The Provision of Staff Development Programs
in Virginia Adult Day Care Centers

By

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THE PROVISION OF STAFF DEVELOPMENT PROGRAMS
IN VIRGINIA ADULT DAY CARE CENTERS

By
A. Dawn Hensley

Committee Chair: Dr. Shirley S. Travis

(Abstract)

This study examined a neglected area in long term care and adult day care research: staff development. The specific purposes of this study were to describe the provision of a comprehensive staff development program in adult day care centers in Virginia in order to (a) differentiate those centers providing only the minimum required inservice training from those centers providing more comprehensive staff development programs and (b) define what meaning is placed upon staff education programs by center administrators.

A mail survey design was used for this study. The questionnaire developed for the study has three sections: (a) center characteristics, (b) staff characteristics, and (c) the meaning of staff development. Quantitative analysis was conducted on the first two sections while qualitative analysis was used to examine the final section. A conceptual model for adult day care staff development programs was also developed for the study. The model was used to compare the staff development programs across adult day care centers in Virginia. The sample included all licensed adult day care center administrators in Virginia (n=43). The total response
rate for this survey was 88%.

Results were discussed in terms of the provision of staff development programs, as well as the meaning that was placed on staff development by the responding center administrators. The results showed that much importance is placed upon staff development programs by the center administrators and they follow through with this by providing a well rounded staff development program for their staff.
Acknowledgements

There are many people who deserve to be acknowledged for standing by me during this whole process. First of all I would like to thank my committee members Jim McAuley and Marcia Safewright for their valuable input and their patience. I would also like to thank my committee chair, Shirley Travis. She has helped me more than she could possibly know. Thank you for being there and for being my friend. I would also like to thank my family for always supporting me and constantly telling me that I would make it. I love you very much. I want to thank my friends who have taken a back seat the past several years while I’ve been in school. Thanks for hanging in there. I would especially like to thank Leigh, my partner in procrastination. We drove each other and ourselves crazy, but as true friendship shows - we still get along. I also want to thank Lawrence, my cat, for bringing so much love and happiness into my life. I owe much thanks to April, who has helped in my search for the true meaning of life and maintained my sanity through many hard times. I would also like to thank the participants and staff of the adult day care center for reminding me what I was working toward. Finally, I want to acknowledge my dear friends Lawrence and Nancy. I lost both of you last year and you are greatly missed. Thanks for the love and support you both showed me. Keep watching over me. I love you both. I did it!

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Overview and Purpose of the Study

Adult day care centers grew rapidly in the United States during the 1980’s as a result of federal and state mandates to provide community based alternative to more expensive and less humane forms of long term care (Conrad, Hanrahan, & Hughes, 1990; Tate, 1988; Von Behren, 1986). With this expansion came increased research interest in a multitude of issues related to this important new community-based program. To date, most research has been conducted on issues such as the use of adult day care as an alternative to other long term care options; the impact of adult day care on participants (functional status, life satisfaction, mortality); the cost-effectiveness of adult day care (often in comparison to nursing home costs); the benefits of adult day care to family caregivers; and adult day care programs serving special care populations such as the developmentally disabled, mentally disabled, physically disabled, and persons with Alzheimer’s disease (Von Behren, 1989). Conrad, et al. (1990) asserted that despite this recent interest in adult day care, there is still much that needs to be learned.

For this study I examined staff development, a neglected area of research in long term care in general, and adult day care in particular. Research published on the issue of staff
training in adult day care centers has been limited to orientation and inservice training. Therefore, the specific purposes of this study were to describe the provision of a comprehensive staff development program in adult day care centers in Virginia in order to: (a) differentiate those centers providing only the minimum required inservice training from those centers providing more comprehensive staff development programs and (b) define what meaning is placed upon staff education programs by center administrators. The investigation also sought to identify relationships between certain staff and center characteristics and centers having more active and comprehensive staff development programs.

Literature Review

Adult Day Care

The proportion of elderly persons in the United States is growing rapidly. With this growth comes the increased challenge of providing long term care. Adult day care is a new concept in meeting this challenge (Kraska, 1990). This community-based, long term care option provides a variety of services for older adults. The emphasis of adult day care is on assisting the older adult to remain in the community at the highest possible level of independence (Webb, 1989b; Tate, 1988; Virginia State Bar, 1991). The National Institute on Adult Daycare (NIAD) (1984) standards defined adult day care services as:
A community-based group program designed to meet the needs of functionally impaired adults through an individual plan of care. It is a structured, comprehensive program that provides a variety of health, social and related support services in a protective setting during any part of a day but less than 24-hour care (p. 20).

Some adult day care centers focus on frail adults who need only minimal support, while other centers focus on providing services to those with more complex needs (Webb, 1989a). Adult day care is differentiated from other long term care options, such as nursing homes and adult homes, in that the services are offered only during the day and the participants remain within the community. According to NIAD (1984), the goals of adult day care are to: (a) promote maximum independence for each participant, (b) maintain the participant’s current level of functioning for as long as possible, (c) rehabilitate participants to their highest level of functioning possible, (d) provide support for caregivers, (e) provide socialization and peer interaction to participants, and (f) serve as a part of the community service network and provide options in long term care. All of these goals are applicable for the array of licensed adult day care centers in Virginia.

One of the most important considerations involved in
providing adult day care, especially among licensed centers, is staffing. The staff of these centers are providing an increasing amount of the long term care for frail and impaired elderly populations (Poston & Furukawa, 1992). How well the staff are trained can have an impact upon the quality of care received by adult day care participants, the formation of effective long term care partnerships with family caregivers, and staff morale issues (Ammentorp, Gossett, & Euchner Poe, 1991; Samter & Voss, 1992; Smith & Elbert, 1986). Unfortunately, the staffing standards developed by NCOA/NIAD (1990) allow for tremendous flexibility in the qualifications of those individuals who direct the daily operations of these programs, stating only that they should have a bachelor's degree in health or social services (or a related field).

A recent study in Virginia (Stremmel, Travis, Harrison & Hensley, 1994), demonstrated the diversity among individuals in key decision making, administrative positions in adult day care. The study reported that adult day care administrators were between the ages of 28 and 65 and were in their current positions between 3 months and 18 years. Most adult day care administrators had backgrounds in the health and human services fields (e.g., nursing and social work). What is not known is the backgrounds and characteristics of the other staff employed in these centers. It is assumed that they, too, will represent a somewhat heterogeneous group, because
the staff a center hires depends on the characteristics and needs of the participants that it aims to serve and the human resources of the surrounding community (Travis, Stremmel, & Duprey, 1993).

Staff Development

Staff development addresses the individual's continuing and growing need to develop skills, knowledge and job performance. In the past, staff development generally has been treated as a luxury (Smith & Elbert, 1986). However, Smith and Elbert (1986) stated that greater emphasis must be placed on staff development programs if optimal performance from the staff is to be reached and the quality of service given to participants is not left to chance. Staff needs will vary in each adult day care center depending on the various characteristics of the center and the services provided (Tate, 1988). An effective staff development program can provide improvement in the quality of adult day care services by enhancing the knowledge, skill, and leadership of the staff (Webb, 1989b; Tate, 1988).

Although staff development has many different definitions and implications for people, it is most often conceptualized as having three components: inservice education, continuing education, and orientation training (Kozoll, 1974; Smith & Elbert, 1986). Unfortunately, most staff development programs in long term care consist only of orientation and inservice
education.

Orientation training is defined as a program that introduces new employees to the job they will be performing and the company they will be working for. Inservice programs are typically devoted to teaching staff members about various facts and topics directly related to their job skills (such as new equipment and procedures). There is a need for staff to remain current on these types of changes; and inservice education clearly accomplishes this goal (Kozoll, 1974; Poston & Furukawa, 1992; Rawack Brannon, 1989; Smith & Elbert, 1986). Continuing education, in contrast, helps staff maintain a broader, more enriched knowledge base that may not have an immediate or specific application to their current job functions (Kristjanson & Scanlan, 1992). Therefore, the primary difference between inservice education and continuing education lies in the orientation and goals of each approach (Smith & Elbert, 1986). For this study, the term staff development will be used to describe the total training (divided according to orientation, inservice, and continuing education types) that is offered to adult day care center staff.

In a study by Conrad et al. (1990) on adult day care centers in the United States, it was found that 79% of respondents to their mail survey provided an in-service training program. Of those with in-service programs, 27% stated that the program consisted of orientation and regular training, and another 42% supplemented training with special programs. They also found that 80% of adult day care centers offered formal training at least once a month. In other words, over half of the adult day care centers surveyed at this time were meeting the NIAD standards for inservice training. The issues of orientation and continuing education were not specifically addressed in this study.

McIntyre (1982), Samter & Voss (1992), and Poston & Furukawa (1992) examined staff training (but did not differentiate between inservice and continuing education) as a means of increasing the abilities of adult day care center staff to deal with specific issues faced in working with the aged. Conclusions of these studies were that more training was needed by staff in order to efficiently and effectively deal with specific problems encountered and to provide better care to the participants. None of these researchers looked directly at the issue of a comprehensive staff development program as a means of providing this needed training. A survey conducted by the National Council on Aging on adult day care in the United States (Von Behren, 1986) ignored the
issues of a comprehensive staff development model altogether.

Field Placement Experience

During the months May through November, 1993, I completed field placement activities that focused on the provision of staff development in acute and long term care. These activities included conducting interviews with persons directly involved in staff development in various long term care facilities, as well as visiting the Staff Development Department of Community Hospital of the Roanoke Valley. The interviews I conducted were with: (a) the staff development coordinator of Medical Facilities of America (a corporation that owns and operates nursing homes), (b) the staff development coordinator of Catawba Hospital (a state psychiatric facility), (c) the staff development coordinator of Friendship Manor (nursing home), (d) the staff development coordinator, Director and three employees of the Adult Care Center of Roanoke Valley (adult day care center), (e) the director of Hospice at Roanoke Memorial Hospital, and (f) several staff members at the Staff Development Department at Community Hospital of the Roanoke Valley. Through this experience, I gained a clearer picture of the different components of staff development programs and the process (assessment, planning, and evaluation) of staff development.

Of the nine persons I interviewed, the following common themes emerged regarding staff development: (a) comprehensive
staff development is often overlooked in the long term care field, (b) there is often a lack of money budgeted for staff development programs, (c) staff development is vital to the quality of care given to the participants, (d) a needs assessment and evaluation process is necessary for effective programming, and (e) continuous, ongoing staff education programs (beyond mandated orientation and inservice programs) are necessary. Even though there was widespread agreement on these points, there were many different approaches to handling staff development programs for the organizations I visited. These differences led me to conclude that there is no single model or "typical" staff development program across these settings. The design of this study was strongly influenced by the knowledge gained from this experience.

Theoretical Framework

**Systems Theory**

Systems theory and symbolic interactionism were the underlying theoretical frameworks for this study. Systems theory was used in examining the staff development process of adult day care centers. One of the major assumptions of systems theory is that a system must be viewed as a whole and cannot be understood by examining its individual parts in isolation from each other (Ritzer, 1988; Whitchurch & Constantine, 1993). In using this theoretical framework, the multiple components of staff development within adult day care
centers were viewed as parts of the whole system, rather than as individual and separate aspects of providing adult day care services.

Another major assumption of systems theory is that human systems are self-reflexive, thus allowing for self-examination of their system and establishment of goals for themselves (Whitchurch & Constantine, 1993). In doing this, human systems act according to their collective definitional process, or the meaning that a concept has for them. Systems theory helped to guide this study by suggesting how the staff development process should be understood.

Symbolic Interactionism

Symbolic interactionism was also used to examine the meaning of staff development in adult day care. Symbolic interactionism focuses on the connection between symbols (shared meanings) and interactions (actions and communication) (LaRossa & Reitzes, 1993; Ritzer, 1988). This theoretical lens was helpful in examining the meaning given to staff development by the administrators of the centers, taking into consideration the requirements that the larger system for adult day care licensure place upon staff development, and in understanding how this meaning influenced the individual center’s implementation of a staff development program. In other words, according to symbolic interactionism, adult day care systems create staff development programs that are
consistent with the meaning of staff development in the work place. A finding of inconsistencies between meaning and actual programming would be reflective of a system experiencing disequilibrium and change.

Research Questions

The research questions guiding this study were: (a) what is the current state of staff development programs (inservice education, orientation and continuing education) within adult day care centers in Virginia? (b) what meanings do administrators of Virginia adult day care centers place on staff development? and (c) what characteristics differentiate active staff development programs from those providing minimal staff education?

The Survey Instrument

Dillman (1978) suggested that the ideal survey length for obtaining the most responses is 12-15 minutes. With this suggestion in mind, the study questionnaire (Appendix A) was designed to take approximately twelve minutes to complete. The first section of the questionnaire focused on center and staff characteristics and was designed to gather information about the demographic features of each center such as size of the facility, average number of daily participants, hours and days of operation, total operating budget, for-profit or not-for-profit status, center ownership and length of time the center has been in existence. The staff characteristics
questions provided information on the number of full and part-time staff, titles, and staff turnover rates.

The second section was designed to gather information on the staff development program. It provided information on what is currently being offered in terms of staff development by each center, budget information and information about the designated training coordinator. The third and final section of the questionnaire focused on the meaning placed upon staff development programs by the respondents and gathered attitudinal data not examined by the previous sections.

The questionnaire was printed on three pages (front and back). Every effort was made to design a questionnaire (size, length, and appearance) that would help obtain the highest response rate.

Methodology

Design of the Study

A mail survey design was used to examine the issue of staff development in adult day care centers in Virginia. The data were collected through distribution of mail questionnaires following the Total Design Method (TDM) process described by Dillman (1978). Telephone interviews were used to collect responses from center administrators who did not respond to the questionnaire by mail after three requests.

Study Participants and Sample Size

Approval from the University Human Subjects Institutional
Review Board (IRB) can be found in Appendix B. The participants in this study were all administrators of licensed adult day care centers in Virginia listed by the Virginia Department of Social Services as of December 1993 (Appendix C). The total sample size was 43 adult day care administrators. The mail questionnaire was personally addressed to the administrator of each center.

**Data Collection Procedures**

The TDM process, as described by Dillman (1978), consists of two parts. The first is "...to identify each aspect of the survey process that may affect either the quality or quantity of response and to shape each of them in such a way that the best possible responses are obtained" (p. 12). The second is "to organize the survey efforts so that the design intentions are carried out in complete detail" (p. 12). Dillman described the Total Design Method as being "...as much a theory of response behavior as it is a method shown to produce good results" (p. 33). This method includes instructions regarding how to best write survey questions and the specific elements of how to gain the best possible response. Dillman also addresses ways to avoid problems with mail surveys so that steps can be taken ahead of time to prevent error within the survey. Research has shown that the use of the Total Design Method with mail surveys is just as capable of gaining reliable results as face-to-face interviews (Dillman, 1978).
Prior to mailing the questionnaire, participants received a presurvey letter (Appendix D) to let them know that the study was underway and that a questionnaire would be mailed to them in the near future. Following the presurvey letter, three individuals from a list of State Adult Day Care Associations/Presidents were asked to pre-test the questionnaire. One person was selected from North Carolina, from Oklahoma and from Kentucky (Appendix E). Each person critiqued the survey and made comments and suggestions regarding ways to improve it. All responses gathered from the pre-test were positive, and only small changes to the questionnaire were needed. Steps were then taken to initiate the mail survey.

The questionnaire was sent to all licensed adult day care centers in Virginia. Following the TDM method, a cover letter was included with the survey (Appendix F). The cover letter communicated the importance of the questionnaire and appealed to the administrators to respond. Along with the cover letter, a short handwritten note was sent to apologize to the administrators for the questionnaire being sent out to them later than had been anticipated, and to explain how the questionnaire was pre-tested by their adult day care colleagues in other states. It was hoped that the pre-test description would also convey the care that had been taken in developing the questionnaire and the importance of the survey
to adult day care providers beyond Virginia.

Shortly after the questionnaire was mailed, I realized that I had accidentally omitted the identification numbers on each of the questionnaires. This would have made it very difficult to determine which centers had responded to the questionnaire and which ones had not. Therefore, a letter was sent to all respondents urging them to return the informed consent form when returning the questionnaire (Appendix G), because I could use their signatures as a secondary method of monitoring questionnaire returns. This letter was also used as the first follow up letter one week after the initial mailing, as suggested in the TDM method. A second questionnaire was sent three weeks after the initial mailing, also as suggested by the TDM method. A new cover letter was attached to the questionnaire to reinforce and restate the importance of their response to the research (Appendix H). A third follow up post card (Appendix J) was sent to non-respondents five weeks after the initial mailing. A total of 31 responses were obtained from mail requests; a response rate of 72%. Additionally, eight weeks after the initial mailing, telephone calls were made to the remaining twelve non-respondents to schedule a telephone interview. These interviews were conducted during a three-week period. Seven additional responses were gathered increasing the response rate to 88%.
Several respondents returned the questionnaire without the informed consent form. Because the ethical conduct of research requires informed consent, the university IRB recommends written informed consent and the consent forms become a necessary part of the return monitoring process, a letter was sent to these respondents (Appendix I) stressing the importance of returning the informed consent form.

**Confidentiality**

Several steps were taken to preserve confidentiality of the people and centers participating in this study. First, I assigned identification numbers for each of the centers in the study so that no names were placed directly on the questionnaire when returned. This allowed me to identify which centers had responded to the survey and which had not. I was the only person who had access to the identification of the centers. Second, the signed informed consent form that each respondent was to return with the questionnaire was kept separate from the completed questionnaire so that no identification could be made. Finally, all information was stored in a locked file cabinet. I was the only person to have access to the files. The Virginia Tech Institutional Review Board (IRB) for research involving human subjects reviewed and approved this process in accordance with Virginia Tech policy and procedures.
The Model

Based on the literature review of staff development and the field placement experience described earlier, a conceptual model for adult day care staff development programs was developed for the study. The model was used to compare the staff development programs across adult day care centers in Virginia. The model (see Figure 1) includes elements that are considered essential to an active, viable and comprehensive staff development program. These elements are: (a) a budget allocated specifically for the staff development program, (b) a person who is in charge of planning and coordinating the staff development program, (c) a needs assessment and evaluation process for the program, and (d) a balance between orientation, inservice, and continuing education (as opposed to minimal adherence to programs, as mandated by licensure regulations). Included in this model are also systemic factors believed to effect the staff development program (e.g., regulatory, center and staff characteristics), and attitudes/values of the staff.

Systems theory and Symbolic Interactionism theory were important in the development of this model. I used systems theory to help conceptualize the influence of the systemic variables (regulatory, center and staff characteristics) upon the provision of staff development programs. One of the major assumptions of systems theory is that a system must be looked
Systematic Variables
(Regulatory, Center, & Staff Characteristics)

Attitudes and Values

Dependent Variable:
The Model Staff Development Program

1. Budget for Staff Development
   1=achieved
   0=not achieved

2. Coordinator for Staff Development
   1=full time
   0=part time

3. Process of Staff Development
   a. Needs assessment
      1=achieved
      0=not achieved
   b. Evaluation of programs
      1=achieved
      0=not achieved

4. Provision for all elements
   a. Orientation
      1=achieved
      0=not achieved
   b. Inservice
      1=achieved
      0=not achieved
   c. Continuing Education
      1=achieved
      0=not achieved

Figure 1: The Model
at as a whole. In using this framework, the systemic variables were added to the model to show the influence they have on both the staff development programs in adult day care centers and on the attitudes and values of the staff. Systems theory helped guide this study by forcing the inclusion of these systemic variables.

The major contribution of symbolic interactionism theory was to reinforce the need to consider the influence of staff attitudes and values on systemic variables and on the staff development program. This influence is depicted in the model as being highly interactive by virtue of the bidirectionality of the arrows. In this study, no attempt was made to study causality or to test the relationships among these variables, though implications for testing the model are mentioned later.

**Study Variables**

Three categories of variables were examined (center and staff variables, staff development variables and model variables). The variables and their value labels follow. Most of the variable labels are self explanatory. The most critical variable in the study, the model program variable, does require some explanation. Determination of a center's score as a model program was computed in the following manner. Each of the four elements and their subparts in the model was scored as 1 (achieved) or 0 (not achieved) for each center responding. The quality of the staff development program is
the sum across all seven of these items, such that the theoretical range of quality scores was 0 - 7. A score of 6 or above was considered to be a model program.

I. **Center and Staff Variables**

   a. Average daily staff/participant ratio

   1 = 1:1
   2 = 1:2
   3 = 1:3
   4 = 1:4
   5 = 1:5
   6 = 1:6

   b. Average number of daily participants

   1 = less than 10
   2 = 10 - 19
   3 = 20 - 29
   4 = 30 - 39
   5 = 40 - 49
   6 = 50 - 59
   7 = more than 60

   c. Days center is in operation

   1 = Monday - Friday
   2 = Monday - Sat.
   3 = less than 5 days/week

   d. Hours of operation

   (actual number of hours open daily)

   e. Financial status

   1 = for-profit
   2 = not-for-profit

   f. Number of staff and positions

   (scored for each of the following staff categories)

   0 = none
   1 = full-time
   2 = part-time

   1. Adult Day Care Director
   2. Assistant Director/Supervisor
   3. Activity Director
   4. RN/LPN
   5. Activity Aide/CNA
   6. Beginning Activity Aide (not certified)

   g. Total number of full time staff

   (actual number)
h. Total number of part time staff (actual number)

i. Number of full time staff replaced (actual number)

j. Number of part time staff replaced (actual number)

k. Total annual operating budget (rounded to thousands)

l. Licensure category
   1 = individual proprietorship
   2 = partnership
   3 = unincorporated
      (with governing board)
   4 = corporation
      (with governing board)
   5 = public agency

m. Length of time center has been in existence
   1 = less than 1 year
   2 = ≥ 1 year but < 3 years
   3 = ≥ 3 years but < 5 years
   4 = ≥ 5 years but < 7 years
   5 = ≥ 7 years but < 9 years
   6 = ≥ 9 years

II. Staff Development Variables

   a. Orientation training provided
      (scored for each component)
      1 = yes
      2 = no

      1. Participant confidentiality
      2. Job duties/position description
      3. Staff response to a fire
      4. Purpose of adult day care
      5. Reporting abuse/neglect/exploitation
      6. Staff response to illness or injury
      7. Personnel policies
      8. Infection control
      9. Staff response to lost or missing participant
      10. Philosophy of the center
      11. Physical plant

   b. Inservice training topics
      provided in last 6 months (actual number listed on survey - given space for up to six)
<table>
<thead>
<tr>
<th>c. Continuing Education topics provided in last 6 months</th>
<th>(actual number listed on survey - given space for up to six)</th>
</tr>
</thead>
<tbody>
<tr>
<td>d. How topics are determined (three choices reported)</td>
<td>1 = needs assessment</td>
</tr>
<tr>
<td></td>
<td>2 = self-evaluation</td>
</tr>
<tr>
<td></td>
<td>3 = personal interest</td>
</tr>
<tr>
<td></td>
<td>4 = program availability</td>
</tr>
<tr>
<td></td>
<td>5 = other</td>
</tr>
<tr>
<td></td>
<td>0 = none</td>
</tr>
<tr>
<td>e. How number of programs determined (three choices reported)</td>
<td>0 = none</td>
</tr>
<tr>
<td></td>
<td>1 = staffing</td>
</tr>
<tr>
<td></td>
<td>2 = budget</td>
</tr>
<tr>
<td></td>
<td>3 = availability/ access</td>
</tr>
<tr>
<td></td>
<td>4 = need</td>
</tr>
<tr>
<td></td>
<td>.5 = required</td>
</tr>
<tr>
<td></td>
<td>6 = other</td>
</tr>
<tr>
<td>f. Amount of total budget for staff development</td>
<td>(percentage)</td>
</tr>
<tr>
<td>g. Is there an evaluation program</td>
<td>1 = yes</td>
</tr>
<tr>
<td></td>
<td>0 = no</td>
</tr>
<tr>
<td>h. Is there a coordinator</td>
<td>1 = yes</td>
</tr>
<tr>
<td></td>
<td>0 = no</td>
</tr>
<tr>
<td>i. If yes, who (title)</td>
<td>1 = director</td>
</tr>
<tr>
<td></td>
<td>2 = assistant director</td>
</tr>
<tr>
<td></td>
<td>3 = activity director</td>
</tr>
<tr>
<td></td>
<td>4 = RN/LPN</td>
</tr>
<tr>
<td></td>
<td>5 = activity aide</td>
</tr>
<tr>
<td></td>
<td>6 = beginning aide</td>
</tr>
<tr>
<td></td>
<td>7 = no one</td>
</tr>
<tr>
<td></td>
<td>8 = other</td>
</tr>
<tr>
<td>j. Educational preparation of coordinator</td>
<td>1 = high school</td>
</tr>
<tr>
<td></td>
<td>2 = some college</td>
</tr>
<tr>
<td></td>
<td>3 = college degree</td>
</tr>
<tr>
<td></td>
<td>4 = some graduate</td>
</tr>
<tr>
<td></td>
<td>5 = graduate degree</td>
</tr>
<tr>
<td></td>
<td>6 = unknown</td>
</tr>
<tr>
<td>k. Coordinator's relevant background/experience</td>
<td>1 = none</td>
</tr>
</tbody>
</table>
III. Model Variables (criterion for active staff development program)

a. Budget for staff development
   1 = achieved
   0 = not achieved

b. Coordinator for staff development
   1 = full-time
   0 = part-time
   or none

c. Process of staff development
   1. Needs assessment
      1 = achieved
      0 = not achieved
   2. Evaluation of programs
      1 = achieved
      0 = not achieved

d. Provision for all elements
   1. Orientation
      1 = achieved
      0 = not achieved
   2. Inservice
      1 = achieved
      0 = not achieved
   3. Continuing Education
      1 = achieved
      0 = not achieved

Data Analysis

Data analysis began with descriptive statistics to describe the current state of staff development programs within adult day care centers in Virginia. Descriptive statistics were also calculated for the characteristics of the
sample centers and the staff development programs in these centers.

The second phase of data analysis segregated those centers that provided an active staff development program from those centers that did not (defined as a model score of 6 or better). The third phase of analysis used Chi-square statistical analyses to determine which center and staff characteristics were significantly associated with active staff development programs (versus those providing only minimal staff education). Four comparisons were made between model center scores (collapsed into two categories for scores less than 6 and 6 or greater) and total operating budget, profit status (for-profit or not-for-profit), total number of staff, and length of time the center has been in existence. Because of the small sample size, the center and staff variables were reduced to categorical variables. The total operating budget variable was reduced to 3 categories (in thousands; 1 = $0 - $300,000, 2 = $301,000 - $600,000, 3 = $601,000 - $900,000). The total number of staff was reduced to 4 categories (1 = 1 thru 20, 2 = 21 thru 40, 3 = 41 thru 60, 4 = 61 thru 80).

The final phase was content analysis, which was conducted on the responses to the open-ended questions on the meaning of staff development. Content analysis is "... a research method that uses a set of procedures to make valid inferences from
text" (Weber, 1990; p. 9). The central idea in content analysis is to take the words of the text and classify them into smaller content categories. Each of these categories are presumed to have similar meanings. Analysis of these categories can then be conducted to examine where the greatest emphasis lies within the content (Marshall & Rosaman, 1989). For this study, content analysis was used to determine what influence the meaning of staff development held by the administrators of each center had upon the provision of their staff development program. This qualitative approach allowed for greater insight into the provision of staff development programs than quantitative analysis alone would have provided, and it also permitted exploration of possible system disequilibrium as attitudes about and mandates for staff development interact. Responses to each of the open-ended questions were sorted so that I had all responses for each question together. I then read through the responses to these questions repeatedly looking for major thematic categories to emerge. Once I determined that a category existed, I grouped these responses together and reviewed this subset of responses to label response themes. A more detailed discussion of this analysis follows in the results section.

Results

Descriptive Statistics

The data gathered through this study described the
general state of adult day care centers in Virginia to date concerning their operation and staffing patterns.

**Center and Staff Characteristics**

Most responding adult day care centers (n=32) had less than 40 daily participants (see Figure 2) and were open Monday thru Friday, averaging 12 hours a day. Approximately 86% of the centers responding had a not-for-profit status. The total annual operating budgets of these centers ranged from $6,000 - $804,000 (see Figure 3). However, approximately two-thirds of the centers responding (n=23) had operating budgets of $300,000 or less. Figure 4 shows a further breakdown of the budgets for the centers that had an operating budget of $300,000 or less. Fifty-seven percent of the centers were licensed as a corporation and 31.4% were licensed as a public agency. Almost one-half of the centers responding (n=16) had been open a total of nine or more years (see Figure 5). Of the responding center administrators, 28.6% maintained a lower staff-to-participant ratio than that required by State standards (e.g., 1:1 - 1:4). Approximately three-fourths of centers (n=25) only maintained staff-to-participant ratios following the minimum requirements set by State regulations (e.g., 1:5 - 1:6) (see Figure 6).

An examination of the staffing patterns of the responding centers revealed that 80% had a full-time Director, while only 37.1% had a full-time Assistant Director (see Table 1). Sixty
Figure 2: Number of Daily Participants for Participating Centers
n=35
Figure 3: Total Operating Budgets for Centers Responding
\(n=29\)
Figure 4: Breakdown of Total Operating Budgets for Centers Responding
n=23
Figure 5: Length of Time Responding Centers Have Been in Existence

n=35
Figure 6: Staff to Participant Ratios for Responding Centers  
n=35
<table>
<thead>
<tr>
<th></th>
<th>Full Time</th>
<th>Part Time</th>
<th>End Time</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOT Certified</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100.0 (35)</td>
<td>2.9 (1)</td>
<td>22.9 (8)</td>
<td>71.4 (25)</td>
<td></td>
</tr>
<tr>
<td>(Certified)</td>
<td>14.3 (5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100.0 (35)</td>
<td>28.5 (9)</td>
<td>47.1 (16)</td>
<td>20.6 (7)</td>
<td></td>
</tr>
<tr>
<td>(RN/LPN)</td>
<td>14.3 (5)</td>
<td>60.0 (21)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity Director</td>
<td></td>
<td>22.9 (8)</td>
<td>37.1 (13)</td>
<td></td>
</tr>
<tr>
<td>Assistant Director</td>
<td></td>
<td>5.7 (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADC Director</td>
<td></td>
<td>2.9 (1)</td>
<td>80.0 (28)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8.6 (3)</td>
</tr>
</tbody>
</table>

Table 1: Staffing Patterns for Responder Centers
percent of the centers had a full-time Activity Director. A large number of centers had 2 to 4 full time staff (n=21) (see Figure 7). In contrast, most centers (n=28) had between 0 and 5 part-time staff (see Figure 8). Forty-three percent of the centers had not replaced any full-time staff in the prior twelve months. Likewise, 77.2% of the centers had either not replaced any part-time staff or had replaced only one part-time staff during the same period.

The Staff Development Program

In general, most centers provided a well-rounded orientation for their staff (see Table 2). However, in three specific categories, there were surprising deficiencies in light of current licensure requirements. Almost 9% of the respondents reported that they did not train staff about fire response or infection control and 11.4% of centers did not inform staff of their duty to report abuse/neglect. All three of these training topics are mandated by the State Department of Social Services licensing standards. In response to questions about the number of inservice programs offered to staff during the prior six months, the data show that only 5.7% of the centers (n=2) did not provide any programming. About one-third of centers (n=12) provided at least six educational offerings (see Figure 9). Examples of the most frequent inservice programs listed by center administrators fall into three general categories: (a) adult day care center
Figure 7: Total Number of Full Time Staff for Participating Centers
n=35
Figure 8: Total Number of Part Time Staff for Participating Centers
n=35
<table>
<thead>
<tr>
<th>Element of Orientation Training</th>
<th>Percentage Offered</th>
<th>Percentage Not Offered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Plant</td>
<td>91.4 (32)</td>
<td>8.6 (3)</td>
<td>100.0 (35)</td>
</tr>
<tr>
<td>Philosophy of the Center</td>
<td>97.1 (34)</td>
<td>2.9 (1)</td>
<td>100.0 (35)</td>
</tr>
<tr>
<td>Start response to lost/missing participant</td>
<td>97.1 (34)</td>
<td>2.9 (1)</td>
<td>100.0 (35)</td>
</tr>
<tr>
<td>Injection control</td>
<td>91.4 (32)</td>
<td>8.6 (3)</td>
<td>100.0 (35)</td>
</tr>
<tr>
<td>Personal values</td>
<td>100.0 (35)</td>
<td>0</td>
<td>100.0 (35)</td>
</tr>
<tr>
<td>Start response to illness or injury</td>
<td>94.3 (33)</td>
<td>5.7 (2)</td>
<td>100.0 (35)</td>
</tr>
<tr>
<td>Reporting abuse/neglect/exploitation</td>
<td>88.6 (31)</td>
<td>11.4 (4)</td>
<td>100.0 (35)</td>
</tr>
<tr>
<td>Purpose of adult day care</td>
<td>97.1 (34)</td>
<td>2.9 (1)</td>
<td>100.0 (35)</td>
</tr>
<tr>
<td>Start response to life</td>
<td>91.4 (32)</td>
<td>8.6 (3)</td>
<td>100.0 (35)</td>
</tr>
<tr>
<td>Job duties/position description</td>
<td>100.0 (35)</td>
<td>0</td>
<td>100.0 (35)</td>
</tr>
<tr>
<td>Participant confidentiality</td>
<td>97.1 (34)</td>
<td>2.9 (1)</td>
<td>100.0 (35)</td>
</tr>
</tbody>
</table>

Table 2: Elements of Orientation Training Offered by Responding Centers
information, (b) general safety topics, and (c) specific aging topics. For the first category, adult day care information, examples of programs listed included inclement weather procedures, personnel policies, center policy and procedures, documentation and team building. The second category, general safety topics, included programs such as lifting techniques, activities of daily living assistance, CPR, First Aid, bloodborne pathogens training, fire safety, infection control, and OSHA standards. The last category of inservice programming, specific aging topics, included topics such as death and dying, body mechanics and aging, confidentiality and ethics, visually handicapped, nutrition and the elderly, dementia and abuse/neglect/exploitation of the elderly.

Only 8.6% of centers did not provide their staff with any continuing education opportunities. In fact, most centers (42.9%) offered at least six continuing education opportunities during the period (see Figure 10). Examples of the most frequent topics offered as continuing education opportunities by the centers responding fall into four general categories: (a) In-state conferences, (b) Alzheimer's Disease, (c) adult day care programming and (d) special staff training. For the first category, conferences, examples given included VIAD yearly conference, VIAD staff training, Department of Social Services programming, Piedmont Geriatric Institute programming, and MCV Geriatric Center programming. The second
Figure 10: Number of Continuing Education Opportunities Provided in the Last Six Months for Participating Centers

[Bar chart showing number of opportunities by levels of participation]
category, Alzheimer's disease, included examples such as Alzheimer's Association training, managing aggressive behavior, and Alzheimer's/dementia sensitivity training. For the third category, adult day care programming, examples included the center activity program, medication management, occupational therapy/physical therapy/recreational therapy, marketing issues and management training. The fourth category, "special" staff programming, included examples such as driver training, emergency medical training and stress management programs. Examples of other various topics were also listed by centers responding.

Even though I was able to categorize examples of the inservice programs and continuing education opportunities provided to staff by the centers responding, there was still much variety in the responses given. Many of the examples given were not discussed in the above sections because only one or two centers listed them. Likewise, there was some overlap given as examples between inservice programming and continuing education opportunities. For example, several centers listed the same topics under inservices and continuing education opportunities. Other centers listed a topic under inservices while another center may have listed the same topic under continuing education. What this shows is that there is a lack of consistency in the programs offered statewide to adult day care center staff and a lack of understanding that
staff development includes different types of programs. The administrators do not seem to make any distinction between the two types of educational offerings.

Approximately one-third of the centers (n=11) had no specific budget allocated for staff development, while nearly one-half of the centers (n=15) allocated only 1% of their total operating budget for these educational activities (see Figure 11). When asked to identify up to three methods for determining the number of staff development programs that would be offered, the majority of the respondents (42.3%) stated that there was no specific method or reason for offering programs, while budget and availability were listed by 25% of respondents (see Figure 12). Each reason listed was examined separately across each center. Thus, when a percentage of centers is reported, it truly reflects the percentage of all responding centers that use that particular approach to determine topics. Similarly, each respondent was asked to list three methods for determining staff development topics. A number of respondents (31.2%) stated that there was no specific rationale or reasons for selecting topics, while other respondents gave reasons such as needs assessment (20.8%), self evaluation (23.4%) and personal interest (17%) (see Figure 13).

Approximately 56% of the centers had no evaluation program in place to measure the quality of their staff
Figure 12: Methods for Determining the Number of Staff Development Programs Offered for Participating Centers

How Number of Programs Was Determined

- Other
- Required
- Need
- Availability/Access
- Budget
- Staffing
- None
Figure 13: Methods for Determining How Staff Development Programs are Determined
n=35
development program. Sixty-five percent of the centers, however, did have a person designated as the coordinator for staff development. Table 3 shows information gathered on the person designated as Staff Development Coordinator. The data revealed two important aspects of these positions. First, approximately 38% of the staff development coordinators also functioned as the center Director. Second, approximately 70% of the respondents indicated that Staff Development Coordinators functioned part time. In other words, the individuals responsible for overseeing staff education are either functioning in dual roles, work only part time, or both.

**Model Staff Development Programs in Virginia**

Approximately 37% of the respondents met the criterion for the "model staff development program" as defined by this study. Table 4 shows the degree to which existing centers met the seven program criteria in the model. There was no one criteria that all centers met (see Table 5). The majority of centers met the requirements for orientation (97.1%), inservices (94.3%) and continuing education opportunities (91.4%). The criterion least frequently met was having an evaluation program in place (42.9%)

**Chi Square Statistical Analysis**

In an effort to begin to understand the associations between certain center variables and model staff development
<table>
<thead>
<tr>
<th>Information on the Staff Development Coordinator</th>
<th>Percentage of Responding Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation program in place</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>44.1</td>
</tr>
<tr>
<td>No</td>
<td>55.9</td>
</tr>
<tr>
<td>Coordinator for staff development program</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>64.7</td>
</tr>
<tr>
<td>No</td>
<td>35.3</td>
</tr>
<tr>
<td>Employment status of staff development coordinator</td>
<td></td>
</tr>
<tr>
<td>PT</td>
<td>69.6</td>
</tr>
<tr>
<td>FT</td>
<td>30.4</td>
</tr>
<tr>
<td>Title of staff development coordinator</td>
<td></td>
</tr>
<tr>
<td>ADC Director</td>
<td>37.9</td>
</tr>
<tr>
<td>Assistant Director/Supervisor</td>
<td>17.2</td>
</tr>
<tr>
<td>RN/LPN</td>
<td>3.4</td>
</tr>
<tr>
<td>No One</td>
<td>20.7</td>
</tr>
<tr>
<td>Other</td>
<td>20.7</td>
</tr>
<tr>
<td>Staff development coordinator education</td>
<td></td>
</tr>
<tr>
<td>Some College</td>
<td>8.7</td>
</tr>
<tr>
<td>College Degree</td>
<td>52.2</td>
</tr>
<tr>
<td>Some Graduate</td>
<td>4.3</td>
</tr>
<tr>
<td>Graduate Degree</td>
<td>34.8</td>
</tr>
</tbody>
</table>

46
Table 4: Degree to Which Responding Centers Met Model Criteria

<table>
<thead>
<tr>
<th>Percent and (Number) of Centers</th>
<th>Number of Criteria Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.0 (7)</td>
<td>7</td>
</tr>
<tr>
<td>17.1 (6)</td>
<td>6</td>
</tr>
<tr>
<td>37.1 (13)</td>
<td>5</td>
</tr>
<tr>
<td>17.1 (6)</td>
<td>4</td>
</tr>
<tr>
<td>5.7 (2)</td>
<td>3</td>
</tr>
<tr>
<td>Elements of Model Met By Centers Responding</td>
<td>Percentage of Centers Responding</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Budget for staff development Yes</td>
<td>60.0 (21)</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Coordinator for staff development* Yes</td>
<td>62.9 (22)</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Process of staff development Needs</td>
<td></td>
</tr>
<tr>
<td>assessment Yes</td>
<td>71.4 (25)</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Evaluation program* Yes</td>
<td>42.9 (15)</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Provision for all elements Orientation</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>97.1 (34)</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Inservices Yes</td>
<td>94.3 (33)</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Continuing education Yes</td>
<td>91.4 (32)</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

( )=frequency
n = 35
* n = 34
programs, Chi square tests were performed on the crosstabulations of model centers with (a) total operating budget, (b) profit status, (c) length of time open, and (d) total number of staff. None of the four analyses were statistically significant at the .05 level of significance.

The Meaning of Staff Development - Qualitative Analysis

The following section focuses on the qualitative data analysis of this study. Three open-ended questions were included at the end of the survey and were designed to better understand what meaning the adult day care center administrators placed upon the issues of staff development. The response rate for this section of the questionnaire was 83%. Unfortunately, due to technical problems, all but one of the responses to the open-ended questions of the survey gathered through telephone interviews were lost. The tape recorder which was used to record the telephone interviews, for some unknown reason, failed to record the conversations in six of the seven interviews. Consequently, this error lowered the response rate for the qualitative analysis. The responses to these open-ended questions were compiled and then examined through content analysis. The results of each open-ended question are discussed separately.

Symbolic Interactionism theory guided me to better interpret the meaning discussed by the center administrators and the ways in which this meaning may have influenced the
individual center's implementation of a staff development program. As will be discussed, a remarkably high level of consistency existed between the meaning of staff development and the actual programming provided.

The Effect of Staff Development Upon Quality Care

The first open-ended question on the questionnaire was "In what ways do you feel that orientation, in-service and continuing education programs affect the quality of care your staff provide to your adult day care participants?" Two thematic categories emerged from the data: (a) quality of participant care and (b) staff competency. Twenty-nine center administrators responded to this question: a response rate of 83%.

Upon examining the first category, quality of participant care, several dominant themes were found: (a) staff development is the foundation upon which quality care is based, (b) without knowledge (gathered through staff development), the centers could not provide quality care, and (c) without those skills gained through staff development programming, quality care could not be achieved. Several administrators responded to this question by writing about how staff development is the foundation upon which quality care for adult day care participants is based. As can be seen in the responses, whether relatively new to adult day care or one of the most well-established providers, center administrators
felt very strongly about the relationship of staff development to quality of care. Two responses which came from well-established centers stated: "it would be impossible to provide quality adult day care without staff development" and "staff development provides staff with the foundation to do their jobs." Other administrators focused on the impact of knowledge (gathered through staff development) upon the quality of participant care. A center administrator from a center open over nine years wrote: "if the staff does not develop their knowledge then the center cannot increase its ability to care for the participants." Another administrator from a younger center (open 3-5 years) stated that staff development: "provides a new way of thinking about old problems." An administrator of a center open 17 years wrote: "increasing knowledge of staff improves quality of care." A separate response stated that staff development "can give people the skills they need to give good care and the understanding and reasoning for doing it."

Consistent with the needs of frail individuals, center administrators noted the importance staff development has upon providing the skills needed to deliver quality care. Some responses were "staff development informs staff how to the meet client’s needs," it "provides essential abilities," and it "gives them new skills to enhance the program and themselves." These responses showed that the administrators
placed much importance upon staff development programming and its effect on the quality of participant care.

The second category, staff competency, produced the following themes: (a) staff development affected the staff interaction as a "team," (b) staff development increased the morale of employees, (c) providing staff development programs that staff were interested in helped to better meet the knowledge/skill needs of the staff, and (d) on-going education (provided through staff development programming) was essential for the staff to maintain an up-to-date knowledge base to better meet participants' changing needs. Several administrators responded to this first question by commenting on the effect of staff development on the staff as a team: it "provides an outlet to network," it "strengthens the team," and "staff share knowledge with the rest of the team." Some administrators focused on staff development and staff morale: "it helps them (staff) to gain self confidence to interact more effectively with the participants," it is a way to "show staff that they are valued," and it leads to "increased morale and this in turn can rub off on the participants care." One response from an administrator of a large well established center stated that staff development "shows staff that you care about their personal development. The responses indicated a belief on part of center administrators that team work is better not only for staff morale, but also in order
for staff to work better together, thus providing better participant care.

Other administrators responded to the issue of staff needs. The administrator of a relatively new center (open 3-5 years) wrote: "we have to address the needs of the staff if we expect them to address the needs of our participants." Likewise, an administrator of a larger center open for over nine years also wrote that staff development helped to: "validate their (staffs) role and responsibility with the organization." Other responses included: it allows "each staff member a chance to evaluate his/her own career direction," and "it rejuvenates staff and helps to prevent burnout."

The final theme several administrators addressed was the importance of on-going education to keep staff up-to-date. Responses included it helps to "fine tune and reinforce information on care needs," "it is essential for staff to keep up-to-date," "it keeps everyone aware of trends and research" and it keeps "staff informed of new developments in the field."

All of the responses to this first question focus on the importance of staff development in providing quality care to adult day care participants. Even though there was variation in the types of responses made, the common underlying theme points to the fact that the center administrators believed
that staff development is an important factor in any quality of care formula.

Would Centers Provide Training If Not Mandated

The second open-ended question on the questionnaire stated: "The DSS standards require 8 hours of training for all staff annually. Would you provide this much training for all levels of staff if it was not mandated by the state? Why or why not?" Responses were summarized for center administrators who would and those who would not provide the training if it was not mandated. Twenty-eight center administrators responded to this question; a response rate of 80%.

Consistent with the high value placed on staff development in the first question, the majority of center administrators (79%) responded that they would provide this training even if it were not mandated. The most common responses were for the same reasons given for question one: issues involving quality participant care and staff competency. "Yes, definitely. In order to assure a quality program and meet the needs of staff," "obtaining knowledge enhances quality of the program, enhances self-esteem in staff and promotes more cohesive staff relationships," "yes, it is important to service delivery quality as well as staff morale," and "yes because I believe in providing the best care with an educated staff." One other reason included the fact that other requirements are placed upon staff training other
than DSS standards: "our city government requires a certain level of training" and "the hospital we are affiliated with requires 12 hours of training per year." A third reason was that resources were available to provide this training and should be used: "We are fortunate to have VIAD which also helps to provide this training," and "we often use the local health department."

A total of 22% of center administrators responded that they would probably not provide the training if it was not mandated. For those center administrators responding that they would not provide the training if it was not mandated, reasons varied. It appeared, however, that administrators from urban, well-established centers were the least likely to provide training. One administrator from a well established urban center (open over nine years) pointed to the problems associated with staff development and funding: "I doubt this would be done since no money is available." Another administrator of a large urban center open over nine years wrote about the problems associated with staff development and accessibility/transportation: "it is especially hard to find accessible training for aide staff who cannot travel (no car, etc.)." An administrator of a large center open over nine years stated: "depending on factors such as funding, program availability and transportation, this organization may not provide 8 hours a year." The administrator of a relatively
new center stated: "the ideal would be yes, more. But reality is that inservice like everything that is not day to day I feel would be put off without mandates." Likewise, the administrator of a well established urban center also wrote: "I hope so but I know how easy it is to let things slide if not mandated."

Overall, the responses showed that most centers would provide this training for their staff even if it was not mandated by DSS licensure standards. Their reasons often varied, but even given the obstacles of providing this training (funding, accessibility, transportation), most administrators valued staff development programming enough to provide educational opportunities without being forced to by other systemic factors.

**Do All Staff Respond Positively to Staff Development**

The third and final open-ended question on the questionnaire was "Do all your adult day care staff (aides, licensed staff and administrative staff) respond to staff development activities positively? In other words, are some individuals more willing or more self-directed than others to engage in learning opportunities? Please explain." Twenty-eight center administrators responded to this question; a response rate of 80%.

Center administrators were divided in their responses to this question. Slightly more than one-third indicated that
all of their staff responded positively to staff development. The remaining administrators (61%) reported that their staff responses were mixed: some were positive and some were negative.

For the center administrators who felt that all staff responded in a positive manner, responses focused on motivation and self-direction: "all staff are highly motivated," "all are self directed," and "staff respond with a positive attitude." However, more administrators than not were likely to respond to this question by phrasing it with some sense of hesitation, such as: "overall, staff are responsive and eager to attend training" or "for the most part there is a positive attitude and response." Several administrators stated that all staff responded positively, but there are other factors affecting this outcome: "we pay for it, it's a day or more outside the work place, peer interaction, opportunities to learn what others do," and "some are more receptive than others but all are motivated because it is a factor in merit pay raises."

For the administrators who stated that not all staff responded in a positive manner, some focused on the lack of resources available to certain staff, and the differences that exist between the various levels of education and experience of staff which lead to different values placed on staff development activities. Some administrators focused on the
nature of humans: "you always have, in any business, a difference in staff. People are all different," "as with any human being, there are staff who are more motivated to engage in learning opportunities than others," "our staff members are human beings and react accordingly. Some are eager others are more reluctant," and "different people will react differently to certain situations. Some will be very positive and others will drag their feet somewhat."

Other administrators focused on the differences that exist with the different levels of staff: "it seems to depend on their experience and education they currently have as well as their salary - the higher in both of these areas the increased motivation to learn," "difference seems more related to individual personalities than types of staff" and "usually the professional staff are more self directed than the aides and they do not have to be pushed as much." Other administrators focused on the problems associated with staff development: "for CNA's, some do not have the resources and must have opportunities to attend" or "sometimes employees are bogged down by personal affairs, or may be part timers who are not made to feel truly important to the program." A few administrators responded to this question by stating: "some have to be made to participate to meet licensure requirements," "some mandatory inservices are seen as boring and a waste of time," and "a minority of staff have to have
attendance ties to minimum job requirement in order to attend." These center administrators seem to want to say that their staff patterns include part-time and CNA staff who may not be as motivated as their full-time and professional staff. The responses to this question also point to the fact that the staff responses vary when it comes to participating in staff development programming. I think that most centers probably have a combination of these responses among staff members.

Discussion

This study looked at staff development, a neglected area of research in long term care and adult day care. Little research has been conducted on issues of staff development in the long term care field, and to date, research published on the issue of staff training in adult day care centers has been limited to orientation and inservice training. Therefore, the specific purposes of this study were to describe the provision of a comprehensive staff development program in adult day care centers in Virginia in order to: (a) differentiate those centers providing only the minimum required inservice training from those centers providing more comprehensive staff development programs and (b) define what meaning is placed upon staff education programs by center administrators.

Although there has been a rapid growth in adult day care over the last decade, it is still a relatively new concept in community-based long term care programs. The results of this
study reveal that the provision of staff development, although valued among center administrators, is also in early developmental stages.

For example, one insightful finding from the study is that in many cases the staff of adult day care centers usually wear more than one hat. Consequently, the person designated as staff development coordinator may also function as Director, Assistant Director, or Activity Director. In these cases, the staff development coordinator position can only be part time. Dual responsibility creates two educational problems for centers. First, no one person is able to give more than minimal time to the process of staff development and second, there is usually an acute need for training because staff must cross train to perform generalist and multiple job duties. In other words, the need for training out weighs the training capacity and resources of most centers.

Activity aides represent a good example of the training dilemma. These staff are typically certified nursing assistants who not only help monitor adult day care participants' health status and assist with activities of daily living, but are also an integral part of the activity programming, often helping to run activities. The staff development coordinator is expected to provide a fairly broad level of training for these individuals, while he or she juggles multiple administrative responsibilities as well.
Related to this problem is a lack of clear understanding about what comprehensive staff development is all about. The administrators were often unclear about the difference between inservice and continuing education offerings. If these same individuals are also functioning as training coordinators, it is likely that most programming fits into grey areas between inservice and continuing education.

If limited resources for training persist (and there is no reason to believe that resources will increase in the immediate future), is it realistic for small adult day care centers to do their own training? Because a large percentage of the centers responding to this survey were relatively small, the issue of limited training resources will be an important consideration for new and existing centers as staff educational demands continue to grow. One solution to this problem would be to use staff resources in new and more creative ways to provide the necessary training. It seems that many adult day care centers have a diverse staff (coming from different education backgrounds and experience). Certain members of the staff may be qualified to provide training in the areas of their expertise. Using in-house staff would eliminate the need to go outside of the center to provide all or most of the training needed. This is not to say that a coordinator of staff development for these centers is not needed, but instead that these coordinators should not be
expected to provide all of the training to staff.

Another possible plan would be for organizations, such as VIAD, to put together a library of videotapes in which training sessions are conducted. Smaller centers would then be able to "check-out" these programs on videotape to provide training to their staff. This type of training would also allow for greater continuity in training staff across all adult day care centers. A large and diverse number of topics could be covered by this library, and VIAD certainly has qualified members who would be able to produce these training tapes.

Embedded in the above plans or any other solution to providing adequate staff education is the issue of quality. Quality, itself, is a difficult term to define. Different people have their own interpretations of what constitutes quality. Webb (1989a) and Tate (1988) both stated that an effective staff development program can provide improvement in the quality of adult day care services by enhancing the knowledge, skills, and leadership of the staff. There are several possible steps that could be taken to provide quality staff development programming.

As was described in the results, the data show there is a lack of form and consistency in the programs offered statewide to adult day care staff. The topics listed by the center administrators responding to this survey varied in the
programming offered to their staff. Providing a more structured array of programs targeting the specific needs and skills expected of adult day care staff could increase the quality of staff development programming by providing a common framework of knowledge and skills. Likewise, it is important to craft programs that address the specific needs of participants in special day care centers, such as those focusing on the developmentally disabled, demented populations, or mentally ill clients. Because the types of educational programming offered to staff have more impact on the quality of the staff development program than a simple count of the number of programs offered, there must be ongoing efforts to monitor what (in-service versus continuing education) and not just how many programs are being offered.

An external force that could increase quality in adult day care centers would be licensure mandates for increased training and higher qualifications of individuals working in adult day care. Already in Virginia, adult day care aide certification has vastly improved the qualifications of aides. Mandates for other staff training would likely improve their care as well. While increased training requirements do tend to increase the overall costs of care, adult day care environments, as a legitimate component of long term care, must be willing to commit to quality staff for quality care. The costs of training should, therefore, become a part of the
cost of providing care.

The model developed for this study helped to separate center staff development programs according to the number of criteria met on the model. This allowed me to determine which centers were providing a more comprehensive staff development program than other centers. The criteria used in the model were determined necessary based on literature reviews and information gathered through the interviews conducted during a field study. This model is not static. It could be adapted to meet specific needs of certain programs, and like most work in progress, changes usually can only help to strengthen it.

The model still needs to be tested and refined further. The findings of this study show that a large percentage of centers responding either met, or were close to meeting all the criteria for a "model" center. Subsequent use of this model may need to eliminate the broad acceptance ranges for each criterion. For example, it is not enough to know that a center has a staff development budget. Rather, a minimum percent of total operating budget may need to be specified in the criterion. It would also be interesting for the model to be used in future research examining the provision of staff development programming in other long term care settings, such as adult homes and nursing homes to validate that the elements in the model are common across multiple long term care settings.
Additionally, the similarity between the qualitative and quantitative results of this study should be discussed. The qualitative results showed that the respondents felt that staff development was important to the quality of care provided to participants and for the staff. The quantitative results supported this by showing that the staff development programming exceeded the state mandates. The two sections of analysis seem to compliment each other well with the qualitative section providing a more in-depth interpretation of the value placed on staff development programs. It is important to know that the administrators who believe that staff development is a vital component to adult day care programming follow through with this by offering educational opportunities to their staff.

Finally, there is an important connection to be made between the theories discussed earlier and the results of this study. I mentioned earlier that in using symbolic interactionism theory to examine the results of the data, a finding of inconsistencies between the meaning placed upon staff development programming and the actual programming offered may be reflective of a system experiencing disequilibrium such as a new system of care. What the results of this study show is that even though adult day care is a relatively new component in the community-based long term care setting, there is no inconsistency between valuing staff
education and the provision of educational programs for the vast number of Virginia centers. The theoretical perspective will be useful for future studies that continue to search for the relationships between values and practice.

I used systems theory to look for the effect of other systemic variables upon the staff development process. This was helpful in understanding the role of mandates on training and certain staff characteristics. Both of these factors play a role in the process of staff development - as well as in what meaning center directors placed upon staff development and the actual programming that was offered to staff. However, the systemic variables seem to be less important than the value variables. Therefore, while systems theory was a useful perspective for the model, without symbolic interactionism it is a somewhat inadequate approach to understanding the provision of staff development in most centers. I recommend the continued use of both theoretical perspectives for further research on the topic.

Limitations of the Study

There were several limitations to this study. The first and most obvious was the sample size. The sample of this study was all licensed adult day care centers in the state of Virginia. On the date of the start of this survey there were 43 licensed centers. Of the centers surveyed, only 35 responded, an 88% response rate. Even though the response
rate for this study was high, the total sample size was still small and did not allow for more sophisticated statistical analysis to be conducted. Therefore, the second limitation of this study was that without in-depth statistical analysis of the data, the researcher could only describe the data, and could not draw conclusions about possible relationships among the variables.

Conclusions and Recommendations for Future Research

The results of this study show the important role that staff development plays in adult day care center programming. Along with providing information on the staff development programs of these centers, the present study also provided valuable information on the state of adult day care centers in Virginia. This study, however, only provides a small amount of information about adult day care centers. There is much more that needs to be known.

Through examination of this study, the need for future research in this area has become evident. Dealing specifically with staff development programs in adult day care centers, several issues exist. One topic for future research could be to examine the types of educational programming offered to staff and what influence this has upon the quality of care given to adult day care participants’, as well as what effect the programs have on the staff. The issue of quality of care is another important topic that needs to be examined
further. Considering the fact that the main goal of most adult day care centers is to provide quality care for participants in need, it is essential that this topic be on the top of the list for future examination. Last, but not least, a thorough examination of the persons who make up the adult day care center staff could help explain many issues surrounding adult day care services and staffing considerations. Stremmel, Travis, Harrison, and Hensley (1994) demonstrated the diversity among individuals in key decision making, administrative positions in adult day care. What was not examined was the backgrounds and characteristics of the other staff employed in these centers. Future research on this topic could prove extremely valuable.

In general, more studies need to be conducted on the issue of adult day care in the United States. Given the fact that adult day care is still in its infancy, much valuable information could be gathered at this stage that could help researchers and practitioners alike solve similar problems/issues in other forms of long term care. In addition, much more research is needed on the issue of staff development in long term care programs. If, as this study seems to show, staff development is believed to effect the quality of adult day care, then this could be one aspect to examine when looking at ways of improving the quality of care in other long term care programs.
References


Webb, L. (1989b). Where do we start? In L. Webb (Ed.), *Planning and managing adult day care: Pathways to*
success. (pp. 1-8). Owings Mills, Maryland: National Health Publishing.


Appendix A

Survey Instrument
THE PROCESS OF STAFF DEVELOPMENT IN VIRGINIA ADULT DAY CARE CENTERS

Survey Number: __________ Number of centers you administer ________

Title of Person Completing Survey: ________________________

CENTER CHARACTERISTICS

(This section will give us some background information about your center. Don’t forget, if you direct more than one center, please sum your responses across all adult day care centers.)

1. What is your average daily staff/participant ratio? (circle one)
   1:6  1:5  other (specify): __________

2. What is the average number of daily participants at your center(s)? (circle one)
   less than 10
   10 - 19
   20 - 29
   30 - 39
   40 - 49
   50 - 59
   more than 60

3. Which days are your center(s) in operation? (circle one)
   Monday - Friday  Monday - Saturday
   less than 5 days/week (specify): ______________________

4. What hours are you open? ______________________

5. Check the appropriate status for your center(s).
   For-Profit ______  Not-For-Profit ______

(Continued on back)
6. For each of the following titles specify the number of full time and/or part time staff you have in the position. Count each staff person only once, and place him/her in the category with the highest qualifications for employment. For example, if your Activity Director is also your Assistant Director you should place him/her in the position that has the highest education or experience requirements.

<table>
<thead>
<tr>
<th>Position Title</th>
<th># Full Time</th>
<th># Part Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADC Director</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistant Director/Supervisor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity Director</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN/LPN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity Aide/CNA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beginning Activity Aide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(not certified)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. How many full time and part time staff did you replace in the past 12 months?
   Full Time:_________  Part Time:_________

8. What is your total annual operating budget (across all adult day care centers that you manage)? $___________

9. Check the appropriate licensure category for your center(s).
   Individual proprietorship  _____
   Partnership                _____
   Unincorporated (with governing board) _____
   Corporation (with governing board) _____
   Public agency              _____

10. What is the length of time your center (or your oldest center, if you manage more than one) has been in existence? (check one)
    _____ less than 1 year
    _____ greater than or equal to 1 year but less than 3 years
    _____ greater than or equal to 3 years but less than 5 years
    _____ greater than or equal to 5 years but less than 7 years
    _____ greater than or equal to 7 years but less than 9 years
    _____ greater than or equal to 9 years
THE STAFF DEVELOPMENT PROGRAM

(A staff development program consists of three different types of programs: orientation, inservice, and continuing education. Each of the following sections addresses one of these three components.)

11. Orientation training is necessary to provide all staff with a working knowledge of the adult day care center. Some of the following elements are mandated by DSS while others are considered to be important by centers around the state. Please check any of the following elements that you include in your orientation program.

- Participant confidentiality
- Job duties/position description
- Staff response to a fire
- Purpose of ADC
- Reporting abuse/neglect/exploitation
- Staff response to illness or injury
- Personnel policies
- Infection control
- Staff response to lost or missing participant
- Philosophy of the center
- Physical plant

12. Inservice training covers programming such as policy changes and new operating procedures. Please list up to six inservice programs that you have offered over the past six months.

- a
- b
- c
- d
- e
- f

13. Continuing education covers programs that are intended to enhance the knowledge of staff regarding issues directly related to their work roles in adult day care. Please list up to six continuing education opportunities that you have provided for your staff in the past six months. (Include both in-house and out-of-house programs, such as state, regional, or national conferences).

- a
- b

(Continued on back)
Thank you! The next section will provide descriptive information about your staff development program. (Brief responses are appropriate.)

14. How are the topics for your staff development programs determined? (i.e., needs assessment, self-evaluation, personal interest, and/or program availability)

______________________________

______________________________

15. How are the number and frequency of programs offered determined?

______________________________

______________________________

16. What amount of your total budget (across all adult day care centers that you manage) is allocated for staff development?

______________________________

17. Do you have an evaluation program in place to measure the progress of your staff development program?

yes ______ no ______

18. Do you currently have a coordinator, or some other person who is responsible for planning, providing, and/or overseeing staff development?

yes ______ no ______

19. a. If yes, who coordinates the program? (specify title) _______________________

b. What is his/her education? ________________________________________________
c. Briefly describe his/her relevant background/experience: ____________________________________________

d. Is he/she part time or full time in the staff development coordinator position?
   part time _______ full time _______

THE MEANING OF STAFF DEVELOPMENT

The following section is very important. It will help us understand the meaning that you, as a Director, place on the issue of staff development. All responses are open ended. Please use the back of the page if you need additional space.

20. In what ways do you feel that orientation, inservice and continuing education programs affect the quality of care your staff provides to your adult day care clients?

(Continued on back)
21. The DSS standards require 8 hours of training for all staff annually. Would you provide this much training for all levels of staff if it was not mandated by the state? Why or why not?

22. Do all your adult day care staff (aides, licensed staff and administrative staff) respond to staff development activities positively? In other words, are some individuals more willing or more self-directed than others to engage in learning opportunities? Please explain.

Please feel free to make further comments if you wish.
Thank you very much for your time!
Appendix B

Virginia Tech Institutional Review Board

Approval For Research on

Human Subjects
MEMORANDUM

TO: A. Dawn Hensley
    Family and Child Development

FROM: Ernest R. Stout
       Associate Provost for Research

DATE: February 25, 1994

SUBJECT: IRB EXEMPTION/"The Provision of Staff Development
          Programs in Virginia Adult Day Care Centers"
          Ref. 94-037

I have reviewed your request to the IRB for exemption for the
above referenced project. I concur with Dr. Bird that the research fall
within the exempt status.

Best wishes.

ERS/php

c: Dr. Bird
INVOVING HUMAN SUBJECTS

Principal Investigator(s): A. Dawn Hersley

Department(s): Family and Child Development

Title: The Provision of Staff Development Programs in Virginia Adult Day Care Centers

Source of Support: Departmental Research

1. The criteria for 'exemptions' from review by the IRB for a project involving the use of human subjects and with no risk to the subject is listed below. Please initial all applicable conditions and provide a substantiating statement of protocol.

   a. The research will be conducted in established or commonly established educational settings, involving normal education practices. For example:
      1) Research on regular and special education instructional strategies;
      2) Research on effectiveness of instructional techniques, curricula or classroom management techniques.

   b. The research involves use of an education test (cognitive, diagnostic, aptitude, achievement), and the subject cannot be identified directly or through identifiers with the information.

   c. The research involves survey or interview procedures, in which:
      1) Subjects cannot be identified directly or through identifiers with the information;
      2) Subject's responses, if known, will not place the subject at risk of criminal or civil liability or be damaging to the subject's financial standing or employability;
      3) The research does not deal with sensitive aspects of subject's own behavior (illegal conduct, drug use, sexual behavior or alcohol use);
      4) The research involves survey or interview procedures with elected or appointed public officials, or candidates for public office.

   d. The research involves the observation of public behavior, in which:
      1) The subjects cannot be identified directly or through identifiers;
      2) The observations recorded about an individual could not put the subject at risk of criminal or civil liability or be damaging to the subject's financial standing or employability;
      3) The research does not deal with sensitive aspects of the subject's behavior (illegal conduct, drug use, sexual behavior or use of alcohol).

   e. The research involves collection or study of existing data, documents, recording pathological specimens or diagnostic specimens, of which:
      1) The sources are publicly available;
      2) The information is recorded such that the subject cannot be identified directly or indirectly through identifiers.

2. I further certify that the project will not be changed to increase the risk of exempt exception(s) without filing an additional certification or application for use by the Human Subjects Review Board.

Note: If children are to be any risk to the child, the chairman of IRB should be notified immediately in order to take corrective action.

A. Dawn Hersley 2/17/94

Principal Investigator(s) Date

Karin W. Reed 2/20/94

Departmental Reviewer Date

Chair, Institutional Review Board Date

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Appendix C

Virginia Department of Social Services

Listing of Licensed Adlt Day Care Centers
Commonwealth of Virginia
Department of Social Services
Licensed Adult Day Care Centers

Region: Central Virginia

Ms. Lynne K. Seward
Adult Development Center
3111 West Clay Street
Richmond, VA 23230
(804) 261-0205

Ms. Margaret Cousin
Alternative Adult Care
2221 E. Parham Rd. Suite B
Richmond, VA 23228
(804) 264-6450

Mrs. Barbara Heckman
Bethlehem Center
1224 Brookland Park Blvd.
Richmond, VA 23222
(804) 329-1923

Ms. Jeannette L. Schoder
Hanover Adult Center
P.O. Box 824
Mechanicsville, VA 23111
(804) 746-0743

Sandra Carpenter
Hazelwood House Adult Day Care Center
1107 West Darville St
South Hill, VA 23970
(804) 447-7661

Rita K. McMally
Interfaith Adult Day Care, Inc.
615 High Street
Petersburg, VA 23803
(804) 732-3919

Bernetta Kemp
Mary Carter Beacon House for the Handicapped
233 S. Adams Street
Petersburg, VA 23803
(804) 861-1890

Kim D. Jenkins
Petersburg Adult Day Health Care Center
130 McKeever Street
Petersburg, VA 23803
(804) 861-1353
Mrs. Willie J. Dell  
Richmond Community Senior Center  
1 Brenton Street  
Richmond, VA 23222  
(804) 329-7272

Gloria C. Thorpe  
South Richmond Senior Center  
1500 Hull Street  
Richmond, VA 23224  
(804) 231-9306

Mrs. Lory P. Osorio  
Stuart Circle Center  
3900 West Broad St. #20  
Richmond, Va 23230  
(804) 355-5717

Region: Eastern Virginia

Barbara Benton  
B’s Adult Day Care  
3105 American Legion Road, Suites D, E, F  
Chesapeake, VA 23321  
(804) 483-9954

Celia Simpson  
Georgian Manor at River Walk  
651 River Walk Parkway  
Chesapeake, VA 23320  
(804) 436-9618

Ms. Melvia Eley  
Hampton Adult Day Health Care Center  
201 Lincoln Street  
Hampton, VA 23669  
(804) 723-5534

Mrs. Sharon Goumas  
M. E. Cox Center for Elder Day Care, Inc.  
644 North Lynnhaven Road  
Virginia Beach, VA 23452  
(804) 340-4388

Ms. Barbara J. Quale  
Norfolk Senior Center Adult Day Health  
924 West 21st Street  
Norfolk, VA 23517  
(804) 625-5857

Ms. Barbara J. Quale  
Norfolk Senior Center Adult Day Health  
7300 Newport Avenue  
Norfolk, VA 23505  
(804) 625-5857
Ms. Patty Heath
Riverside Adult Daycare Center
1000 Old Denbigh Blvd.
Newport News, Va 23602
(804) 875-2033

Ms. Patty Heath
Riverside Adult Daycare Center - Williamsburg
1014 Jamestown Road
Williamsburg, Va 23185
(804) 875-2033

Ms. Cynthia Petkus-Barna
Sentara Adult Day Health Care
3751 Sentara Way
Virginia Beach, VA 23452
(804) 463-0600

Mr. Melvin L. Spruill
Wilton Limited
118 Great Bridge Blvd.
Chesapeake, VA 23320
(804) 547-4460

Region: NVA Fairfax-Out

Ms. Debbie Ludington
Alexandria Adult Day Health Care Center
1108 Jefferson Street
Alexandria, VA 22314
(703) 838-4224

Ms. Kay Larmer
Annandale Day Health Care Center
7200 Columbia Pike
Annandale, Va 22003
(703) 750-3316

Linda Noyes
Family Respite Center
2036 Westmoreland St.
Falls Church, Va 22043
(703) 532-8899

Stuart R. Evans
Leewood Adult Daycare Center - Wayside
7120 Braddock Road
Annandale, VA 22003
(703) 256-9770

Mrs. Kay Larmer
Lewinsville Day Health Care Center
1609 Great Falls Road
McLean, Va 22101 (703) 734-1718
Marijane Harper
Lincolnia Adult Day Health Care Center
4710 No. Chambliss St.
Alexandria, VA 22312
(703) 914-0226

Caroline Ferguson
Loudoun County Respite Center
751 Miller Drive
Suite D-2
Leesburg, VA 22075

Marcia Pisoni
Madison Adult Day Health Care Center
3829 N. Stafford Street
Arlington, VA 22207
(703) 358-5340

Janice Brown
Mt. Vernon Day Health Care Center
8850 Richmond Highway
Alexandria, VA 22309
(703) 799-8570

Region: Northern Virginia

Daryl Sullivan
Hughes Adult Day Care
98 Caroline Street
Fredericksburg, Va 22401
(703) 373-4190

Mary Nour
Prince William Senior Day Program at Manassas
9258 Center Street
Manassas, VA 22110
(703) 330-2539

Barbara Dahlgren
Prince William Senior Day Program
15941 Cardinal Drive
Woodbridge, VA 22191
(703) 792-4990

Region: Piedmont Virginia

Mariellen Heron
Adult Care Center of the Roanoke Valley
VA Medical Center Building 76
1970 Roanoke Boulevard
Salem, VA 24153
(703) 983-1026
Alice Culler
Adult Day Care Martinsville/Henry Co.
433 Commonwealth Blvd.
Martinsville, VA 24115
(703) 666-9400

Elinor B. Hopkins
Adult Care Center of Central VA
7th & Court Streets
Lynchburg, VA 24504
(804) 847-8111

Mariellen Heron
Adult Day Care of Roanoke Valley
2707 Williamson Road
Roanoke, VA 24012
(703) 362-5741

Elizabeth Webb
Bedford Day Care Center For Adults
1613 Oakwood Street
Bedford, VA 24523
(703) 586-8424

Benjie Davis
VA Baptist Hospital Daytime Center
3300 Rivermont Avenue
Lynchburg, VA 24503
(804) 947-4575

Mary Lou Weiss
Thomas Jefferson Adult Health Care Center
1512 E Market Street
Charlottesville, VA 22901
(804) 296-7711

Terry Team
Waynesboro Adult Day Care Center
325 Pine Street
Waynesboro, VA 22980
(703) 949-4151

Phyllis Greenberg
Virginia Tech Adult Day Care Center
102 Wallace Hall, Virginia Tech
Blacksburg, VA 24061-0416
(703) 231-3161
Appendix D

Pre-survey Letter
Dear Adult Day Care Colleagues:

I wanted to tell you about a Virginia adult day care research project that one of my graduate students will be doing this Spring, and to ask for your assistance in collecting her data. Keeping in mind the busy schedules that each of you has every day, she is sensitive to the need to keep the survey "short and to the point".

This Spring Dawn Hensley will examine the process of staff development in Virginia adult day care centers. She has spent a great deal of time examining state and national standards for staff development in adult day care, as well as exploring the process of staff development in a variety of other long term care and acute care settings. What she is trying to determine is exactly how those of us in adult day care assess the need for and provide staff development opportunities. She is also interested in what Directors of the centers think about the process of staff development.

Dawn's mail survey will take no more than 12 minutes to complete. She is currently pre-testing the survey for fine tuning so that she can be reasonably confident that it meets her (and your) time completion needs.

As we have done in the past, when the project is complete each participating center can expect a copy of the project Executive Summary. Dawn will also provide data to the Virginia Institute on Adult Day Care, at the request of the organization.

I hope you will give your support to the project and that, in return, Dawn can provide some state level data that others may find beneficial. I will be working closely with Dawn on this project and will be glad to answer any questions that you may have.

Sincerely,

Shirley S. Travis, Ph.D., R.N.
Adult Day Care Project Administrator
and Co-Director
(Adult Day Care Phone: 703/231-3161)
Appendix E

Pre-test Letter and Sample
Pre-test survey respondents

Judith R. Owen, President/Program Director
The Alzheimer’s Center
920 West 1st Street
Winston-Salem, NC 27101
(910) 724-2155

Jane Carlson, Director
LIFE Adult Day Care Center
411 West Mathews
Stillwater, OK 74075
(405) 377-0978

Steve Butcher
Carroll County Adult Day Care Center
110 6th Street
Carrollton, KY 41008
(502) 732-7025
February 22, 1994

Judith R. Owen  
The Adult Day Care and Alzheimer's Center  
920 West 1st Street  
Winston-Salem, NC 27101

Dear Judith,

I spoke with you earlier today about you critiquing the mail survey I have designed on the staff development process in adult day care centers. I would like to thank you for your willingness to do this for me. It is much appreciated.

As I mentioned on the phone, I would like for you to read through the survey and let me know what you think of it. Feel free to write comments at any point. You do not actually have to fill out the survey, but it would be helpful if you would put down examples to some of the questions so I can see how you have interpreted them. I would also like to know how long you think the survey will take to fill out and if you think that it is too much time to ask of adult day care administrators. Please make any suggestions that you feel would improve the survey.

I have enclosed a stamped, self-addressed envelope for you to return the survey in. Please do this as soon as possible as I am hoping to make corrections to the survey and begin mailing them out in mid March.

Once again, thank you for your willingness to help me out on my thesis research. If you would be interested in the results of my study, make a note at the top of the survey and I will be glad to mail you an executive summary once it is completed.

I look forward to hearing from you.

Sincerely,

Dawn Hensley  
Graduate Student
Appendix F

Cover Letter for Initial Survey Mailing
Dear Adult Day Care Administrator:

Staff development addresses an individual's continuing and growing need to develop skills, knowledge and job performance. An effective staff development program can provide improvement in the quality of adult day care services by enhancing the knowledge, skills, and leadership of the staff. Unfortunately, little systematic knowledge exists on the processes of staff development in long term care. There are many questions that need to be asked in order to better understand these processes.

This survey was designed to help answer some of these questions. Your day care center was selected from the list of licensed adult day care centers in Virginia, provided by the Department of Social Services. In order for the results to truly represent the thinking of professional providers, it is important that each survey be completed and returned. This survey should take approximately 15 minutes of your time.

Indicate your responses to the survey questions by recording your answer directly onto the survey form. If more space is needed, attach additional sheets to the survey. You are welcome to include comments at any point. After completing the survey, return it in the enclosed stamped envelope. All postage has been paid. Please return the survey by April 8, 1994.

Some of the questions in the survey ask for specific information regarding the center(s) that you currently administer. In the case where you are responsible for multiple sites, sum your information across all centers that you administer. Please indicate the number of centers at the top of the survey. If, by accident you should happen to receive more than one copy of this survey, please discard the duplicate copy.

Your are assured of complete confidentiality. The survey has an identification number for monitoring completed surveys only. Your name will not be placed on the survey or included in any results. A consent form is included for you to sign and return with the completed survey. An executive summary will be given to all participant's at the conclusion of the study.

If you should have any questions, please feel free to contact me or my advisor, Dr. Shirley Travis, at any time (703/231-7657). I thank you in advance for your participation and look forward to hearing from you.

Sincerely,

Dawn Hensley
Graduate Student
(Name),

I'm sorry this survey is being sent to you later than anticipated. The pre-test, which was conducted on three ADC administrators from out of state, took longer than I expected. I hope to hear from you soon!

Dawn
Appendix G

Informed Consent Letter
Dear Survey Respondents,

You may have noticed that there is a blank space on your survey for an identification number. Please do not worry about placing a number in the space. I will code your survey when it is returned and will use your signed informed consent to keep track of who has responded to the survey. If by chance the name on the address label is different from the person who signs the informed consent, please include the name of the responding center under the signature on the consent form so I will know who is responding to the survey.

The university human subjects review committee has become very strict about written informed consent for faculty and student research. Therefore, the monitoring process has become a little cumbersome. Please bear with me and I apologize for any inconvenience this may cause.

Don't forget to include your written informed consent when returning your survey. Thank you for your time!

Sincerely,

Dawn Hensley
Appendix H

Cover Letter for Second Mailing
Dear Adult Day Care Administrator:

Approximately three weeks ago, you should have received a survey on the process of staff development in Virginia Adult Day Care Centers. Recognizing the time constraints that you face every day, the survey was pretested by colleagues in North Carolina, Kentucky and Oklahoma for clarity of content and time needed for completion. I was pleased by the positive feedback these administrators sent with their completed surveys.

Unfortunately, even the best crafted survey isn’t very valuable unless it is completed! Because we have only 43 licensed centers in Virginia, every single administrator represents an essential part of the information gathering process.

If you haven’t already done so, won’t you please complete the attached survey? Indicate your responses to the survey questions by recording your answer directly onto the survey form. You are welcome to include comments at any point. Some of the questions in the survey ask for specific information regarding the center(s) that you currently administer. In the case where you are responsible for multiple sites, sum your information across all centers that you administer. Please indicate the number of centers at the top of the survey. After completing the survey, return it in the enclosed stamped envelope. All postage has been paid. Please return the survey by April 29, 1994.

You are assured of complete confidentiality. I have added an identification number with this mailing for monitoring the completion of the remaining surveys. Your name will not be placed on the survey or included in any results. A consent form is included for you to sign and return with the completed survey. An executive summary will be given to all participants at the conclusion of the study.

If you should have any questions, please feel free to contact me or my advisor, Dr. Shirley Travis, at any time (703/231-7657). I thank you in advance for your participation and look forward to hearing from you.

Sincerely,

Dawn Hensley
Graduate Student
Appendix I

Return Informed Consent Form Letter
April 29, 1994

Jane Pack, Administrator
Classic Day Care For Adults
P.O. Box 489
Appomattox, VA 24552

Dear Jane,

Thank you for responding to the survey I sent you on "Staff Development in Virginia Adult Day Care Centers". Your response is important. Unfortunately, I did not receive a signed consent form along with the completed survey. According to the regulations set by the Human Subjects Institutional Review Board at Virginia Tech, I am required to ask you to sign a consent form indicating that you have been provided with an explanation of the study.

I am enclosing a copy of this form, along with a self-addressed stamped envelope, for you to sign and return to me. I appreciate you taking the time to do this. If you should have any questions, please feel free to contact me at (703) 231-7657.

Once again, than you for your time and help.

Sincerely,

Dawn Hensley
Graduate Student

Enclosure
Appendix J

Follow up Post Card
April 29, 1994

Dear Survey Respondents,

This is a short note to ask you to return your survey on "Staff Development in Virginia Adult Day Care Centers" as soon as possible. You are one of a handful of directors who has not responded. If you prefer to schedule a telephone interview, please make a note on your survey and return it with your signed informed consent form. I will contact you to schedule a day and time.

Sincerely,

Dawn Hensley
Dawn Hensley, Graduate Student

Dawn Hensley
Department of Family and Child Development
Virginia Tech
Blacksburg, Virginia 24061-0416

(address label)
A. Dawn Hansley

Home Address
750 Tall Oaks Drive
Apartment 12
Blacksburg, Va 24060
(703) 951-5141

Department Address
Family and Child Development
Virginia Polytechnic Institute
and State University
Blacksburg, VA 24061-0416
(703) 231-3161

Education
M.S. in Family and Child Development - Adult Development and Aging (expected December 1994)
Virginia Polytechnic Institute and State University
Blacksburg, Virginia 24061-0416
Thesis title: The Provision of Staff Development Programs in Virginia Adult Day Care Centers.

B.S. in Psychology May 1992, Magna Cum Laude
Ferrum College
Ferrum, Virginia 24088

Related Experience

August 1993 - January 1994
Graduate Assistant for the Virginia Tech Adult Day Care Center, Department of Family and Child Development, Virginia Polytechnic Institute and State University.

January 1993 - May 1993
Graduate Assistant for Shirley S. Travis, Associate Professor of Family and Child Development, Virginia Polytechnic Institute and State University.

January 1993 - May 1993
Graduate Assistant for "Field Placement" course under Joyce Arditti, Assistant Professor of Family and Child Development, Virginia Polytechnic Institute and State University.

Work Experience

February 1994 - present
Assistant Director, Virginia Tech Adult Day Care Center, Department of Family and Child Development, Virginia Polytechnic Institute and State University.

May 1991 - present
Hospice Volunteer, Roanoke Memorial Hospital Hospice, Roanoke, VA
January 1990 - May 1992
Secretary, Franklin Health Care Center (nursing home), Rocky Mount, VA

Publications


Professional Activities and Presentations


University Activities

September 1992 - May 1994
Senator, Graduate Student Assembly, Virginia Polytechnic Institute and State University.

September 1992 - May 1994
Member, Family and Child Development Graduate Student Association, Virginia Polytechnic Institute and State University.

Professional Memberships

Gerontological Society of America: Behavioral and Social Sciences Section (since 1992)
Southern Gerontological Society (since 1993)
National Council on Family Relations: Feminism and Family Studies Section (since 1993)

References

Dr. Shirley S. Travis
Associate Professor
Department of Family and Child Development
Virginia Polytechnic Institute and State University
Blacksburg, VA 24061-0416
Dr. William J. McAuley  
Director  
Center for Gerontology  
Virginia Polytechnic Institute and State University  
Blacksburg, VA  24061-0416

Dr. Marcia Safewright  
Research Associate  
Center for Gerontology  
Virginia Polytechnic Institute and State University  
Blacksburg, VA  24061-0416

A. Dawn Hensley