thus, as DSP needs, and expectations are fulfilled, job satisfaction increases. As such, it is recommended that strategies for Supervisor/DSP forums be developed. These strategies can include: (a) regular department meetings with open dialogue, (b) discussion forums to discuss events occurring within and outside the department, and (c) inclusion to

client meetings to allow for DSP input and perspectives on client care and organizational operations.

The idea here is to allow a platform for DSPs. This platform can be developed as to their own committee, a DSP committee that will actively engage DSPs simply because they are being included on what is happening with the organization, to help determine organizational needs and even, on how they themselves envision the agency moving forward. Employee performance in an organization is crucial to that organization's success. Organization requires employees willing and engagement to do more than their usual job scope but, the findings of this study showed that they will first need to be connected to their supervisors and their organization to meet those expectations (Chien, 2004).

Employee Recognition Strategies

Another recurring theme found in this study was the lack of recognition or appreciation the DSPs perceived from their employers. Organizational leaders need to develop employee incentive programs that recognizes their employees, which may increase employee morale. As described in chapter two, morale is the emotions and attitudes that includes satisfaction with the work environment, commitment or loyalty to the institution and a willingness to work toward common goals (Johnsrud, Heck, & Rosser, 2000). As described in chapter four, DSPs and supervisors from both Agency A and B perceived that recognition and incentives programs needed development. DSPs felt over-worked, under-paid and unappreciated. The results of this study showed that DSPs may not have fully engaged in the implementation of the core competencies because they

perceived their work to be unrecognized and unappreciated. In turn, morale and job satisfaction were low because DSPs believed that they were not valued. Organizations must have specific procedures in how they will recognize staff. In addition, leadership must also have specific plans on how they will recognize staff not only in the organization but also, in their own specific departments. Participants identified leadership as needing to be more responsible in creating personal recognition programs for work well noted rather than annual recognition programs where the recognition were more generic. These incentives can range from small tokens of appreciation to large recognition platforms, but the key is to recognize the staff and to make it personal. These incentives can include personal e-cards to their emails thanking them for a job well done or just having a small conversation with a DSP to inform them their performance was noticed and appreciated. Supervisors need to become creative in recognizing their staff as soon as recognition should be noted. There are many reasons behind low staff morale, but the primary reason found in the literature was poor and ineffective job recognition and leadership. Thus, this poor and ineffective leadership led to DSPs low morale, low job satisfaction which also led to DSP lack of engagement and commitment to the implementation of the core competencies.

Implications for Social Change

The implications of this study have the potential to affect positive social change in several ways. The first contribution that this study makes to positive social change is that this research provides insights into how ID/DD service provider organizations need to integrate the core competencies into instructional practicum activities. The study

identified the need for trainings with a practicum component as so DSPs become knowledgeable and confident in implementing the core competencies. Practicum training with a hands-on approach would allow teaching, learning, and assessment of the core competencies in various, every day real life situations, that will ultimately benefit the people living in the community residential homes.

The second implication for social change is promoting the worth, dignity, and development of DSPs. The results of this study showed that DSPs loved their jobs and enjoyed their positions, but often felt devalued due to the lack of opportunities provided to use their voice for input and due to feelings of being ignored. Employees benefit from improved working conditions in where supervisors show genuine concern, that promote a better sense of work that has meaning and purpose and contributes to the effectiveness of the organization (Hewitt & Larson, 2007). Thus, organizations benefit from DSPs who are committed to the implementation of the core competencies which contributes to higher quality of services to the person being served both in their home and in the community.

The last social implication is that this study contributed to the body of knowledge of DSP perception on the implementation of the NYS DSP competencies. The results demonstrated how perception played a role in the implementation of services. DSPs therefore, need to have a perception of their organization that holds positive human impact, moral goodness, and unconditional social improvement through and within that organization. Improving organizational policies and procedures that aligns with the NYS DSP core competencies, that provides DSP their own platform for organizational

inclusion will help improve DSP job satisfaction, work performance and morale. Organizations with high job satisfaction and morale impacts services that ultimately improves the lives of those diagnosed with ID/DD living in the communities.

Conclusion

This study addressed two research questions. The first surrounded the DSPs description on the effectiveness of the NYS DSP core competencies in relationship to their job satisfaction and morale. The cases demonstrated how organizational barriers such as lack of trainings, communication and policies influence job satisfaction and morale which impacts the implementation of the core competencies. The second research questions explored DSP perception on what was needed to enhance NYS DSP competencies organizational practices to improve ID/DD care and supports. Supervisors and DSPs believed that the disconnect and lack of DSP recognition played a role in organizational practices. To enhance the core competencies, supervisors and DSPs need to work in collaborative-team platforms with streamlined policies and procedures that includes a practicum component to trainings, effective communication and appreciation strategies.

As people with ID/DD are now part of our communities, organizations must successfully train DSPs with the skills, knowledge, and confidence to implement the NYS DSP core competencies for everyday life. To do so, organizations must provide an environment free of contradictory policies but, develop policies that embraces open communication, collaboration and recognition within all job levels that will only optimize the care and services being provided to the people living with ID/DD.

References

Aboyassin, N. A., & Abood, N. (2013). The effect of ineffective leadership on individual and organizational performance in Jordanian institutions. *Competitiveness Review: An International Business Journal*, *23*(1), 68-84.

Allen, N. J., & Meyer, J. P. (1993). Organizational commitment: Evidence of career stage effects? *Journal of Business Research, 26*(1), 49–61.

Allen, N. J., & Meyer, J. P. (1996). Affective, continuance, and normative commitment to the organization: An examination of construct validity. *Journal of Vocational Behavior, 49*(3), 252–276.

Akroyd, D., Legg, J., Jackowski, M. B., & Adams, R. D. (2009). The impact of selected organizational variables and managerial leadership on radiation therapists' organizational commitment. *Radiography*, *15*(2), 113-120.

Allen, N. J., & Meyer, J. P. (1996). Affective, continuance, and normative commitment to the organization: An examination of construct validity. *Journal of vocational behavior*, *49*(3), 252-276.

Allen, N. J., & Meyer, J. P. (2000). Construct validation in organizational behavior research: The case of organizational commitment. In R.D. Goffin & E. Helmes (Eds.) *Problems and solutions in human assessment* (pp. 285-314). Norwell, MA: Kluwar Academic Publishing

Angle, H. L., & Perry, J. L. (1981). An empirical assessment of organizational commitment and organizational effectiveness. *Administrative science quarterly*, *26(1),* 1-14.

Aselage, J., & Eisenberger, R. (2003). Perceived organizational support and psychological contracts: A theoretical integration. *Journal of Organizational Behavior*, *24*(5), 491-509.

Aquino, K., Freeman, D., Reed II, A., Lim, V. K., & Felps, W. (2009). Testing a social-cognitive model of moral behavior: the interactive influence of situations and moral identity centrality. *Journal of personality and social psychology*, *97*(1), 123-141.

Arrow, H., McGrath, J. E., & Berdahl, J. L. (2000). *Small groups as complex systems: Formation, coordination, development, and adaptation*. Thousand Oaks, CA: Sage Publications.

Aryee, S., Chen, Z. X., & Budhwar, P. S. (2004). Exchange fairness and employee performance: An examination of the relationship between organizational politics and procedural justice. *Organizational behavior and human decision processes*, *94*(1), 1-14.

Austrom, M. G. (2000). Addressing issues of staff stress and turnover in long-term care. In B. J. Vellas & L. J. Fitten (Eds.), *Research and practice in Alzheimer's disease: Vol. 3* New York: Springer Publishing.

Aryee, S., Chen, Z. H., & Budhwar, P. S. (2004). Exchange fairness and employee performance: An examination of the relationship between organizational politics and procedural justice. *Organizational Behavior and Human Decision Processes, 94*(1), 1-14

Avolio, B. J., Walumbwa, F. O., & Weber, T. J. (2009). Leadership: Current theories,

research, and future directions. *Annual Review of Psychology, 60*, 421-449. doi: 10.1146/annurev.psych.60.110707.163621

Bradshaw, J., & Goldbart, J. (2013). Staff views of the importance of relationships for knowledge development: Is training by specialists a waste of money? *Journal of Applied Research in Intellectual Disabilities, 26*(4), 284-298. doi:10.1111/jar.12020

Baumgartner, F. R. & Jones, B. D. (1993). *Agendas and instability in American politics.* Chicago, IL: University of Chicago Press.

Baumgartner, F. R. & Jones, B. D. (2002). *Policy Dynamics.* Chicago, IL: University of Chicago Press.

Baumgartner, F. R., & Jones, B. D. (2005). *The politics of attention. How government prioritizes problems*. Chicago, IL: University of Chicago Press.

Baumgartner, F. R., Jones, B. D & Mortensen, P.B. (2014*). Punctuated equilibrium theory: Explaining stability and change*, in C.M. Weible and P.A. Sabatier (eds.), *Theories of public processes* (3rd ed), Boulder, CO: Westview Pres.

Beckhard, R. (2006). The healthy organization. In J. V. Gallos (Eds.), *Organizational Development* (pp. 950-952). San Francisco, CA: Josey-Bass Management Series

Bennis, W., & Nanus, B. (1985). The strategies for taking charge. *Leaders, New York: Harper. Row*.

Berson, Y., & Linton, J. D. (2005). An examination of the relationships between leadership style, quality, and employee satisfaction in R&D versus administrative environments. *R&D Management*, *35*(1), 51-60.

Bigby, C., & Beadle-Brown, J. (2016). Culture in better group homes for people with intellectual disability at severe levels. *Intellectual and Developmental Disabilities*, *54*(5), 316-331.

Bogenschutz, M., Nord, D., & Hewitt, A. (2015). Competency-based training and worker turnover in community supports for people with IDD: Results from a group randomized controlled study. *Intellectual and Developmental Disabilities*, *53*(3), 182-195.

Boris, E. T. (1999). *The nonprofit sector in the 1990s. Philanthropy and the nonprofit sector in a changing America*. Bloomington, IN: Indiana University Press

Bourne, H., & Jenkins, M. (2013). Organizational values: a dynamic perspective. Organization studies, *34*(4), 495-514.

Braun, K. L., Suzuki, K. M., Cusick, C. E., & Howard-Carhart, K. (1997). Developing and testing training materials on elder abuse and neglect for nurse aides. *Journal of Elder Abuse and Neglect, 9*(1), 1–15.

Breunig, C., & Koski, C. (2012). The tortoise or the hare? Incrementalism, punctuations, and their consequences. *Policy Studies Journal, 40*(1), 45-68.

Burchard, S. N., Pine, J., & Gordon, L. R. (1990). Manager competence, program normalization and client satisfaction in group homes. *Education and Training in Mental Retardation*, *(32)2*, 277-285.

Buchard, S. N. (1999). Normalization and residential services. In R.J. Flynn & R.A. Lemay (Eds.) *A quarter-century of normalization and social role valorization: Evolution and impact* (pp. 241-270). Ottawa, Can: University of Ottawa Press

Cairney, P. (2012). *Understanding public policy: Theories and issues*. New York, NY: Pelgrave & McMillian Publishing

Cameron, K. (2011). Responsible leadership as virtuous leadership. *Journal of Business Ethics*, *98*(1), 25-35.

Camilleri, D., & O'Callaghan, M. (1998). Comparing public and private hospital care service quality. *International Journal of Health Care Quality Assurance*, *11*(4), 127-133.

Campbell, S. M., Roland, M. O., & Buetow, S. A. (2000). Defining quality of care. *Social science & medicine*, *51*(11), 1611-1625.

Cappelli, P., Bassi, L., Katz, H., Knoke, D., Osterman, P. & Useem, M. (1997). *Change at work*. New York, NY: Oxford University Press

Castle, N. G., Engberg, J., & Men, A. (2007). Nursing home staff turnover: Impact on nursing home compare quality measures. *The Gerontologist, 47*, 650-661.

Carter, M. Z., Armenakis, A. A., Feild, H. S., & Mossholder, K. W. (2013). Transformational leadership, relationship quality, and employee performance during continuous incremental organizational change. *Journal of Organizational Behavior*, *34*(7), 942-958.

Chatman, J. A., & Cha, S. E. (2003). Leading by leveraging culture. *California management review*, *45*(4), 20-34.

Chien, M. H. (2004). An investigation of the relationship of organizational structure, employee's personality and organizational citizenship behaviors. *Journal of American of Business. 5*(1/2), 428-431.

Childress, J. R. (2013). *Leverage: the CEO's guide to corporate culture*. London, UK: Principia Group.

Chun, J. U., Sosik, J. J., & Yun, N. Y. (2012). A longitudinal study of mentor and protégé outcomes in formal mentoring relationships. *Journal of Organizational Behavior*, *33*(8), 1071-1094.

Clement, T., & Bigby, C. (2009). Breaking out of a distinct social space: Reflections on supporting community participation for people with severe and profound intellectual disability. *Journal of Applied Research in Intellectual Disabilities*, *22*(3), 264-275.

Clement, T., & Bigby, C. (2012). Competencies of front-line managers in supported accommodation: Issues for practice and future research. *Journal of Intellectual & Developmental Disability*, *37*(2), 131-140. doi:10.3109/13668250.2012.681772

Cooke, R. A., & Rousseau, D. M. (1988). Behavioral norms and expectations: A quantitative approach to the assessment of organizational culture. *Group & Organization Management*, *13*(3), 245–273.

Collins-Camargo, C., Ellett, C. D., & Lester, C. (2012). Measuring organizational effectiveness to develop strategies to promote retention in public child welfare. *Children and Youth Services Review*, *34*(1), 289-295.

Cooper-Hakim, A., & Viswesvaran, C. (2005). The construct of work commitment: Testing an integrative framework. *Psychological Bulletin, 131*(2), 241-259.

Creswell, J.W. (2007). Qualitative inquiry and research design: Choosing among five approaches (2nd ed.). Thousand Oaks, CA: Sage

Creswell, J. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (Laureate Education, Inc., custom Ed.). Thousand Oaks, CA: Sage Publications.

Curtis, W. R. (1986). The deinstitutionalization story. *The Public Interest*, (85), 34-49.

Denison, D. R. (1990). Corporate culture and organizational effectiveness. *Human Resources Management (28)4, 435-568*

Detert, J. R., Schroeder, R. G., & Mauriel, J. J. (2000). A framework for linking culture and improvement initiatives in organizations. *Academy of Management Review, 25*(4), 850– 863.

Doherty, J. (1988). Psychological morale: Its conceptualization and measurement. The Doherty Inventory of Psychological Morale (DIPM). *Educational Studies*, *14(1*), 65-74.

Donabedian, A. (1980). *The definition of quality and approaches to its assessment.* Ann Arbor, MI: Health Administration Press.

Donabedian, A., Wheeler, J. R., & Wyszewianski, L. (1982). Quality, cost, and health: an integrative model. *Med Care*, *20(10),* 975-992.

Doppler, K. (2004). Managing change successfully. In J. Boonstra (Eds.) *Dynamics of organizational change and learning* (pp.115-132). Chichester, UK: Wiley and Sons Publishing

Engelen, A., Flatten, T., Thalmann, J., & Brettel, M. (2014). The effect of organizational

culture on entrepreneurial orientation: A comparison between Germany and Thailand. *Journal of Small Business Management, 52(4),* 732-752. doi:10.1111/jsbm.12052

Fard, H. D., Ghatari, A. R., & Hasiri, A. (2010). Employees morale in public sector: Is organizational trust an important factor. *European Journal of Scientific Research*, *46*(3), 378-390.

Firth-Cozens, J. (2004). Organizational trust: the keystone to patient safety. *Quality and Safety in Health Care*, *13*(1), 56-61.

Flamholtz, E., & Randle, Y. (2011). *Corporate culture: The ultimate strategic asset*. Stanford, CA: Stanford University Press.

Flamholtz, E. G., & Randle, Y. (2012). Corporate culture, business models, competitive advantage, strategic assets and the bottom line: Theoretical and measurement issues. *Journal of Human Resource Costing & Accounting*, *16*(2), 76-94.

Forbat, L. (2006) An analysis of key principles in valuing people. *Journal of Intellectual Disability. 10*(3), 249-260. doi:10.1177/1744629506067611

Friedman, L. H. (2011). Changing Role of Public Health Managers and Leaders. In R.E. Burke & L.H. Freidman (Eds.), *Essentials of Management and Leadership in Public Health* (pp.149-160). Sudbury, MA: Jones & Bartlett Learning

Gerteis, M., Edgman-Levitan, S., Daley, J., & Delbanco, T. (2011). Through the Patients Eyes. San Francisco, CA: Josey-Bass

Gersick, C. J. (1991). Revolutionary change theories: A multilevel exploration of the punctuated

equilibrium paradigm. *Academy of Management Review*, *16*(1), 10-36.

Gilbody, S., Cahill, J., Barkham, M., Richards, D., Bee, P., & Glanville, J. (2006). Can we improve the morale of staff working in psychiatric units? A systematic review. *Journal of Mental Health*, *15*(1), 7-17.

Glisson, C., & James, L. R. (2002). The cross-level effects of culture and climate in human service teams. *Journal of Organizational Behavior*, *23*(6), 767–794. doi:10.1002/job.162

Gosling, J., & Mintzberg, H. (2003). The five minds of a manager. *Harvard Business Review*, *81*(11), 54-63.

Grant, L. A., Kane, R. A., Potthoff, S. J., & Ryden, M. (1996). Staff training and turnover in Alzheimer special care units: Comparisons with non-special care units. *Geriatric Nursing, 17* (6), 278–282.

Grant, A. M., Dutton, J. E., & Rosso, B. D. (2008). Giving commitment: Employee support programs and the prosocial sense-making process. *Academy of Management Journal*, *51*(5), 898-918.

Gray, B., Bougon, M. G., & Donnellon, A. (1985). Organizations as constructions and destructions of meaning. *Journal of Management*, *11*(2), 83-98.

Gray-Stanley, J. A., Muramatsu, N., Heller, T., Hughes, S., Johnson, T. P., & Ramirez-Valles, J. (2010). Work stress and depression among direct support professionals: The role of work support and locus of control. *Journal of Intellectual Disability Research*, *54*(8), 749-761.

Gray, J. A., & Muramatsu, N. (2013). When the job has lost its appeal: Intentions to quit

among direct care workers. *Journal of Intellectual and Developmental Disability*, *38*(2), 124-133.

Grob, G. N. (1994). *The mad among us: A history of the care of America's mentally ill*. New York, NY: The Free Press.

Gruman, J. A., & Saks, A. M. (2011). Performance management and employee engagement. *Human Resource Management Review, 21*(2), 123-136.

Hancock, D. R., & Algozzine, B. (2015). *Doing case study research: A practical guide for beginning researchers*. New York, NY: Teachers College Press.

Handy, C. G. (1976). *Understanding organizations*. New York, NY: Penguin

Harris-Wehling, J. (1990). Defining quality of care. In K.N. Lohr (Ed.), *A strategy for quality assurance, volume ii* (pp. 116-140). Washington, DC: National Academy Press.

Hartnell, C., Ou, A., & Kinicki, A. (2011). Organizational culture and organizational effectiveness: A meta-analytic investigation of the competing values framework's theoretical suppositions. *Journal of Applied Psychology, 96*, 677-694. doi:10.1037/a0021987

Heskett, J. L., & Kotter, J. P. (1992). *Corporate culture and performance*. New York, NY: The Free Press

Hewitt, A. (1998). *Community residential core competencies: Necessary competencies for direct support staff working in community residential services for people with developmental disabilities.* Minneapolis, MN. University of Minnesota

Hewitt, A., & Lakin, K. C. (2001). Issues in the direct support workforce and their

connections to the growth, sustainability and quality of community supports. *A Technical Assistance Paper of the National Project: Self-Determination for People with Developmental Disabilities.* Minneapolis, MN: University of Minnesota

Hewitt, A. S., Larson, S. A., Lakin, K. C., Sauer, J., O'Nell, S., & Sedlezky, L. 196 (2004). Role and essential competencies of the frontline supervisors of direct support professionals in community services. *Mental Retardation, 42*(2), 122-135.

Hewitt, A. S., Sauer, J. K., & Sedlezky, L. (2005). From grumbling to getting alone: Creating and using teams to enhance retention. In S. A. Larson & A. Hewitt (Eds.). Staff recruitment, retention, and training strategies for community human services organizations (pp. 215-238). Baltimore, MD: Brooks Publishing.

Hewitt, A. & Larson, S. (2007). The Direct Support Workforce in Community Supports to Individuals with Developmental Disabilities: Issues, Implications, and Promising Practices. *Mental Retardation and Developmental Disabilities Research Reviews,13*, 178-187. doi:10.1002/mrdd.20151

Hewitt, A., Seavey, D., Morris, J., & Hoge, M. (2007). Direct support professional work group report. *Prepared by North Carolina Council on Developmental Disabilities. North Carolina Commission for Mental Health, Developmental Disabilities, and Substance Abuse*. Retrieved from: https://phinational.org/sites/phinational.org/files/clearinghouse/NC%20Commission%2011-15.pdf

Hewitt, A., Larson, S., Edelstein, S., Seavey, D., Hoge, M. A., & Morris, J. (2008). *A synthesis of direct service workforce demographics and challenges across intellectual/developmental disabilities, aging, physical disabilities, and behavioral health.* Minneapolis, MN: University of Minnesota

Hofstede, G. (2001). *Culture's consequences: Comparing values, behaviors, institutions, and organizations across nations* (2nd ed.). Thousand Oaks, CA: London: Sage

Hofstede, G., Neuijen, B., Ohayv, D. D., & Sanders, G. (1990). Measuring organizational cultures: A qualitative and quantitative study across twenty cases. *Administrative Science Quarterly, 35*, 286–316.

Hogan, R., & Kaiser, R. B. (2005). What we know about leadership. *Review of General Psychology, 9(*2), 169-180. doi:10.1037/1089-2680.9.2.169

Horsfall, J., Cleary, M., & Hunt, G. E. (2010). Stigma in mental health: Clients and professionals. *Issues in Mental Health Nursing*, *31*(7), 450-455.

Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2013). Rigor in qualitative case-study research. *Nurse Researcher*, *20*(4), 12-17.

Inabinett, J., & Ballaro, J. (2014). Developing an organization by predicting employee retention by matching corporate culture with employee's values: A correlation study. *Organization Development Journal, 32*(1)*, 55-74.*

Ingram, M., Reinschmidt, K., Schachter, K., Davidson, C., Sabo, S., Zapien, J., & Carvajal, S. (2012). Establishing a professional profile of community health workers: Results from a national study of roles, activities, and training. *Journal of Community Health*, *37*(2), 529-537. doi: 10.1007/s10900-011-9475-2

Jabnoun, N., & Chaker, M. (2003). Comparing the quality of private and public hospitals. *Managing Service Quality: An International Journal*, *13*(4), 290-299.

Jackson, E. M., Rossi, M. E., Rickamer Hoover, E., & Johnson, R. E. (2012). Relationships of leader reward behavior with employee behavior: Fairness and morale as key mediators. *Leadership & Organization Development Journal*, *33*(7), 646-661.

Jenaro, C., Vega, V., Flores, N., & Cruz, M. (2013). Quality of services and quality of life from service providers' perspectives: Analysis with focus groups. *Journal of Intellectual Disability Research, 57*(6), 489-499.

Johnsrud, L.K. (1996). *Maintaining morale: A guide to assessing the morale of midlevel administrators and faculty.* Washington, DC: College and University Personnel Association

Johnsrud, L. K., Heck, R. H., & Rosser, V. J. (2000). Morale matters: Midlevel administrators and their intent to leave. *The Journal of Higher Education*, *71*(1), 34-59.

Jones, B. D., & Baumgartner, F. R. (2005). *The politics of attention: How government prioritizes problems*. Chicago, IL: University of Chicago Press.

Jordan, G., & Maloney, W. A. (1997). Accounting for sub governments explaining the persistence of policy communities. *Administration & Society*, *29*(5), 557-583.

Joss, R., & Kogan, M. (1995). *Advancing quality: Total quality management in the National Health Service*. Bristol, PA: Open University Press.

Kacmar, K. M., Andrews, M. C., Van Rooy, D. L., Steilberg, R. C., & Cerrone, S. (2006). Sure everyone can be replaced…but at what cost? Turnover as a predictor of unit-level performance. *Academy of Management Journal, 49*(1), 133–144.

Kemp, D. R. (2007). Mental health in America: A reference handbook. Santa Barbara, CA: ABC-CLIO, Inc.

Klein, H. J., Molloy, J. C., & Cooper, J. T. (2009). Conceptual foundations: construct definitions and theoretical representations of workplace commitments. In T. E. Becker, H. J. Klein, & J. P. Meyer, (Eds.), *Commitment in Organizations. Accumulated Wisdom and New Directions* (pp. 3-36). New York, NY: Taylor & Francis Group.

Knox, S., & Burkard, A. W. (2009). Qualitative research interviews. Psychotherapy Research, 19(4-5), 566-575.

Konrad, T. R., & Morgan, J. C. (2006). *Step up now for better jobs and better care: The evaluation of a workforce intervention for direct care workers.* Chapel Hill, NC: University of North Carolina. Retrieved from: http://www.shepscenter.unc.edu/wp-content/uploads/2013/07/040406_UNC_Ex_Summary_Final_trk.pdf

Kotter, J. P. (1996). *Leading change*. Boston, MA: Harvard Business Press.

Kotter, J. P., & Cohen, D. S. (2002). *The heart of change: real-life stories of how people change their organizations*. Boston, MA: Harvard Business School Publishing.

Kozma, A., Mansell, J and Beadle-Brown, J. (2009). Outcomes in different residential

settings for people with intellectual disability. A systematic review. *American Journal on Intellectual and Developmental Disabilities*, *114*(3), 193-222. doi:http://dx.doi.org/10.1352/1944-7558-114.3.193

Kroese, B. S., Rose, J., Heer, K., & O'Brien, A. (2013). Mental health services for adults with intellectual disabilities–what do service users and staff think of them? *Journal of Applied Research in Intellectual Disabilities*, *26*(1), 3-13.

Kvale, S., & Brinkmann, S. (2009). *Interviews learning the craft of qualitative research interviewing.* Los Angeles, CA: Sage Publications.

Lakin, K. C., Prouty, R., & Coucouvanis, K. (2007). Rebalancing initiatives and their effects on home and community and institutional services for persons with ID/DD. *Intellectual and Developmental Disabilities*, *45*(3), 221-224.

Lamb, H. R., & Bachrach, L. L. (2001). Some perspectives on deinstitutionalization. *Psychiatric Services*, *52*(8), 1039-1045.

Lankshear, A. J. (2003). Coping with conflict and confusing agendas in multidisciplinary community mental health teams. *Journal of Psychiatric and Mental Health Nursing*, *10*(4), 457-464.

Larson, S. A., Hewitt, A., & Anderson, L. (1999). Staff recruitment challenges and interventions in agencies supporting people with developmental disabilities. *Mental Retardation*, *37*(1), 36-46.

Larson, S. A., Hewitt, A. S., & Lakin, K. C. (2004). Multi-perspective analysis of workforce challenges and their effects on consumer and family quality of life. *American Journal on Mental Retardation*, *109*(6), 481-500.

Larson, S. A., Hewitt, A. S., & Knobloch, B. (2005). Recruitment, retention and training challenges in community human services. *Staff recruitment, retention and training strategies for community human services organizations*. Minneapolis, MN: University of Minnesota

Larson, S.A., & Hewitt, A. (2012). *Staff recruitment, retention and training strategies for human community service organizations.* Retrieved from Institute of Community Integration, University of Minnesota: https://ici.umn.edu/products/docs/Staff_Recruitment_book/Staff_Recruitment_book.pdf

Larson, J. S., & Muller, A. (2002). Managing the quality of health care. *Journal of health and human services administration*, *25*(3), 261-280.

Lawthers, A. G., Pransky, G. S., Peterson, L. E., & Himmelstein, J. H. (2003). Rethinking quality in the context of persons with disability. *International Journal for Quality in Health Care*, *15*(4), 287-299.

Lincoln, YS. & Guba, EG. (1985). Naturalistic Inquiry. Newbury Park, CA: Sage Publications.

Lohr, K. N., & Schroeder, S. A. (1990). A strategy for quality assurance in Medicare. *New England Journal of Medicine*, *322*(10), 707-712.

Luthans, F. (2006). *Organizational behavior: An evidence-based approach (11th ed.).* New York, NY: McGraw-Hill Companies

Maas, M., Buckwalter, K. C, Swanson, E., & Mobily, P. R. (1994). Training key to job satisfaction. *The Journal of Long-Term Care Administration, 22*(1), 23–26.

doi:10.1177/105477389400300104

Mansell, J. (2006). Deinstitutionalization and community living: Progress, problems and priorities. *Journal of Intellectual and Developmental Disability, 31*(2), 65- 76. doi:10.1080/13668250600686726

Mansell, J., & Beadle-Brown, J. (2010). Deinstitutionalization and community living: Position statement of the comparative policy and practice special interest research group of the international association for the scientific study of intellectual disabilities. *Journal of Intellectual Disability Research, 54*(2), 104-112. doi:10.1111/j.1365-2788.2009.01239.x

Mannion, R., Davies, H., & Marshall, M. (2005). Cultural characteristics of "high" and "low" performing hospitals. *Journal of Health Organization and Management, 19*(6), 431–439.

Maas, M., Buckwalter, K. C., Swanson, E. A., & Mobily, P. R. (1994). Training key to job satisfaction. *The Journal of long term care administration*, *22*(1), 23-26.

Mathieu, J. E., & Zajac, D. M. (1990). A review and meta-analysis of the antecedents, correlates, and consequences of organizational commitment. *Psychological Bulletin, 108*(2), 171– 194. doi:10.1037/0033-2909.108.2.171

Mathieu, J. E., & Gilson, L. L. (2012). Criteria issues and team effectiveness. In S.W.J Koslowski (Eds.). *The Oxford Handbook of Organizational Psychology. Volume 2.* New York, NY: Oxford University Press

Maynard, M. T., Gilson, L. L., & Mathieu, J. E. (2012). Empowerment—fad or fab? A

multilevel review of the past two decades of research. *Journal of Management*, *38*(4), 1231-1281.

McGovern, C. M. (1986). The myths of social control and custodial oppression: Patterns of psychiatric medicine in late nineteenth-century institutions. *Journal of Social History*, *20*(1), 3-23.

McKillip, J., & Minnes, P. (2011). Occupational satisfaction, strain and intention to quit among direct care providers assisting individuals with developmental disabilities. *Journal on Developmental Disabilities 17*(1). 7-14

McConachie, D. A. J., McKenzie, K., Morris, P. G., & Walley, R. M. (2014). Acceptance and mindfulness-based stress management for support staff caring for individuals with intellectual disabilities. *Research in Developmental Disabilities*, *35*(6), 1216-1227.

McConkey, R., & Collins, S. (2010). The role of support staff in promoting the social inclusion of persons with an intellectual disability. *Journal of Intellectual Disability Research*, *54*(8), 691-700.

McDermott, A., Kidney, R., & Flood, P. (2011). Understanding leader development: learning from leaders. *Leadership & Organization Development Journal*, *32*(4), 358-378.

McLaughlin, C., Sedlezky, L., Belcher, H., Marquand, A., & Hewitt, A. (2015). Workforce: Goals for research and innovation. *American Association on Intellectual and Developmental Disabilities*, *3*(4), 267-273.

Meyer, J. P., & Allen, N. J. (1991). A three-component conceptualization of

organizational commitment. *Human Resource Management Review, 1*(1), 61–89.

Meyer, J. P., & Allen, N. J. (1997). *Commitment in the workplace: Theory, research, and application.* Thousand Oaks, CA: Sage Publications.

Meyer, J. P., Allen, N. J., & Gellatly, I. R. (1990). Affective and continuance commitment to the organization: Evaluation of measures and analysis of concurrent and time-lagged relations. *Journal of Applied Psychology, 75*(6), 710-720.

Meyer, J. P., Stanley, D. J., Herscovitch, L., & Topolnytsky, L. (2002). Affective, continuance, and normative commitment to the organization: A meta-analysis of antecedents, correlates, and consequences. *Journal of Vocational Behavior, 61*(1), 20–52

Miguel, P. C. (2015). Receiving a national quality award three times: Recognition of 128 excellence in quality and performance. *The TQM Journal, 27*(1), 63-78. doi.org/10.1108/TQM-10-2010-0027

Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook.* Thousand Oaks, CA: Sage Publications.

Miller, D., & Friesen, P. H. (1980). Momentum and revolution in organizational adaptation. *Academy of Management Journal*, *23*(4), 591-614.

Mitchell, P. H., Ferketich, S., & Jennings, B. M. (1998). Quality health outcomes model. *Journal of Nursing Scholarship*, *30*(1), 43-46.

Morgan, P. I., & Ogbonna, E. (2008). Subcultural dynamics in transformation: a multi-

perspective study of healthcare professionals. *Sage Journal*, 61.1, 39-65. https://doi.org/10.1177/0018726707085945

Mowday, R. T., Porter, L. W., & Steers, R. M. (1982). *Employee–organization linkages: The psychology of commitment, absenteeism, and turnover*. New York, NY: Academic Press.

National Alliance for Direct Support Professionals. (2011). *15 areas of competencies: The NADSP code of ethics.* Retrieved from: https://www.nadsp.org/dsp-credentialing/15-competency-areas/10-library.html

Nieboer, A. P., Pijpers, V., & Strating, M. M. (2011). Implementing community care for people with intellectual disability: The role of organizational 203 characteristics and the innovation's attributes. *Journal of Applied Research in Intellectual Disabilities, 24*(4), 370-380

Nixon, P., Harrington, M., & Parker, D. (2012). Leadership performance is significant to project success or failure: a critical analysis. *International Journal of productivity and performance management*, *61*(2), 204-216.

Office for People with Developmental Disabilities. (2013). *The road to reform: Putting people first*. Retrieved from: http://www.lwarc.org/OPWDD_Road_to_Reform_April2013.pdf

Office for People with Developmental Disabilities. (2013). *The core*. Retrieved from: http://www.opwdd.ny.gov/node/3570

Office for People with Developmental Disabilities. (2017). *Residential opportunities*.

Retrieve from: https://opwdd.ny.gov/opwdd_services_supports/residential_opportunities/individualized_residential_alternative

O'Nell S., & Hewitt A. (2012). Linking training and performance through competency-based training. In: SA Larson SA & A. Hewitt (Eds). *Staff recruitment, retention and training strategies.* Baltimore, MD: Paul H. Brookes Publishing.

O'Reilly, C., Caldwell, D., Chatman, J., & Doerr, B. (2014). The promise and problems of organizational culture: CEO personality, culture, and firm performance. *Group & Organization Management, 39,* 595-625. doi:10.1177/1059601114550713

Ortega-Parra, A., & Ángel Sastre-Castillo, M. (2013). Impact of perceived corporate culture on organizational commitment. *Management Decision*, *51*(5), 1071-1083. doi: 10.1108/MD-08-2012-0599

Ortlipp, M. (2008). Keeping and using reflective journals in the qualitative research process. *The Qualitative Report*, *13*(4), 695-705.

Ovretveit, J. (1992). *Health service quality: an introduction to quality methods for health services*. Rossendale, UK. Blackwell Scientific Publications.

Paraprofessional Health Institute. (2013). *State by state demand for direct care workers, 2010-2020.* Retrieved from: http://phinational.org/fact-sheets/state-state-projected-demand- edition.new-direct-care-workers-2010-20

Parker, P., & Quinsee, S. (2012). Facilitating institutional curriculum change in higher education. *The International Journal of Learning*, *18*(5), 49 – 60.

Parsons, S.K., Simmons, W.P. Penn, K., & Furlough, M. (2003). Determinants of

satisfaction and turnover among nursing assistants. The results of a statewide survey. *Journal of Gerontological Nursing, 29*(3), 51-58.

Patton, M. Q. (2002). *Qualitative research and evaluation methods*: (3rd. Ed.). Thousand Oaks, CA: Sage Publications, Inc.

Pettigrew, A. M. (1979). On studying organizational cultures. *Administrative Science Quarterly*, *24*(4), 570-581.

Pinho, J., Rodrigues, A., & Dibb, S. (2014). The role of corporate culture, market orientation, and organizational commitment in organizational performance. *Journal of Management Development, 33,* 374-398. doi:10.1108/JMD-03-2013-0036

Porter, L. W., Steers, R. M., Mowday, R. T., & Boulian, P. V. (1974). Organizational commitment, job satisfaction, and turnover among psychiatric technicians. *Journal of Applied Psychology*, *59*(5), 603-609.

Post, J. E., & Altma, B. W. (1994). Managing the environmental change process: barriers and opportunities. *Journal of Organizational Change Management*, *7*(4), 64-81.

Rashid, M. (2004). The influence of organizational culture on attitudes towards organizational change. *Journal of Leadership and Organizational Development, 25*(2), 161-179.

Ricciardi, J. N. (2005). Achieving human service outcomes through competency-based training: A guide for managers. *Behavior Modification*, *29*(3), 488-507.

Rizzolo, M. C., Friedman, C., Lulinski-Norris, A., & Braddock, D. (2013). Home and

community based services waivers: A nationwide study of the states. *Intellectual and Developmental Disabilities, 51*(1), 1-21.

Roberts, A. R., & Farris Kurtz, L. (1987). Historical perspectives on the care and treatment of the mentally ill. The Journal of Sociology and Social Welfare, *14*(75), 75-94.

Roberts, C. M. (2010). *The dissertation journey: A practical and comprehensive guide to planning, writing, and defending your dissertation*. Thousand Oaks, CA: Corwin Press.

Roger, L. A., & James, R. T. (1988). Employee beliefs and support for a work redesign intervention. *Journal of Management, 14*(3), 493-503.

Rothman, D. J., & Rothman, S. M. (1984). *The Willowbrook wars: A decade of struggle for social justice.* New Brunswick, NJ: Harper & Row Publications.

Romanelli, E., & Tushman, M. L. (1994). Organizational transformation as punctuated equilibrium: An empirical test. *Academy of Management Journal*, *37*(5), 1141-1166.

Rubin, H. J., & Rubin, I. S. (2011). *Qualitative interviewing: The art of hearing data* (3rd ed.). Los Angeles, CA: Sage Publications.

Ruiz-Palomino, P., & Martínez-Cañas, R. (2014). Ethical culture, ethical intent, and organizational citizenship behavior: The moderating and mediating role of person–organization fit. *Journal of Business Ethics*, *120*(1), 95-108.

Schalock, R. L. (2010). The measurement and use of quality of life-related personal outcomes. In R. Kober (Eds.) *Enhancing the quality of life of people with*

intellectual disabilities (pp. 3-16). New York, NY: Springer Science and Business Media.

Schein, Edgar H. (1996). Culture: The Missing Concept in Organization Studies. *Administrative Science Quarterly, 41*(2), 229-40.

Schein, E. H. (2010). *Organizational culture and leadership* (4th ed.). Hoboken, NJ: Wiley & Sons.

Shah, S. K., & Corley, K. G. (2006). Building better theory by bridging the quantitative–qualitative divide. *Journal of Management Studies*, *43*(8), 1821-1835.

Shiffman, J., Beer, T., & Wu, Y. (2002). The emergence of global disease control priorities. *Health Policy Plan*, *17*(3), 225-234.

Schoenbaum, S. C., & Sundwall, D. N. (1995). *Using clinical practice guidelines to evaluate quality of care: Volume 1.* Retrieved from: http://trove.nla.gov.au/work/6600549?selectedversion=NBD11837961

Schonfeld, L., Cairl, R., Cohen, D., Neal, K. K., Watson, M. A., & Westerhof, C. (1999). The Florida care college: A training program for long-term care staff working with memory impaired residents. *Journal of Mental Health and Aging, 5*(2), 187–199.

Shanock, L. R., & Eisenberger, R. (2006). When supervisors feel supported: relationships with subordinates' perceived supervisor support, perceived organizational support, and performance. *Journal of Applied psychology*, *91*(3), 689.

Sharma, G., & Good, D. (2013). The work of middle managers: Sense-making and sense-

giving for creating positive social change. *The Journal of Applied Behavioral Science, 49*(1), 95-122.

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, *22*(2), 63-75.

Silverman, D. (2013). *Doing qualitative research: A practical handbook*. Thousand oaks, CA; SAGE Publications

Sosik, J. J., & Godshalk, V. M. (2000). Leadership styles, mentoring functions received, and job-related stress: A conceptual model and preliminary study. *Journal of Organizational Behavior*, *21*(4), 365-390.

Stahl, G. K., & De Luque, M. S. (2014). Antecedents of responsible leader behavior: A research synthesis, conceptual framework, and agenda for future research. *The Academy of Management Perspectives*, *28*(3), 235-254.

Stake, R. E. (1995). *The art of case study research.* Thousand Oaks, CA: SAGE Publications.

Stancliffe, R. (2001). Living with support in the community: Predictors of choice and self-determination. *Mental Retardation and Developmental Disabilities Research Reviews, 7*(2), 91-98.

Stancliffe, R., Emerson, E., & Lakin, K. (2000). Community living and people with intellectual disability: Introduction to part I. *Journal off Intellectual and Developmental Disability, 25*(4), 1-4.

Stiffler, K. L. (2007). Direct support staff perceptions of frontline supervisor's skills:

Correlation with organizational commitment and intent to leave. *Review of European Studies*, *7*(12), 146-152.

Smircich, L. (1983). Concepts of culture and organizational analysis. *Administrative Science Quarterly, 28*(3), 339–358.

Stone, R. I. (2001). Who will care for us? Addressing the long-term care workforce crisis. *The Urban Institute.* Retrieved from: http://www.urban.org/sites/default/files/publication/42696/310304-Who-Will-Care-For-Us-Addressing-the-Long-Term-Care-Workforce-Crisis.PDF

Stone, R., & Harahan, M. F. (2010). Improving the long-term care workforce serving older adults. *Health Affairs*, *29*(1), 109-115.

Taylor, M., Bradley, V., & Warren, R. (1996). The community support skill standards: Tools for managing change and achieving outcomes. Skills standards for direct service workers in the human services. *Human Services Research Institute*. Retrieved from: http://files.eric.ed.gov/fulltext/ED400646.pdf

Test, D. W., Flowers, C., Hewitt, A., & Solow, J. (2004). Training needs of direct support staff. *Mental Retardation*, *42*(5), 327-337.

Thousand, J. S., Burchard, S. N., & Hasazi, J. E. (1986). Field-based generation and social validation managers and staff competencies for small community residences. *Applied Research in Mental Retardation, 7*(3), 263-283.

Tichy, N. (1983). The essentials of strategic change management. *Journal of Business strategy*, *3*(4), 55-67.

Trice, H. M., & Beyer, J. M. (1993). *The cultures of work organizations.* Englewood

Cliffs, NJ: Pearson Publshing.

Tuckey, M. R., Bakker, A. B., & Dollard, M. F. (2012). Empowering leaders optimize working conditions for engagement: A multilevel study. *Journal of occupational health psychology*, *17*(1), 15-27.

Tushman, M. L., & O'Reilly, C. A. (1996). The ambidextrous organizations: Managing evolutionary and revolutionary change. *California Management Review*, *38*(4), 8-30.

US Department of Health and Human Services. (1979). The Belmont Report. *Office for Human Research Protections (OHRP)*. Retrieved from: https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/index.html

Valla, R. (2014). *Service provider implementation of the national alliance for direct support professionals (NADSP) Code of Ethics, NYS DSP Core Competencies and NYS DSP Performance Evaluations* [Memorandum]. New York, NY: Office for People with Developmental Disabilities

Van de Ven, A. H., & Rogers, E. M. (1988). Innovations and organizations: Critical perspectives. *Communication research*, *15*(5), 632-651.

Verkhohlyad, O., & McLean, G. N. (2012). Applying organizational commitment and human capital theories to emigration research. *European Journal of Training and Development, 36*(2), 308-328

Waddell, D., Cummings, T. G., & Worley, C. G. (2011). *Organizational change: Development and transformation* (4th ed.). South Melbourne, AU: Cengage Learning.

Walden University. (2016). *Code of conduct*. Retrieved from: http://catalog.waldenu.edu/content.php?catoid=58&navoid=8112

Walden University. (2015). *Institutional Review Board for Ethical Standards in Research.* Retrieved from: http://academicguides.waldenu.edu/researchcenter/orec

Wark, S., Hussain, R., & Edwards, H. (2014). The training needs of staff supporting individuals ageing with intellectual disability. *Journal of Applied Research in Intellectual Disabilities*, *27*(3), 273-288.

Wayne, S. J., Shore, L. M., & Liden, R. C. (1997). Perceived organizational support and leader-member exchange: A social exchange perspective. *Academy of Management Journal*, *40*(1), 82-111.

Weick, K. E., & Quinn, R. E. (1999). Organizational change and development. *Annual Review of Psychology*, *50*(1), 361-386.

Weiss, H. M. (2002). Deconstructing job satisfaction: Separating evaluations, beliefs and affective experiences. *Human Resource Management Review*, *12*(2), 173-194.

Wesbrook, S.D. (1980). Morale, proficiency and discipline. *Journal of Political and Military Sociology, 8*(1), 43-54.

West, S. C., & Kaniok, P. (2009). Strategies for crisis intervention and prevention-revised as a current proposal in care of individuals with intellectual disabilities and challenging behaviors. *International Journal of Special Education*, *24*(1), 1-7.

Willard-Grace, R., Hessler, D., Rogers, E., Dubé, K., Bodenheimer, T., & Grumbach, K. (2014). Team structure and culture are associated with lower burnout in primary care. *The Journal of the American Board of Family Medicine*, *27*(2), 229-238.

Yin, R. K. (2011). *Qualitative research from start to finish*. New York, NY: Guildford Publications

Yin, R. K. (2014). *Case study research: Design and methods*. (5th ed.). Thousand Oaks, CA: Sage Publications

Appendix A

National Alliance for Direct Support Professionals Competencies

1) **Participant Empowerment**
Competency Statement: The Direct Support Professional enhances the ability of the participant to lead a self-determining life by providing the support and information necessary to build self-esteem, and assertiveness; and to make decisions.

Skill Statements:

- The competent DSP assists and supports the participant to develop strategies, make
  informed choices, follow through on responsibilities, and take risks.
- The competent DSP promotes participant partnership in the design of support services,
  consulting the person and involving him or her in the support process.
- The competent DSP provides opportunities for the participant to be a self-advocate by
  increasing awareness of self-advocacy methods and techniques, encouraging and assisting the participant to speak on his or her own behalf, and providing information on peer support and self-advocacy groups.
- The competent DSP provides information about human, legal, civil rights and other resources, facilitates access to such information and assists the participant to use information for self-advocacy and decision making about living, work, and social relationships.

2) Communication
Competency Statement: The Direct Support Professional should be knowledgeable about the range of effective communication strategies and skills necessary to establish a collaborative relationship with the participant.

Skill Statements:

- The competent DSP uses effective, sensitive communication skills to build rapport and channels of communication by recognizing and adapting to the range of
  participant communication styles.
- The competent DSP has knowledge of and uses modes of communication that are appropriate to the communication needs of participants.
- The skilled DSP learns and uses terminology appropriately, explaining as necessary
  to ensure participant understanding.

3) Assessment

Competency Statement: The Direct Support Professional should be knowledgeable about formal and informal assessment practices in order to respond to the needs, desires and interests of the participants.

Skill Statements:

- The competent DSP initiates or assists in the initiation of an assessment process by gathering information (e.g., participant's self-assessment and history, prior records, test results, additional evaluation) and informing the participant about what to expect throughout the assessment process.
- The competent DSP conducts or arranges for assessments to determine the needs, preferences, and capabilities of the participants using appropriate assessment tools and strategies, reviewing the process for inconsistencies, and making corrections as necessary.
- The competent DSP discusses findings and recommendations with the participant in a clear and understandable manner, following up on results and reevaluating the findings as necessary.

4) **Community and Service Networking**

Competency Statement: The Direct Support Professional should be knowledgeable about the formal and informal supports available in his or her community and skilled in assisting the participant to identify and gain access to such supports.

Skill Statements:

- The competent DSP helps to identify the needs of the participant for community supports, working with the participant's informal support system, and assisting with, or initiating identified community connections.
- The competent DSP researches, develops, and maintains information on community and other resources relevant to the needs of participants.
- The competent DSP ensures participant access to needed and available community resources coordinating supports across agencies.
- The competent DSP participates in outreach to potential participants.

5) **Facilitation of Services**

Competency Statement: The Direct Support Professional is knowledgeable about a range of participatory planning techniques and is skilled in implementing plans in a collaborative and expeditious manner.

Skill Statements:

- The competent DSP maintains collaborative professional relationships with the participant and all support team members (including family/friends), follows ethical standards of practice (e.g., confidentiality, informed consent, etc.), and recognizes his or her own personal limitations.
- The competent DSP assists and/or facilitates the development of an individualized plan based on participant preferences, needs, and interests.
- The competent DSP assists and/or facilitates the implementation of an individualized plan to achieve specific outcomes derived from participants' preferences, needs and interests.
- The competent DSP assists and/or facilitates the review of the achievement of individual participant outcomes.

6) **Community Living Skills & Supports**
Competency Statement: The Direct Support Professional has the ability to match specific supports and interventions to the unique needs of individual participants and recognizes the importance of friends, family and community relationships.

Skill Statements:

- The competent DSP assists the participant to meet his or her physical (e.g., health, grooming, toileting, eating) and personal management needs (e.g., human development, human sexuality), by teaching skills, providing supports, and building on individual strengths and capabilities.
- The competent DSP assists the participant with household management (e.g., meal prep, laundry, cleaning, decorating) and with transportation needs to maximize his or her skills, abilities and independence.
- The competent DSP assists with identifying, securing and using needed equipment (e.g., adaptive equipment) and therapies (e.g., physical, occupational and communication).
- The competent DSP supports the participant in the development of friendships and other relationships.
- The competent community based support worker assists the participant to recruit and train service providers as needed.

7) **Education, Training & Self-Development**
Competency Statement: The Direct Support Professional should be able to identify areas for self-improvement, pursue necessary educational/training resources, and share knowledge with others.

Skill Statements:

- The competent DSP completes required training education/certification, continues professional development, and keeps abreast of relevant resources and information.
- The competent DSP educates participants, co-workers and community members about issues by providing information and support and facilitating training.

8) Advocacy
Competency Statement: The Direct Support Professional should be knowledgeable about the diverse challenges facing participants (e.g., human rights, legal, administrative and financial) and should be able to identify and use effective advocacy strategies to overcome such challenges.

Skill Statements:

- The competent DSP and the participant identify advocacy issues by gathering information, reviewing and analyzing all aspects of the issue.
- The competent DSP has current knowledge of laws, services, and community resources to assist and educate participants to secure needed supports.
- The competent DSP facilitates, assists, and/or represents the participant when there are barriers to his or her service needs and lobbies decision-makers when appropriate to overcome barriers to services.
- The competent DSP interacts with and educates community members and organizations (e.g., employer, landlord, civic organization) when relevant to participant's needs or services.

9) **Vocational, Educational & Career Support**
Competency Statement: The Direct Support Professional should be knowledgeable about the career and education related concerns of the participant and should be able to mobilize the resources and support necessary to assist the participant to reach his or her goals.

Skill Statements:

- The competent DSP explores with the participant his/her vocational interests and aptitudes, assists in preparing for job or school entry, and reviews opportunities for continued career growth.
- The competent DSP assists the participant in identifying job/training opportunities and marketing his/her capabilities and services.
- The competent DSP collaborates with employers and school personnel to support the participant, adapting the environment, and providing job retention supports.

10) **Crisis Prevention and Intervention**
Competency Statement: The Direct Support Professional should be knowledgeable about crisis
prevention, intervention and resolution techniques and should match such techniques to particular circumstances and individuals.

Skill Statements:

- The competent DSP identifies the crisis, defuses the situation, evaluates and determines an intervention strategy and contacts necessary supports.
- The competent DSP continues to monitor crisis situations, discussing the incident with authorized staff and participant(s), adjusting supports and the environment, and complying with regulations for reporting.

11) **Organizational Participation**
Competency Statement: The Direct Support Professional is familiar with the mission and practices of the support organization and participates in the life of the organization.

Skill Statements:

- The competent DSP contributes to program evaluations, and helps to set organizational priorities to ensure quality.
- The competent DSP incorporates sensitivity to cultural, religious, racial, disability, and gender issues into daily practices and interactions.
- The competent DSP provides and accepts co-worker support, participating in supportive supervision, performance evaluation, and contributing to the screening of potential employees.
- The competent DSP provides input into budget priorities, identifying ways to provide services in a more cost-effective manner.

12) **Documentation**
Competency Statement: The Direct Support Professional is aware of the requirements for documentation in his or her organization and is able to manage these requirements efficiently.

Skill Statements:

- The competent DSP maintains accurate records, collecting, compiling and evaluating data, and submitting records to appropriate sources in a timely fashion.
- The competent DSP maintains standards of confidentiality and ethical practice.
- The competent DSP learns and remains current with appropriate documentation systems, setting priorities and developing a system to manage documentation.

13) **Building and Maintaining Friendships and Relationships**

Competency Statement: Support the participant in the development of friendships and other relationships.

Skill Statements:

- The competent DSP assists the individual as needed in planning for community activities and events (e.g., making reservation, staff needs, money, materials, accessibility).
- The competent DSP assists the individual as needed in arranging transportation for community events.
- The competent DSP documents community activities and events.
- The competent DSP encourages and assists the individual as needed in facilitating friendships and peer interactions.
- The competent DSP encourages and assists the individual as needed in communication with parents/family (e.g., phone calls, visits, letters).
- The competent DSP implements individual supports regarding community activities.
- The competent DSP provides incentive or motivation for consumer involvement in community outings.
- The competent DSP assists the individual as needed in getting to know and interacting with his/her neighbors.
- The competent DSP encourages and assists the individual as needed in dating.
- The competent DSP encourages and assists the individual as needed in communicating with social workers and financial workers.

14) **Provide Person Centered Supports**

Skill Statements:

- The competent DSP provides support to people using a person-centered approach.
- The competent DSP modifies support programs and interventions to ensure they are person centered.
- The competent DSP challenges co-workers and supervisors to use person centered practices.
- The competent DSP is knowledgeable about person centered planning techniques.
- The competent DSP assists individuals in developing person centered plans.

15) **Supporting Health and Wellness**

Competency Statement: The competent DSP promotes the health and wellness of all consumers.

Skill Statements:

- Administers medications accurately and in accordance with agency policy and procedures.
- Observes and implements appropriate actions to promote healthy living and to prevent illness and accidents.
- Uses appropriate first aid/safety procedures when responding to emergencies.
- Assists individuals in scheduling, keeping, and following through on all health appointments.
- Assists individuals in completing personal care (e.g., hygiene and grooming) activities.
- Assists with identifying, securing and using needed adaptive equipment (i.e. adaptive equipment) and therapies (e.g., physical, occupational, speech, respiratory, psychological).
- Assists individuals in implementing health and medical treatments.
- Assists individuals to take an active role in their health care decisions.

Appendix B

New York State Direct Support Professional Core Competencies

Goal 1: Putting People First

Competency Area A: Support a Person's Unique Capacities, Personalities and Potential

Skills:

1. Demonstrates respect for all individuals being supported
2. Demonstrates support for individual choice-making in order to enhance confidence and assertiveness

Tasks:

- Communicates directly with individuals
- Uses person-first language when communicating with the individual.
- Uses body language and eye-contact to show attention to others.
- Monitors own tone of voice and volume when providing instruction and direction to individuals.
- Assists individuals to dress and groom in a way that demonstrates his/her self-respect and dignity.
- Consistently uses person-first language when communicating about the individual.
- Develops a respectful and genuine relationship with the individual that is demonstrated through tone of voice, interpersonal interactions, and content of conversations.
- Supports choices made by the individual while considering health and safety concerns.
- Demonstrates the use of positive feedback
- Recognizes and supports choices made by the individual while considering health and safety concerns
- Provides positive feedback and encouragement to the person supported as the person assumes his/her leadership role in choice-making
- Assists individuals in sorting through choices

Competency Area B: Getting to Know the Person through Assessment and Discovery

Skills:

1. Evaluates the ways in which past and current events, and environmental factors, affect the way the person acts/reacts to others.
2. Using a holistic approach, participates in the individual's life planning activities, and assists in their implementation.

3. Encourages and supports problem-solving and coping skills.
4. Is informed about formal and informal assessment, and can conduct informal assessments in a variety of settings, to gain information about the individual and his/her response to the environment.
5. Supports the self-direction of services.

Tasks:

- Reviews files and relevant information.
- Meets with the individual and their circle of support to learn more about the person.
- Recognizes that challenging behaviors can be a form of communication and responds to it appropriately.
- Implements goals as written to achieve desired outcomes.
- Has access to and can interpret and question the plans.
- Is able to respectfully contribute, within the team setting, to the identification of desired plans for an individual.
- Talks about problems/concerns with the individual to gain understanding of his/her point of view
- Helps the person better cope with their problem by providing emotional support.
- Can demonstrate the use of informal assessment techniques used on a daily basis in each setting in which he/she works with individuals (home, work, travel, neighborhood, etc.), such as observation and active listening.
- Can describe the concept of self-determination and how it applies to the person receiving support.

Competency Area C: Promoting Advocacy with the Individual

Skills:

1. Seeks information on the range of services available to individuals with developmental
   Disabilities.
2. Provides opportunities for the individual to be a self-advocate.
3. Performs advocate responsibilities while demonstrating respect for the processes and people involved.
4. Describes and supports individuals' rights and responsibilities.
5. Identifies when an individual's rights may have been breached and takes action to prevent, stop and report the possible breach.

Tasks:

- Is able to describe, in general terms, categories of services available.

- Can describe the basic structure of the services available for people with developmental
    - disabilities to meet the individual's needs and desires, and is able to advocate for additional services, as needs arise.
- Clearly communicates suggestions to team members for types of services and supports that an individual needs and/or wants.
- Can state who to contact to find out about various services from which the person can benefit.
- Encourages and assists the individual to express on his/her own behalf.
- Is able to describe the individual's rights to due process through the agency's human rights committee.
- Can identify who to contact when advocacy questions arise
- Follows the appropriate communication and supervisory channels when initiating change or change recommendations.
- Is able to discuss the rights and responsibilities to which any individual is entitled.
- Can discuss the challenges faced by individuals with developmental disabilities in regards to their rights.

Competency Area D: Facilitating Personal Growth and Development

Skills:

1. Demonstrates the ability to effectively teach skills to people supported.
2. Recognizes the individual's need for teaching, and preferred style for learning, and can perform individualized teaching based on this information.
3. Assesses the effectiveness of formal and informal teaching provided and makes adaptations where needed.

Tasks:

- Demonstrates the ability to follow a plan for successful teaching.
- Takes advantage of informal opportunities to teach.
- Is able to teach in a group setting.
- Is able to identify the effectiveness of the teaching plans.
- Can describe the way in which the individual prefers to learn.
- Listens to and observes the individual, while he/she performs skills related to teaching provided, to determine if the individual has learned the desired skill.

Competency Area E: Facilitation of Supports and Services

Skills:

1. Assists in the development, implementation and on-going evaluation of service plans that are based on the individual's preferences, needs and interests.

2. Continuously shares observations, insights, and recommendations with the individual
   and his/her support team.

Tasks:

- Is able to implement service plans, as written.
- Continuously evaluates the service plans and makes recommendations, as needed.
- Engages the individual in service planning discussions and activities.
- Shares information in an organized, timely and sensitive manner.
- Shares direct input from the individual and his/her support team members.

Goal 2: Building and Maintaining Positive Relationships

Competency Area F: Building and Maintaining Relationships

Skills:

1. Supports individuals to overcome barriers and challenges to establishing and maintaining a network of relationships and valued social roles.
2. Demonstrates the ability to identify the individual's personal strengths, interests and needed supports for community involvement.
3. Demonstrates strategies to encourage and build the individual's self-confidence.

Tasks:

- Encourages the use of social skills to develop and maintain positive relationships.
- Follows the sexual consent status and values of the individual being supported.
- Assists in teaching social skills to develop and maintain positive relationships.
- Supports the person in exploring and practicing faith, religion, spiritual and cultural interests without personal bias.
- Identifies likes and dislikes, and matches interests and people with available events and activities in the neighborhood and community.
- If the person desires, supports the person to choose a method to observe his/her faith/religion/spirituality/culture/ethnicity, and make connections with other community members without staff imposing their own values.
- Based upon the individual's desires, supports the person to become a valued member and active participant in groups in his/her faith/spiritual community by looking for opportunities for the person to be included in spiritual activities with their ethnic/cultural group.
- Assists the individual to recognize and take pride in his/her abilities and achievements.

Competency Area G: Creating Meaningful Relationships

Skills:

1. Uses a range of effective communication strategies and skills to establish a collaborative relationship with the person.
2. DSP modifies own communication to ensure understanding and respect.
3. Develops trust by communicating empathetically.
4. Recognizes the impact of the possible discrepancies between the individual's chronological age and developmental age when communicating.

Tasks:

- Uses a polite tone of voice.
- Encourages the person to express him/herself.
- Recognizes and respects individual's need for periods of quiet, non-communication time.
- Speaks, models, signs, shows pictures and objects or uses adaptive equipment in ways. that the person understands, according to their plan
- Identifies likes and dislikes, wants and needs, by the person's verbal and non-verbal
- communication as well as in context with personal history and input from friends, relatives and professionals.
- Includes the individual in the conversation, by speaking with the individual, not about the individual.
- Avoids making assumptions about an individual's cognitive abilities based on his/her communication abilities.
- Uses a variety of communication techniques to meet the individual's needs.
- Demonstrates caring through body language, tone, and providing adequate time for communication.
- Demonstrates active listening by repeating words or gestures, asking questions, and validating feelings.

Goal 3: Demonstrating Professionalism

Competency Area H: Developing Professional Relationships

Skills:

1. Demonstrates respect in all professional relationships.

Tasks:

- Respects friends and family members through his/her actions and words.
- Actively listens to and take actions related to expressed concerns and passes information along to appropriate personnel members.
- Demonstrates tolerance and acceptance with others

- Develops positive and productive relationships with his/her coworkers, supervisor, and other colleagues.
- Is able to empathize and effectively communicate with family and friends of the individual.

Competency Area I: Exhibiting Professional Behavior

Skills:

1. Demonstrates the following desirable professional qualities in the worksite: professional demeanor, attention to punctuality and attendance policies, reliability, flexibility, and pleasantness.

Tasks:

- Demonstrates courtesy to others and contributes to a positive team atmosphere.
- Complies with agency regulations and policies related to dress, confidentiality, professional appearance and use of electronic devices.
- Arrives at work on time, limits use of unscheduled absences, accurately signs in and out.
- Continuously engages in productive activity while at work.
- Is open to doing things in a variety of ways.
- Serves as a positive role model and team member.
- Respects personal and professional boundaries.
- Follows through on all projects and responsibilities.
- Readily adapts to changes in work assignments.
- Approaches problems in a solution oriented manner.
- Diverts communication related to problems and dissatisfaction from peers to appropriate. channels to effect improvement or resolution.

Competency Area J: Showing Respect for Diversity and Inclusion

Skills:

1. Demonstrates respect in all matters relating to diversity and inclusion
2. Demonstrates the awareness, attitude, knowledge and skills (i.e. cultural competence) required to provide effective support to those we serve from any particular ethnic, racial, sexual orientation, religion, gender, socio-economic, age or disability group, as well as any other component diversity groups.

Tasks:

- Shows respect for others' values without imposing their own
- Demonstrates a willingness to accept and respect all components of human diversity
- Treats individuals served, families and co-workers equitably

- Can articulate personal biases and does not let their personal biases affect their work and seeks support when needed
- Can describe cultural biases and personal differences that might have an effect on interpersonal relationships when working with individuals, families and co-workers/team members.
- Demonstrates the cultural competence required to provide effective support to those we serve.
- Can discuss the concepts of fairness and respect, and the impact that discrimination based on disability, race, gender, religion, etc., has on people.
- When the DSP recognizes that an individual is being discriminated against, he/she is able to serve as an ally to the individual by intervening to stop the inappropriate comments/actions against the individual.
- When a DSP recognizes that an individual is being discriminated against, he/she reports it according to agency procedure.
- Can effectively communicate with those we support regarding their abilities and challenges they may face.
- Demonstrates sensitivity to the lasting effects that discrimination can have on individuals.
- Supports culture and gender specific preferences for health and personal care in accordance with agency policy.
- Identifies and reports the possible disparities in health care delivery that often negatively impact the individuals supported.

Competency Area K: Creating Meaningful Documentation Records

Skills:

1. Maintains accurate records by collecting, compiling, evaluating data and submitting it in a timely manner to the appropriate sources.

Tasks:

- Notes are recorded in the proper place and in the proper format.
- Notes are signed and dated, according to agency policy.
- Documentation is thorough, including data where required, baseline information, etc.
- Documentation is done on time, according to agency policy.
- Maintains standards of confidentiality and ethical practice.
- Recorded communication should reflect progress and choices made in a manner that would be clearly understood by a reader unfamiliar with the person or program.
- Clearly and effectively communicates information through his/her documentation practices.

Competency Area L: Education, Training and Self-Development Activities

Skills:

1. Demonstrates enthusiasm for learning the knowledge and skills required to perform the job.
2. Readily seeks and accepts feedback to improve performance.
3. Applies knowledge and skills gained to the job.

Tasks:

- Attends, actively participates in, and successfully completes all required training sessions
- Asks mentors and supervisors to share best practices.
- Is open to and accepting of developmental feedback.
- Seeks to learn from mistakes; avoids defending mistakes.
- Discusses application of skills with supervisor/mentor prior to use.
- Demonstrates the ability to learn and apply new and innovative techniques.
- Demonstrates the skill to his/her designated experienced staff or supervisor.
- Receives feedback and applies it to improve skill proficiency on the job.

Competency Area M: Organizational Participation

Skills:

1. Adheres to and promotes the mission, culture and practices of the organization
2. Participates in the work of the organization in a positive way by using problem solving skills.
3. Adheres to corporate compliance policies and procedures.

Tasks:

- Is able to articulate the agency mission and culture in his/her own words and describe how his/her job and everyday activities help support the agency mission.
- Is able to apply, demonstrate, and incorporate the agency mission and culture into everyday practice.
- Participates in the identification of problems.
- Participates in the identification of the causes of problems.
- Actively participates in the identification of solutions.
- Examines options and is open to input.
- Successfully completes training on corporate compliance topics.
- Can access the organization's corporate compliance procedures documents.
- Follows the organization's corporate compliance procedures.
- Recognizes and reports fraudulent behaviors.

Competency Area N: Exhibiting Ethical Behavior on the Job

Skills:

1. Knows, understands and follows the NADSP Code of Ethics.

Tasks:

- Can access and discuss the 9 aspects NADSP Code of Ethics:
  - Primary allegiance is to the person receiving support
  - Supports the physical, emotional and personal well-being of the person receiving services
  - Shows integrity and responsibility by assisting people to live self-directed lives while, fostering a sense of partnership with the person supported
  - Respects and safeguards the confidentiality and privacy of the people served
  - Promotes and practices justice, fairness and equity for people served while affirming human and civil rights and responsibilities
  - Shows respect for the uniqueness of each person served and value for the persons unique qualities
  - Assists people served to develop and maintain meaningful relationships with other people
  - Support the persons served to direct the course of their own lives
  - Advocates for the people supported for justice, inclusion and full community participation
- Seeks out clarification when not sure about issues around ethics.
- Begins to put the NADSP Code of Ethics into practice.
- Routinely puts the NADSP Code of Ethics into practice.

<u>Goal 4: Supporting Good Health</u>

Competency Area O: Promoting Positive Behavior and Supports

Skills:

1. Demonstrates team work with the individual, co-workers and family in implementing positive behavioral support strategies consistent with available behavior support plans.
2. Demonstrates effective methods to teach positive behaviors and support existing positive behaviors.
3. Assess strategies to evaluate how environmental factors affect behavior.

Tasks:

- Accepts and uses feedback to implement positive behavior supports.
- Provides feedback on the effects of the approaches taken.

- Encourages and recognizes positive behaviors by using praise and various reinforcers effectively.
- Is a role model for positive behavior.
- Uses the preferred mode of communication to offer cues to promote positive behaviors.
- Can articulate ways in which environmental factors can have an impact on behavior.
- Proactively reduces previously identified stressful environmental factors such as noise, light, and heat.

Competency Area P: Supporting Health and Wellness

Skills

1. Demonstrates and assists in nutritious meal planning and food preparation, storage and handling procedures.
2. Demonstrates knowledge and understanding of an individual's medical, physical, psychological, and dental health care needs.
3. Demonstrates knowledge of and uses accepted methods to prevent illness and disease, and teaches prevention methods to the individual.
4. Recognizes and responds in a timely manner to signs and symptoms of illness/injury and medical emergencies.
5. Provides a safe and clean environment for the individual based on skill level and risks.
6. Accurately documents and adequately protects all health information.
7. Understands and can implement daily health practices to support good health.

Tasks:

- Teaches dining skills according to the individual's needs.
- Assists individuals to use clean, healthy practices when preparing meals
- Adheres to allergy alerts, texture, portion size, and other alerts related to the special requirements of the individual.
- Can discuss the health care information needed to support that person.
- Reviews the person's plan of nursing services to gain a better understanding of the individual's health care needs.
- Can describe general changes in behavior that could be a sign of a possible health-related concern.
- Assists and advocates for individual, as needed and appropriate, to facilitate and optimize informed health care services.
- Assists individual in the safe use and maintenance of adaptive equipment.

- Follows and can articulate the reasons for procedures that support special populations; such as aging individuals, individuals with diabetes, Prader-Willi syndrome, Autism Spectrum disorders, and those with dual diagnoses.
- Able to understand person's normal behavior and recognizes changes that may indicate health concerns.
- Communicates observed health care concerns to the necessary support network.
- Can state why a person is receiving a specific medication or treatment, as well as the intended effects of that medication or treatment.
- Monitors and reports any adverse side effects of medication or treatments provided.
- Assists, as needed, in healthcare activities of daily living (ADLs), such as oral hygiene and personal care.
- Successfully achieves Medication Administration Certification (AMAP), if required by the individual, support setting or agency policy.
- If Medication Administration Certified (AMAP), the DSP assures that medications are accurately administered and recorded in keeping with agency policy and professional performance standards.
- Can discuss ways in which healthy personal care and hygiene practices prevent illness.
- Is able to identify when an individual is experiencing an illness or injury and responds according to established protocols.
- Able to access emergency phone numbers, such as 911 or EMS.
- Achieves and maintains CPR, first aid and other certifications according to agency policy.
- Assists in securing needed medical appointments in a timely manner (scheduling,
- arranging transportation, supporting questions and explanations, following agency protocols on consult sheets, documentation, etc.)
- Correctly uses standard precautions, especially hand washing, and can explain the underlying concepts of personal and environmental contamination.
- Uses personal protective equipment (PPE), such as gloves, gowns and masks, when appropriate.
- Frequently cleans and requests replacement of toothbrushes, vaporizers/humidifiers and other ordinary and specialty equipment according to the individual's health plan, standard medical practice, and the manufacturer's instructions.
- Documents the individual's health status, medications, medical needs and appointments,
- as required.
- Maintains and protects all protected health information (PHI) as directed by the HIPAA legislation.

- Uses appropriate and safe turning, positioning and transfer techniques to support skin and
- bone integrity and effectively meet individual's unique needs.
- Demonstrates holistic approaches that recognize importance of practices as it relates to appropriate and adequate diet and nutrition, rest and exercise, stress reduction, and smoking cessation.
- Correctly completes routine and/or urgent health care practices such as tube feeding, insulin administration, colostomy and/or catheter care, and Epi-pen administration.

Competency Area Q: Preventing, Recognizing, and Reporting Abuse

Skills:

1. Recognizes concepts related to the prevention of abuse.
2. Is able to prevent abuse.
3. Correctly follows procedures for mandated reporting and responding.

Tasks:

- Can identify abuse as described in the regulations.
- Can discuss the possible impact of abuse on the person.
- Can prevent, stop, safeguard against, and report abuse according to the OPWDD policy.
- Develops a deeper understanding of an individual and can describe how changes in his/her mood, interpersonal interactions, and behavior could be an indicator of abuse.
- Can provide examples of the range and nuances of abuse, and respond according to agency and OPWDD policy.
- Can effectively intervene so that abuse does not occur
- Can identify triggers and warning signs that indicate abuse might be likely to occur.
- Assists the team and individual to put in place a plan to prevent further incidences.
- Fulfills their obligation to report possible abuse regardless of who allegedly committed the abuse.
- Reports possible abuse to the appropriate person in a timely manner.
- Cooperates with the investigative process.

<u>Goal 5: Supporting Safety</u>

Competency Area R: Supporting Safety

Skills:

1. Demonstrates skill in applying the principles and practices of the OPWDD PROMOTE (Positive R elationships O ffer M ore O pportunities T o Everyone)
2. Demonstrates respect for the safety of all others.

Tasks:

- Supports the individual's connections to others, self-confidence and opportunities for relaxation and recreation (Green Zone) to decrease the possibility of a crisis occurring.
- When the individual is unable to cope with stress (Yellow Zone), the DSP is able to effectively use the following R-Star techniques: Reassessment, Reassurance, Repeat-Ask-Validate, Remind, and Restore.
- Can discuss an individual's vulnerabilities, strengths and potential irritants and effective supports.
- Intervenes effectively when a person is a danger to him/herself and/or others (Red Zone).
- Works to repair and restore the environment and peoples' emotions after a crisis situation (Red Zone).
- Intervenes in a crisis situation by managing the physical and social environment in an attempt to de-escalate the situation and promote the safety of the individual, co-workers and others.
- Participates in the review of crisis situations with the individual, families and team members to determine the need for ongoing supports and make plans to avoid future crises.

Competency Area S: Supporting Safety

Skills:

1. Supports the safety of all individuals in everyday situations.
2. Follows proper safety procedures in transportation situations.

Tasks
:

- Is able to operate emergency equipment, as required.
- Reports to appropriate personnel any detected problem with emergency equipment, or the need for emergency supplies.
- Seeks out and reports potential hazards related to fire, ice, etc.
- Adheres to agency policies, requirements and regulations.
- Can properly operate transportation equipment, such as the lift, and secure wheelchairs, oxygen, and other equipment.
- If operating a vehicle, maintains a current NYS driver's license consistent with agency

- Requirements.
- Operates the vehicle in a safe and courteous manner consistent with New York State driving laws.

Competency Area T: Ensuring Safety of Individuals During Environmental Emergencies

Skills:

1. Understands and can carry out plans for responding to environmental emergencies.

Tasks:

- Can describe and implement the personal protection plan based on the needs of the individual being supported.
- Is aware of and can execute specific emergency preparedness plans for the location in which he/she works.
- Actively participates in and documents the fire escape drills conducted in the location, according to agency policy.

Goal 6: Having a Home

Competency Area U: Supporting People to Live in the Home of Their Choice

Skills:

1. Supports the individual by supporting a comfortable home environment.
2. Supports daily activities and accesses additional skilled supports as needed.

Tasks:

- Demonstrates respect by acknowledging that the location is the individual's home or the individual's family home, not the staff's work site.
- Can describe the physical environment of the support setting.
- Follows the rules and guidelines in the home.
- Can describe the individual's daily routine and assists with the routine based on the individual's needs and desires.
- Assists the individual with routine household chores according to the individual's needs (i.e. changing light bulbs, placing decorations outside, etc.).
- Assists the individual to develop his/her skills and activities based on the abilities and
- needs of the individual.
- Assists the individual to become as self-sufficient as possible with transportation needs, and refers for travel training when necessary.

- Assists the individual to develop his/her household management skills, based on the individual's needs.

Goal 7: Being Active and Productive in Society

Competency Area V: Supporting Active Participation in the Community

Skills:

1. Supports community participation and contribution.

Tasks:

- Implements plans, as directed, to promote community connections.
- Supports community connections and activities through personal interest,
- contribution and productivity.
- In an unbiased fashion, facilitates the opportunity for civic engagement, such as voting.

Competency Area W: Supporting Employment, Educational and Career Goal Attainment

Skills:

1. Supports the individual by being knowledgeable about the career and employment goals of the individual.
2. Supports the individual by being knowledgeable about the educational goals of the individual.
3. Develops and supports the individual's skills to help the individual meet the productivity expectations of the workplace.

Tasks:

- Implements plans, as directed, to support career and employment interests and goals of the individual.
- Implements plans, as directed, to support educational interests and goals of the individual.
- Can describe the educational interests of the individual.
- Can describe and discuss the educational supports needed by the individual.
- Follows the ISP for job skill development.
- Can describe to the individual the workplace expectations for productivity and conduct.

Appendix C

Invite Letter to Participants

Date _____

Dear _____

My name is Johanna LoPorto, a candidate for a Doctoral degree in Public Administration at Walden University. You may already know me as the Division Director of Community and Self-Directed Supports working with Person Centered Care Services, but this study is separate from that role.

In your valued role as a Direct Support Professional, you have a unique perspective and for this reason your input is extremely important. I am kindly requesting your participation in a doctoral research study that I am conducting titled: Competency Development and Implementation Among Direct Support Professionals in New York State. The purpose of this study is to explore DSP and Front-Line Manager experiences and perceptions of the NYS DSP competency implementation within the culture of their organizations. Overseeing this dissertation research is Dr. Christopher Atkinson, Contributing Faculty, Walden University.

I kindly request you review the attached informed consent form and response with your electronic signature indicating your agreement to participate by _____. Your participation in this study will consist of answering questions through face-to-face interviews on your perceptions and experiences with the implementation of the NYS DSP core competencies in your organization. I thank you in advance for your attention and together I hope we can explore strategies to increase the effectiveness of the core competencies and develop a positive working environment for employees that ultimately, may strengthen the lives of the intellectual and developmental disabled individuals receiving services.

If you have any question regarding your participation in this study, please free to contact me at johanna.loporto@waldenu.edu. Your participation in this study will help in the understanding on how the NYS DSP core competencies are being implemented within organizational cultures of provider organizations.

Sincerely,

Johanna LoPorto
Doctoral Student
Walden University

Appendix D

DSP Informed Consent

You are asked to participate in a research study that addresses the implementation of the NYS DSP core competencies in intellectual/developmental disabilities provider organizations. The statements and questions addressed by the researcher do not represent any individual who is associated or employed by the provider organization.

You were selected for this research study because of your knowledge and experience as a Direct Support Professional (DSP) employee. Please read this form to its entirety and feel free to ask any questions you have prior to consent of participation in this study.

Johanna LoPorto is a researcher and Doctoral Candidate at Walden University and will be conducting this study. Ms. LoPorto has worked in the field of intellectual/developmental disabilities for twenty-seven years and takes pride on conducting research on one of New York State's training development programs. You may already know the researcher as the Division Director for Community and Self-Directed Supports, but this study is separate from that role. Hopefully, this research will make a positive difference in staff competency training and client service outcomes.

Purpose of this Study

The purpose of this study is to explore DSP experiences and perceptions of the NYS DSP competency implementation within the culture of their organizations. The researcher wants to determine whether the competencies are effective in improving DSP performance, job satisfaction, and organizational morale.

Criterion to Participate

- Interested participants must be employed as a DSP by the agency for a minimum of two years and above the age of eighteen
- Must have completed the NYS DSP core competencies training

Procedures

If you consent to this study, you will be asked:

- To meet with the researcher for audio-recorded, one hour, two sessions, face-to-face interviews. You will be asked on your perception and experiences on implementing the core competencies.
- After the interview, review a transcription of the interview to ensure researcher summarized your statements correctly.

Here are some sample questions:

- What is your perception on the competencies and its effectiveness to ID/DD support services and client care?
- What assessments do you use to determine if the competencies are effective in supporting people with ID/DD?
- What are some barriers in your organizations that may impede the competencies to be implemented effectively?

Voluntary Nature of the Study

Your participation in this research study is strictly voluntary. This means you can opt to decline to an interview or have your interview removed from this research. If you decide to withdraw from the study, you may do so at any time without hesitation. This will not have any negative impact on your position within the agency. Within 24 hours, all documents compiled up to and including date of withdrawal will be destroyed.

Risks and Benefits of Participation in this Study

Being in this type of study involves some risk of minor discomforts that can be encountered in daily life, such as psychological distress from answering some of the interview questions. Being in this study would not pose risks to your safety, well-being or your employment at your organization.

The benefits of this research include the chance for you to tell your story about your experiences and perceptions concerning the NYS DSP Core Competencies and the role of organizational culture influences on its implementation. This research aims to improving organizational policies and procedures to improve DSP performance and productivity with the implementation of the competencies to client service outcomes.

Compensation

If you choose to participate in this study, you will not receive any monetary compensations or gifts.

Confidentiality/Privacy

Your responses to interview questions are kept confidential. At no time will your actual identity be revealed. I will assign a letter (no names) to protect your privacy. The researcher will not include your name or anything else that could identify you in the study reports. Data will be secured and stored by a code protected computer for at least 5 years, as required by Walden University.

Contacts and Questions

After completion of the study, a 2-page summary of the findings/results written in non-technical language, will be shared with you via email.

You may ask any questions you have now. However, you may contact the researcher via email at johanna.loporto@waldenu.edu or via telephone at (347) 939-3273 if you have questions later. If you want to discuss privately your rights as a research participant, you may call the Walden University's Research Participants Advocate at 612-312-1210 or email irb@waldenu.edu. Walden University's approval number for this study is _____, and it expires on _____. The researcher, Johanna LoPorto will provide you a copy of this form for your records**.**

Statement of Consent:

The nature and purpose of this research sufficiently explained, and I agree to participate in this study. I understand that I am free to withdraw at any time without incurring any penalty. You can send your consent via email to johanna.loporto@waldenu.edu. Please keep a copy of this consent form for your records.

Participant's Signature: _____

Date of Consent: _____

Researcher's Signature: _____

Appendix E

Front-Line Manager Informed Consent

You are asked to participate in a research study that addresses the implementation of the NYS DSP core competencies in intellectual/developmental disabilities provider organizations. The statements and questions addressed by the researcher do not represent any individual who is associated or employed by the provider organization.

You were selected for this research study because of your knowledge and experience as a Front-Line Manager employee overseeing DSPs. Please read this form to its entirety and feel free to ask any questions you have prior to consent of participation in this study.

Johanna LoPorto is a researcher and Doctoral Candidate at Walden University and will be conducting this study. Ms. LoPorto has worked in the field of intellectual/developmental disabilities for twenty-seven years and takes pride on conducting research on one of New York State's training development programs. You may already know the researcher as the Division Director for Community and Self-Directed Supports, but this study is separate from that role. Hopefully, this research will make a positive difference in staff competency training and client service outcomes.

Purpose of this Study

The purpose of this study is to explore DSP experiences and perceptions of the NYS DSP competency implementation within the culture of their organizations. The researcher wants to determine whether the competencies are effective in improving DSP performance, job satisfaction, and organizational morale.

Criterion to Participate

- Interested participants must be employed as a Front-Line Manager by the agency for a minimum of two years and above the age of eighteen
- Must have completed the NYS DSP core competencies training.

Procedures

If you consent to this study, you will be asked:

- To meet with the researcher for audio-recorded, one hour, two sessions, face-to-face interviews. You will be asked on your perception and experiences on implementing the core competencies as well overseeing others implement the competencies.
- After the interview, review a transcription of the interview to ensure researcher summarized your statements correctly.

Here are some sample questions:

- What strategies or practices do you use to ensure DSPs are implementing the competencies effectively?
- What are some barriers in your organizations that may impede your supervision on how DSPs implement the competencies?
- What assessments do you use to determine if DSPs are implementing the competencies effectively?

Voluntary Nature of the Study

Your participation in this research study is strictly voluntary. This means you can opt to decline to an interview or have your interview removed from this research. If you decide to withdraw from the study, you may do so at any time without hesitation. This will not have any negative impact on your position within the agency. Within 24 hours, all documents compiled up to and including date of withdrawal will be destroyed.

Risks and Benefits of Participation in this Study

Being in this type of study involves some risk of minor discomforts that can be encountered in daily life, such as psychological distress from answering some of the interview questions. Being in this study would not pose risks to your safety, well-being or your employment at your organization.

The benefits of this research include the chance for you to tell your story about your experiences and perceptions concerning the NYS DSP Core Competencies and the role of organizational culture influences on its implementation. This research aims to improving organizational policies and procedures to improve DSP performance and productivity with the implementation of the competencies to client service outcomes.

Compensation

If you choose to participate in this study, you will not receive any monetary compensations or gifts.

Confidentiality/Privacy

Your responses to interview questions are kept confidential. At no time will your actual identity be revealed. I will assign a letter (no names) to protect your privacy. The researcher will not include your name or anything else that could identify you in the study reports. Data will be secured and stored by a code protected computer for at least 5 years, as required by Walden University.

Contacts and Questions

After completion of the study, a 2-page summary of the findings/results written in non-technical language, will be shared with you via email.

You may ask any questions you have now. However, you may contact the researcher via email at johanna.loporto@waldenu.edu or via telephone at (347) 939-3273 if you have questions later. If you want to discuss privately your rights as a research participant, you may call the Walden University's Research Participants Advocate at 612-312-1210 or email irb@waldenu.edu. Walden University's approval number for this study is _____, and it expires on _____. The researcher, Johanna LoPorto will provide you a copy of this form for your records**.**

Statement of Consent:

The nature and purpose of this research sufficiently explained, and I agree to participate in this study. I understand that I am free to withdraw at any time without incurring any penalty. You can send your consent via email to johanna.loporto@waldenu.edu. Please keep a copy of this consent form for your records.

Participant's Signature: _____

Date of Consent: _____

Researcher's Signature: _____

Appendix F

Invite Participation Letter to Organization

Potential Participating Executive Director
Participating nonprofit organization
Contact Information

Dear Executive Director:

My name is Johanna LoPorto and I am a candidate for a Doctor of Public Administration degree at Walden University. The purpose of this correspondence is to invite your organization to participate in a study on the implementation of the New York State DSP Core Competencies. This study's goal is to answer these two research questions:

1. How do DSPs describe the effectiveness of the NYS DSP competencies in relationship to job satisfaction and organizational morale?
2. What do DSPs perceive that it would take to enhance the effectiveness of the NYS DSP competencies organizational practices to improve ID/DD care and supports?

To answer these questions, I would like to conduct a two-session, 60-minute interviews with four residential DSPs and two front-line managers in your organization. In consideration of ensuring employee and client privacy, interviews will be held outside of the community-based residential homes and therefore, requesting a private room in the organizational administrative facility.

I would also like to review primary documents that includes competency training curriculum, training records, and organizational policy and procedures handbooks. These documents will be photocopied at the offices of the organization and analyzed off site.

Supervision of this research study will be provided Walden University faculty members Dr. Christopher Atkinson, Committee Chair, Dr. Elizabeth Lane, Committee member, and Dr. Meena Clowes, University Research Reviewer.

Your cooperation in this study will be greatly appreciated. The information collected during this study will contribute to improving the implementation of the NYS DSP competencies in provider organizations that will ultimately improve DSP performance and client support care and services.

Sincerely,
Johanna LoPorto
Doctoral Candidate
Walden University

Letter of Cooperation

Johanna LoPorto
Johanna.loporto@waldenu.edu

Date

Dear Ms. LoPorto,

Based on my review of your research proposal, I give permission for you to conduct the study entitled Competency Development and Implementation among Direct Support Professionals in New York State. As part of this study, I authorize you to interview four DSPs and two front-line managers, conduct member checks with interview participants to verify accurate representation of their experience, and provide (agency) with a written summary of research findings. I also authorize access to organizational documents such DSP competency trainings, training records, competency evaluation tool, memos, and the organization's policy and procedures handbook. Individuals' participation will be voluntary and at their own discretion.

We understand that our organization's responsibilities include providing you with a private room at the organization's administrative site to conduct participant interviews. We reserve the right to withdraw from the study at any time if our circumstances change.

I confirm that I am authorized to approve research in this setting and that this plan complies with the organization's policies.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the student's supervising faculty/staff without permission from the Walden University IRB.

Sincerely,

Executive Director
(Agency Name)

Appendix H

Letter Requesting Documents

Potential Participating Record Holder
Participating nonprofit organization
Contact Information

Dear Record Holder:

My name is Johanna LoPorto, a candidate for a Doctor of Public Administration degree at Walden University. The purpose of this correspondence is to officially request organizational documents. These documents will be analyzed for a study on the implementation of the New York State DSP Core Competencies. This study aims to answer the following two research questions:

1. How do DSPs describe the effectiveness of the NYS DSP competencies in relationship to job satisfaction and organizational morale?
2. What do DSPs perceive that it would take to enhance the effectiveness of the NYS DSP competencies organizational practices to improve ID/DD care and supports?

I have been granted permission to conduct the study by your Executive Director _____ on _____ and now requesting the following documents to complete the study;

- Competency Training curricula/Protocols
- Training Records/Transcripts
- Organizational Employee Handbook/Policies/Procedures Manual

Upon the receipt of these documents, photocopies will be made at the offices of the organization and analyzed off site. I assure you that these documents will be care for and handled confidentially. Any information shared in the study will be strictly anonymous and your organization's name will not be associated with these documents in any way.

Your cooperation in this study will be greatly appreciated. The information collected during this study will contribute to improving the implementation of the NYS DSP competencies in provider organizations that will ultimately improve DSP performance and client support care and services.

Sincerely,
Johanna LoPorto
Doctoral Candidate
Walden University

Appendix I
Interview Protocol

Date: _____ Location:_____

Interviewer: _____ Interviewee:_____

Instructions:

1. Explain to the interviewee the purpose of the study.
2. Assure confidentiality and ensure that the interviewee has signed the release form.
3. Monitor my body language to make sure I do not influence any of the answers.
4. Assign a letter (A, B, and so forth) to each of the DSP participants to ensure their privacy and confidentiality.
5. Assign letter M for each of the managers with a corresponding number in numerical order to ensure their privacy and confidentiality.
6. Assign letter (A and B) to each of the organizations.
7. Record interviewee identifying letter and number on top of page next to name.
8. Ask interview questions in the same order.
9. Digitally record the interviewees', comments exactly on journal.
10. Ensure member checking occurs through participants' reviewing and concurring with the researcher's interpretation of the interview responses.
11. Thank the interviewee for his/her participation.

Appendix J

DSP Interview Questions and Probes

Interview Session #1

RQ 1: How do DSPs describe the effectiveness of the NYS DSP competencies in relationship to job satisfaction and organizational morale?

- Prior to your competency training, what was your understanding or knowledge of providing services to people with ID/DD?
- How has your training of the NYS core competencies shaped your perception of ID/DD support services?
- What is your perception on the competencies and its effectiveness to ID/DD support services and client care?
- What assessments do you use to determine if the competencies are effective in supporting people with ID/DD?
- How does your organization allow you to implement the competencies?
- To what extent are each of the goals of the competencies implemented/practiced in your organization?
- In your opinion, what goals of the core competencies are not being practiced in your organization?
- What are some barriers in your organizations that may impede the competencies to be implemented effectively?
- How did the culture of your organization change once the NYS DSP competencies were introduced in your organization?
- How has your collaboration with your immediate Manager/Supervisor impacted your ability to implement the competencies?
- What policies, procedures, or processes have your organization have put into place to support staff implementing the competencies?
- How do you describe your satisfaction in being employed as a DSP?
- How do you describe your commitment to your organization and to the clients you serve?
- How do you define a positive work environment?
- How do you describe the morale in your organization?

Interview Session #2

RQ 2: What do DSPs perceive that it would take to enhance the effectiveness of the NYS DSP competencies organizational practices to improve ID/DD care and supports?

- What instructional strategies and management techniques do you believe is necessary to enhance ID/DD support services and care?
- What organizational strategies can be applied to increase universal implementation or practices of the competencies?
- What instructional strategies do you use to support your clients to resolve conflicts with services?
- What organizational practices, policies, or procedures need to be in place so clients can achieve their goals?
- What is your perception of the NYS core competencies with relation to how the clients are achieving their goals?
- What is your perception of the NYS core competencies with relation to how services and care is being provided?
- What could your employer do to increase morale?
- What could your employer do to increase your job satisfaction?
- What could your organization do to increase organizational commitment, and staff's commitment to implementing the core competencies?
- What organizational opportunities do you believe is needed for DSPs to master the core competencies?

Appendix K

Front-Line Manager Interview Questions and Probes

Interview Session #1

RQ 1: How do DSPs describe the effectiveness of the NYS DSP competencies in relationship to job satisfaction and organizational morale?

- How long have you been a Manager?
- How did you develop your skill of providing supervision?
- Prior to your competency training, what was your understanding or knowledge of providing services to people with ID/DD?
- How has your training of the NYS core competencies shaped your perception of ID/DD support services are to be provided?
- What is your perception on the competencies and its effectiveness to ID/DD support services and client care?
- What assessments do you use to determine if the competencies are effective in supporting people with ID/DD?
- What assessments do you use to determine if DSPs are implementing the competencies effectively?
- What are your experiences with supervising DSPs implement the core competencies?
- How does your organization allow the DSPs to implement the competencies?
- To what extent are each of the goals of the competencies implemented/practiced in your organization?
- What strategies or practices do you use to ensure DSPs are implementing the competencies effectively?
- In your opinion, what goals of the core competencies are not being practiced in your organization?
- What are some barriers in your organizations that may impede your supervision on how DSPs implement the competencies?
- How did the culture of your organization change once the NYS DSP competencies were introduced in your organization?
- What are some challenges you face when supervising DSPs?
- What policies, procedures, or processes have your organization have put into place to support DSPs implementing the competencies?
- How do you describe your satisfaction in being employed as a Front-Line Manager?
- How do you describe your commitment to your organization and to the clients you serve?

- How do you define a positive work environment?
- How do you describe the morale in your organization?
- How do you instill morale in your program?

Interview Session #2

RQ 2: What do DSPs perceive that it would take to enhance the effectiveness of the NYS DSP competencies organizational practices to improve ID/DD care and supports?

- What management techniques do you believe is necessary to enhance ID/DD support services and care?
- What organizational strategies can be applied to increase universal implementation or practices of the competencies?
- What instructional strategies do you use to support your staff resolve conflicts with work performance?
- What organizational practices, policies, or procedures need to be in place so DSPs can achieve job satisfaction?
- What is your perception of the NYS core competencies with relation to how DSPs are performing?
- What is your perception of the NYS core competencies with relation to how services and care is being provided?
- What successful strategies have you used to improve DSP performance?
- What could the organization do to increase morale?
- What could the organization do increase employee job satisfaction?
- What could your organization do to increase organizational commitment, and staff's commitment to implementing the core competencies?
- What organizational opportunities do you believe is needed for DSPs to master the core competencies?
- How does your organizational culture influence the way the core competencies are being implemented?
- What organization opportunities do you believe is needed to assist Front-Line Managers ensure the competencies are being implemented effectively?