Improving Supervision for Frontline Jobs: A Massachusetts Case Study of Skill Nursing Facilities

Across the country, skilled nursing facilities are facing the worst direct-care staffing crisis in decades. Massachusetts, with an unemployment rate of 3.5 percent at the end of 2017, is among the states struggling to attract and retain sufficient numbers of frontline health workers, including certified nursing assistants (CNAs). CNAs provide around-the-clock compassionate care to nursing facility residents by assisting with essential functions such as feeding, bathing, dressing, and walking. With CNA vacancy rates having more than doubled since 2010, the insufficient staffing is affecting the ability of nursing facilities to deliver quality care to frail elders and individuals with disabilities.

This crisis is driven by three factors: a rapidly growing older population in need of care, the quality of nursing assistant jobs, and declining government funding for nursing facility care. Thus, improving job quality for CNAs requires a multipronged strategy, including improved compensation and better training and support.1

One frequently cited factor for improving job quality is better supervision.2 In 2008, the Institute of Medicine (IOM) found that positive supervision can greatly increase direct care workers’ sense of value, job satisfaction, and intent to stay.3 Supervisors and managers who are trained to support staff and engage them in decision making, according to the IOM, demonstrate a higher level of care and concern resulting in higher retention rates.4 Despite these findings, registered nurses and licensed practical nurses receive little or no supervisory training to manage and supervise CNAs.

The inability of Massachusetts nursing facilities to improve the quality of jobs for direct-care staff—through improved compensation and supportive supervision—is a direct result of the state’s lack of investment in nursing facility services. Employee wages and benefits comprise 75 percent of a nursing facility’s budget. With the care of over two-thirds of nursing facility residents paid for by MassHealth, the state’s Medicaid program, Massachusetts nursing facilities, unlike other businesses, are dependent upon state funding to ensure quality resident care and quality jobs. Years of underfunding for skilled nursing facility care has contributed to a $37 per patient, per day gap between the cost of providing resident care and the state’s reimbursement for facility services. Employee wages and benefits comprise 75 percent of a nursing facility’s budget. With the care of over two-thirds of nursing facility residents paid for by MassHealth, the state’s Medicaid program, Massachusetts nursing facilities, unlike other businesses, are dependent upon state funding to ensure quality resident care and quality jobs. Years of underfunding for skilled nursing facility care has contributed to a $37 per patient, per day gap between the cost of providing resident care and reimbursement from MassHealth.5 This funding crisis has

Addressing job quality is essential to grow and stabilize the nation’s caregiving workforce to meet growing demand and to improve the quality of care and quality of life for nursing facility residents.

A Massachusetts Case Study of Skilled Nursing Facilities

This report examines findings from a recent Massachusetts pilot project intended to test the efficacy of supervisory training in creating more supportive workplaces and improving staff stability and satisfaction in three Massachusetts long-term care systems. Sponsoring the Massachusetts Senior Care Association with support from the National Fund for Workforce Solutions, Boston SkillWorks, and the Massachusetts Senior Care Association, the project trained supervisors in the PHI Coaching Approach to Supervision6. The model teaches a relational approach to supervision that builds skills in interpersonal communication and problem solving.
QUALITY JOBS FOR QUALITY CARE CAMPAIGN

To address the state’s staffing crisis, Mass Senior Care Association (MSCA) launched its Quality Jobs for Quality Care campaign in 2015. Since that time, unemployment has continued to decline and vacancy rates among CNAs have increased to 19 percent, leaving one in seven positions vacant. In rural Berkshire County, vacancy rates reached an alarming 21 percent in 2017. The MSCA Quality Jobs for Quality Care Campaign proposed a multipronged strategy for investing in better jobs for nursing assistants, including:

- Create a pathway to a living wage with an annual wage pass-through for CNAs and ancillary staff in dietary, laundry, and housekeeping.
- Create supportive workplaces by launching evidence-based supervisory training for nurses and other managers in skilled nursing facilities.
- Establish a CNA scholarship program to help immigrants and those without high school degrees complete programs in Adult Basic Education/English as a Second Language and CNA certification.

In fiscal year 2017, the Massachusetts legislature allocated $35.5 million to fund wage increases for frontline staff. As a result, nursing assistants have seen an increase from a median wage of $13.36 in 2016 to $14.33 in 2017. Nonetheless, the average industry wage lags behind the estimated living wage of $25.38 for one adult and one child living in Massachusetts. To assess the impact of supervisory training on CNA recruitment and retention, MSCA, in conjunction with the Mass Senior Care Foundation, launched a pilot project with philanthropic funding.

The findings also identified key conditions for successful implementation, including:

- Sufficiency stable staffing to allow supervisors to attend two consecutive days of training.
- Strong, committed leadership from administrators, directors of nursing, nurse managers/leaders, and corporate management.
- Well-designed, cross-departmental training groups that set the stage for improving organizational communication.
- Trainers capable of delivering the highly interactive, learner-centered curriculum.
- Adequate resources to allow supervisors and managers the time to attend training; and,
- Commitment to reinforce coaching skills and to integrate them into regular business practices.

Though the pilot data—collected only during the first year of implementation—cannot confirm sustained positive impact on retention, administrators believed strongly that the program was improving their workplace cultures and was an important element in improving job satisfaction. To fully address the state’s recruitment and retention challenges, they argued, wages would have to continue to rise, and that would depend on the state’s willingness to increase Medicaid reimbursement rates. Nearly a decade ago, the Institute of Medicine’s “Retooling for an Aging America” report summarized evidence that quality supervision increases job satisfaction and “intent to stay” among direct caregivers. This pilot study demonstrates that high-quality supervisory training in skilled nursing facilities can have multiple benefits for staff as well as residents and their families.

Implementing the Training Program

In the summer of 2016, the pilot’s partners and funders engaged PHI, the nation’s leading authority on the direct care workforce, to deliver a train-the-trainer program to help the following three long-term systems implement the evidence-based PHI Coaching Approach to Supervision:

- Berkshire Healthcare System: A large statewide not-for-profit health system, Berkshire provides a full-range of long-term care services through their skilled nursing facilities, hospice, and assisted living residences. Three Berkshire Healthcare facilities participated in the project: Hillcrest Commons Nursing & Rehabilitation Center in Pittsfield, Linda Manor Manor Extended Care Facility in Leeds, and Kimball Farms Nursing Care Center in Lenox. A particular challenge for Berkshire Healthcare System is that Berkshire county, in 2017, had the highest CNA vacancy in the state: 21.8 percent as compared to the statewide average of 13 percent.
- Broad Reach Healthcare: A Cape Cod-based family owned long-term care organization, Broad Reach in Chatham provides skilled nursing and rehabilitation, assisted living, and hospice services. High turnover during the summer season is a particular challenge for facilities on Cape Cod, a popular summer destination.
- Apple Valley Center: Located in northeastern Massachusetts, Apple Valley Center in Ayer is a nationally operated skilled nursing and rehabilitation facility. Its workforce challenges include the lack of transportation for staff and its co-location with a hospital that pays higher wages.

PHI Coaching Approach to Supervision®

The PHI Coaching Approach to Supervision® (Coaching Supervision) is defined as “a relational approach to managing and supporting staff members and teams.” This approach seeks to help individuals grow their interpersonal communication and problem-solving skills to empower staff and, in the long run, facilitate more efficient and effective management.

In contrast to a traditional discipline-and-punish approach to supervision, Coaching Supervision encourages supervisors to build supportive relationships with their employees, to understand the barriers they face to successful employment (such as reliable child care or transportation), and to help frontline workers learn the problem-solving skills they need to excel in the workplace.

The Coaching Supervision Skillset

In the two-day PHI Coaching Supervision training, supervisors learn and practice core communication skills—active listening, self-awareness and self-management, and clear communication without blaming or judging—that help them build supervisory relationships and apply these skills to performance-related conversations. Everyone thinks they know how to listen, but as leadership expert Stephen R. Covey has said, “Most people don’t listen with the intent to understand, they listen with the intent to reply.” Active listening is listening with the intent to understand. It involves:

- Paying attention to the speaker,
- Asking clarifying questions to understand the speaker’s perspective, and
- Paraphrasing to reword and confirm mutual understanding.
A MASSACHUSETTS CASE STUDY

This is the foundation upon which a coach supervisor builds an effective supervisory relationship. At the next level of skill development is self-awareness/self-management. When listening with the “intent to reply,” people don’t actually hear the speaker: they make assumptions about what the speaker is saying, they react, they plan what they are going to say, Coach supervisors learn to notice those habits in themselves (self-awareness) and to “pull back,” a practice through which the listener sets aside their own emotional reaction and puts their attention back on the speaker (self-management). Finally, coaches must communicate using objective language that focuses on observed behavior. This avoids subtle cues that imply blame or judgment, a common problem when communicating across differences of race, ethnicity, education, and class.

Using Coaching Skills to Resolve a Performance Issue

Avoiding blame or judgment is particularly important when engaged in a conversation focused on a performance issue. The PHI coaching training teaches supervisors to “Present the Problem” using four steps:

- Be clear and direct about the behavior you want to address
- Use objective language free of blame and judgment
- Describe the impact of the behavior
- Express belief in the worker’s ability to resolve the problem

The final step—expressing belief in the worker—is vital to communicating respect, the quality many CNAs cite as missing in their workplace relationships, particularly relationships with nurses and other managers.

Impact of the Intervention

Uniformly, organization leaders, coaches, and training participants valued the impact of the coaching training program. Specifically, participants noted that the training program improved communication between supervisors and staff, increased interdepartmental understanding, generated stronger and more trusting relationships, increased individual and organizational problem-solving capacity, reduced disciplinary actions, and improved patient and customer satisfaction.

Improved Communication Skills

Participants highlighted that the training significantly improved their communication skills and provided concrete tools to more effectively supervise. The skills that participants identified as most important included active listening, particularly paraphrasing and asking open-ended questions; awareness of listening blocks; and pulling back from “emotion and judgment during a confrontation.”

THE INTERVENTION

Embedding PHI Coaching Supervision in Massachusetts Long-Term Care

PHI used a train-the-trainer strategy to introduce Coaching Supervision to the three participating systems. Each organization sent three to four staff members, ranging from human service directors to staff educators to clinical directors, to the initial training. These eleven staff then delivered the training to managers and supervisors throughout their organizations. To provide additional support, PHI also attended the first day of training at each facility, convened organizational leaders, and provided training boosters. The full intervention included:

- Five-day train-the-trainer: During the first two days of the training, participants experienced the training they would deliver in their own facilities. During the next three days, they learned about adult learner-centered education and practiced delivering the training themselves.
- Two-day Coaching Supervision training: Trainers delivered the two-day Coaching Supervision training to 332 managers and supervisors in five skilled nursing facilities, one assisted living center, and one hospice program.
- Two one-day leadership trainings:
  - With the goal of building institutional support, PHI invited administrators, human resource directors, and directors of nursing to two one-day workshops that focused on recruiting workers in a competitive environment, understanding coaching skills and their impact, and how to build a coaching culture.
  - Two booster sessions: Trainers were brought back together for two workshops to share learnings, challenges and successes, and to develop additional skills. The first booster provided an introduction to a one-day communication skill training for frontline workers and the second focused on “feedback skills”: i.e., how to provide personal feedback when an employee’s behavior is inappropriate or adverse to the workplace.

Two thirds of our frontline staff travel past three other competing facilities to come to us. We have to give them a value proposition that makes that worthwhile, and we can’t always do it in dollars. With Coaching Supervision, we hope to create a workplace environment that they can’t get elsewhere.

- Bill Bogdanovich, President and CEO, Broad Reach Healthcare

The training helped to improve cross-departmental communication as well. Nursing facilities tend to be siloed operations, but by bringing people from different departments into the training, they opened up new channels of communication. McLaughlin explained, “Now the dietary manager is communicating with the nurse unit manager. People take things less personally. When nursing asks for a special tray for a resident, it isn’t because they are trying to make the day harder for the kitchen staff [which is how it can be perceived]. It is for the residents.”

Better Relationships

Bridgette Carty, clinical lead for the subacute unit at Broad Reach, explained that knowing a person’s “back story” sets the stage for open communication. She says, “I have built trusting relationships with several staff members, including the CNAs who report to me.”

“Tools of active listening and being present were a real eye opener for me,” said Rosemary McLaughlin, director of education and training at Berkshire Healthcare. She is now taking a more “relational approach” with employees. She also noted that the supervisors she trained are more likely to actively listen and “less likely to react.” Instead, she said, “they will take a breath, pause, and try to hear the person’s story without making assumptions.”

Rosalee Lampro, director of nursing at a Berkshire Healthcare facility, says that she has improved relationships with people on her staff by entering into conversations based on the assumption that “the person is doing the best they can,” and the problem they are having is “not about me.” Similarly, Emily Haynes, assistant director of nursing at Broad Reach, explained, “I no longer assume someone who is upset is angry at me. I assume something is wrong for that person and try to find out what it is.” This belief in the person’s desire to resolve the problem sets the stage for a positive interaction and a stronger relationship.

Improved Problem Solving

All the participants in the coaching training reported that coaching skills improved their ability to have difficult conversations and to work with staff to find solutions to performance-related issues. For Chris Jones, director of rehabilitation at Broad Reach, pulling back has been key. He said, “I try to make sure the speaker understands that I am hearing their side of the story, and that changes the dynamic.” Also, Jones has changed his approach to problem solving. As a supervisor, he tended to jump in with a solution. Now, he says, “I realize I need to work with the person on arriving at their own solution, so that person remains in control.” The Coaching Approach, he said, “helps us teach better problem solving skills.”

The President and CEO, Broad Reach Healthcare
Better Customer Relations

Coaching skills improve supervisory relationships, but they are also useful in other workplace interactions, particularly with residents and their families. Jones explained how he used coaching skills with an irate patient in the rehab unit he manages at Broad Reach. By actively listening and showing empathy—explaining that he understood why she was upset—he was able to defuse the situation and prevent her from going home against medical advice. He said, “Once she and her husband realized I was not there to verbally spar with them but to work with them to solve the problem, their tone completely changed and together we found a great resolution to the problem.”

A More Supportive Culture

Coaching communication is a cultural change for many skilled nursing facilities. Managers become more aware of the complex lives of their frontline workers and the barriers they face in succeeding at work. “The Coaching Approach helped people see the judgments and assumptions they were making about our frontline workers,” said Maggie Messer, employee engagement manager at Berkshire Healthcare System. Messer explained that supervisors often are unaware of the struggles that their direct-care workers face. She told the story of a young woman, whose mother passed away, leaving her to care for a disabled brother and a sister with learning disabilities. “When managers listen to the workers’ stories, it is a humbling experience,” she said. “We put ourselves on a pedestal, but often we have just been lucky in our lives.” Stepping back and listening with our full attention helps to build respectful relationships, and that makes a big difference to the culture of the organization, she asserted.

The shift to coaching can be a big change for nurses in other ways as well. David Maloney, the hospice director at Broad Reach, observed, “Nurses are problem solvers, and often look at a situation and think it is faster to fix it themselves. Coaching takes more time at the beginning. It’s an investment. But down the road, it could save hours of time.”

Bogdanovich agreed, noting that in his organization, supervisors are working at not reacting to employees with anger, exasperation, or frustration, but rather are “pausing to rethink.” The ability to do that, he says, “makes a significant difference in achieving the workplace culture we want.”

Conditions for Success

In analyzing the results of the project and discussing lessons learned, participants identified several organizational characteristics and conditions that support successful implementation and sustainability:

Sufficiently Stable Staffing

In all three long-term care systems, rolling out the training proved to be more difficult than expected. High levels of staff vacancies made pulling staff from the floors to participate in the training difficult. Turnover was so high at Apple Valley—the highest at the leadership level and frontline staff—that after an initial training of unit managers, the program ground to a halt. The new administrator, Libby Haidemonos said, “the initial training was very beneficial and once our staffing is more stable, we plan to train all of our nurses.”

To accommodate the needs of their facilities, Berkshire Healthcare delivered the training in nonconsecutive half days at some sites. This, admitted McLaughlin, may not have been ideal. At the most successful Berkshire facility, the administrator felt delivering the training in two consecutive full days “was worth the pain.” Commenting that one of her facilities was experiencing a 43 percent vacancy rate among CNAs, McLaughlin observed, “Perhaps above a certain percentage of vacancies the barriers to training are just too high.”

One answer to the challenge was to use replacement staff. However, finding replacement staff is difficult when vacancy rates are high. Even when managers and supervisors fill in for staff participating in training additional replacement staff was needed and not always available.

Leadership that Champions the Intervention

The organizations that were most successful in implementing the program had leaders who felt deeply invested in building relationship-centered cultures. These leaders modeled the skills, supported their training by allocating funds for replacement staff, and empowered their teams to experiment with new supervisory and disciplinary processes.

When leaders are committed to the PHI Coaching Approach it can be transformative. As Bogdanovich explained, the coaching intervention is “a journey, not an excursion.” Staff need ongoing support to examine their assumptions and manage their reactions in stressful situations, but when they do, it can create a dynamic that improves worker engagement and satisfaction.

Bill Kotler, the administrator at Kimball Farms, a Berkshire Healthcare facility, described this change in terms of “fairness”; “It feels fairer,” he said. “The CNA has input. The supervisor has more understanding, and we can find out how to help the CNAs do their jobs better.”

When everyone has the tools to be successful in their jobs, the organization does a better job in carrying out its mission to deliver quality care, he explained.
In the second half of 2017, they began rolling out staff training beyond their managerial and supervisory approach, extending to Broad Reach has taken a different approach, resulting in a written warning. That often led to the coaching training, he said, a performance issue always required people who are outgoing and comfortable facilitating group processes. “It is best to know who your resisters are ahead of time, and spread them out in different trainings,” said one organization leader.

Resources to Cover Backfill

Pulling supervisors and managers away from their primary role to attend training requires adequate resources to cover their shifts with other staff or temporary hires. At first, the project sought to not cover backfill funding. However, in order to successfully implement training, it was determined each organization required this funding to pay for “double staffing” or to hire costly per diem assistance to ensure adequate staffing during the training period. Despite the cost, Broad Reach was convinced of the positive benefits of the PHI model that the leadership paid for replacement nursing staff in order to expand their training to all 80 supervisors across all departments.

Integrate Coaching into Organizational Practices

To sustain the positive impact of the coaching supervision model, the participating organizations are working toward more fully integrating coaching into their regular business practices. For example, at Kimball Farms, Bill Kittle was in the process of restructuring the disciplinary process. Prior to the coaching training, he said, a performance issue always resulted in a written warning. That often led to firings. But today, supervisors have multiple conversations with staff members before they begin a formal disciplinary process. “There is an opportunity to talk about barriers to success,” he says, “so we work together to find a solution and to commit to action steps. ‘The form stays in the drawer.’”

Broad Reach has taken a different approach, extending the training beyond their managerial and supervisory staff. In the second half of 2017, they began rolling out a one-day PHI coaching communication training to all frontline staff. By creating a common language across the organization, the leadership hopes to more deeply embed the practice throughout the organization. “Communication is a two-way street,” said Bogdanovich.

Consistently Reinforce the Training

All participants talked about the need to reinforce the skills staff learned during the trainings. As David Maloney noted, “We invested a lot of time, and the training has made an impact. We want to make sure it sticks.” Broad Reach was integrating quick reviews—with scenario-based problem solving—into regularly held staff meetings, and plans to offer booster trainings to management and supervisors. Other organizations email staff coaching tips and hold impromptu floor meetings with five-minute problem-solving scenarios. “The reminders,” said Maloney, “are really terrific. People are often in survival mode, everything is a crisis, and they fall back on old habits. We have to keep it in front of them until it becomes second nature.”

Conclusion

Coaching Supervision training for frontline supervisors and managers in the long-term care sector is a promising practice that, in Massachusetts, demonstrated improvements in communication and problem solving, reductions in disciplinary actions, and the development of a more supportive workplace for frontline staff. Coaching Supervision, however, will not solve the pervasive staffing crisis troubling the state’s nursing facilities. To compete for workers in a tight labor market, skilled nursing facilities need to be able to offer competitive compensation and supportive work environments. This will require an increase in state investment to ensure that Medicaid—which funds the care of two thirds of the state’s residents—provides sufficient funds to recruit new workers into frontline caregiving occupations, support workers in their jobs, and improve the quality of resident care.

Endnotes

1 The number of Americans age 65 and older is expected to more than double, from 46 million in 2016 to 98 million in 2060. The number of older Americans needing nursing home care is likely to grow to 2.3 million by 2050, a 75 percent increase from 2010. Data from Mather, M. (2016). Fact Sheet: Aging in the United States. Population Reference Bureau. Retrieved at http://www.prb.org/Publications/MediaGuides/2016/aging-unitedstates-fact-sheet.aspx
5 Ibid.
8 PHI at https://phinational.org/service/phi-coaching-approach/
10 Covey, Stephen R., ‘Seven Habits,’ Retrieved from: https://www.stephencovey.com/7habits/7habits-habit5.php
11 To read more from the perspective of CNAs, visit www.cnaedge.com
The National Fund for Workforce Solutions is a national network promoting economic opportunity and prosperous communities through investment and innovation. Based in Washington D.C., the National Fund partners with philanthropy, employers, workers, public and private community organizations, and more than 30 regional collaboratives to invest in skills, improve workforce systems, and generate good jobs.

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Mercy Health, a regional health ministry of Trinity Health, is a regional partnership of hospitals and healthcare providers throughout Western Michigan. As one of the largest health systems in the region, Mercy Health is a multi-campus healthcare provider with 700 hospital beds and over 8,600 employees, including 400 physicians and nearly 3,000 frontline workers. The system uses a range of practices to hire and engage employees including evidence-based hiring practices to build a diverse talent pipeline and extensive workforce investments to advance frontline workers. Mercy Health's strategy is centered on the knowledge that excellent patient care requires talented workers with the right skills tailored to their responsibilities. Employee/colleague development and advancement are critical to Mercy Health's business strategy, and it has a long history of investing in its frontline staff.

Mercy Health believes that collaboration best serves the healthcare system and the community, works with employer groups such as Talent 2025 (a group of 100 CEOs from the West Michigan region) and the Health Careers Council (composed of eight to ten regional employers, including three hospitals) to develop sustainable talent sources. Partnering with Grand Rapids Community College, West Michigan Works! workforce agency, and other local healthcare employers, they recently received a $6 million U.S. Department of Labor America’s Promise grant to continue building talent pipelines. Mercy Health has also been recognized by Grand Rapids Mayor Rosalynn Bliss in her Racial Equity Initiative. Mayor Bliss has taken a strong stand for inclusion and workforce equity, and has specifically recognized Mercy Health’s achievements in approaching equity across its workforce.
Striving to meet increased demand for a sizable and healthy workforce, Mercy Health has made it a strategic priority to grow and diversify regional talent pipelines and develop those who come into the organization. Infrastructure has long been in place to measure employee engagement, positive patient experience, quality patient outcomes, and other metrics with financial impact. Each of the three programs discussed in this case study contribute to these goals.

**Diversifying Its Workforce**

Mercy Health is committed to expanding diversity in the workplace. According to Greg Loomis, President of Mercy Health Muskegon, “Living our Values” is one of Trinity Health’s pillars. “It has always been a goal to have our colleagues reflect the diversity in the community.” In his career, he has implemented diversity scholarships for nurses and initiated diversity training across the organization. He sees Mercy Health’s current programs pursuing the same goal. “In my 38 years with Mercy Health, I’ve seen how important it is for our patients to see that our colleagues mirror their communities.” Similarly, Bill Manns, President of Mercy Health Saint Mary’s, is known for coming to every hiring orientation and spending time with new colleagues. “You can see the changing complexion of the workforce and how the West Michigan community is represented in it,” he says. “You can begin to realize the vision is coming to fruition.”

1. **The Evidence-Based Selection Process (EBSP)** is a major process redesign effort for talent acquisition to identify and hire new colleagues. The EBSP leverages evidence-based selection procedures and results in increased workforce diversity and improved retention.

2. **The Certified Healthcare Environmental Services Technician (CHEST)** development program offers incumbent environmental service employees the chance to advance their knowledge and skills in order to better serve patients and earn higher wages.

3. **The U.S. Department of Labor Medical Assistant Apprenticeship** implemented in coordination with community partners, fills critical positions by offering individuals who would otherwise be unlikely to enroll in college the opportunity to receive college training, paid work experience, and free support services.

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—Greg Loomis
President, Mercy Health Muskegon
Effective Hiring to Deliver Quality Care

Central to all of Mercy Health’s workforce investments has been a clear line of sight to the patient. While new science and technologies that improve patient outcomes make headlines, the words and behaviors of the people who interact with patients and their families are equally important. With that understanding, Mercy Health concluded that to be the best in healthcare they needed to hire the best people. To do this, they wanted to complement the skills and experience of talented recruiters and hiring managers with data-driven methods and analysis that measurably tie the full range of knowledge, skills, and abilities of prospective employees to job performance. For this reason, they determined that developing the Evidence-Based Selection Process (EBSP) would be a critical focus of their investments. As John Schwartz, Regional Vice President and CHRO, explains, “EBSP helps us hire people that are a fit with the mission and core values of our organization, and reflect our commitment to diversity. Once hired, we want to promote education and advancement opportunities so that our colleagues can deliver the highest-quality care to our patients.”

Mercy Health’s workforce investments are guided by the understanding that diverse, highly competent, compassionate talent is essential to excellence in healthcare. Patients expect to see the diversity of the community reflected among the healthcare staff that serve them, and highly competent healthcare workers deliver better clinical outcomes and higher levels of patient satisfaction. Further, empathy, caring, and compassion are essential skills for effective relationships with patients and effective performance in healthcare roles.
Evidence-Based Selection Process
To improve key metrics like turnover, time to fill, retention, and diversity, Mercy Health shifted how hiring managers and the talent acquisition team collaborate. Shana Welch, Regional Director of Talent Acquisition, says that by redesigning the selection and hiring process, Mercy Health made a “transformational change” in West Michigan. Typically, talent acquisition and hiring managers had separate roles, with the latter making the final decisions. “Now talent acquisition is positioned as a strategic partner with hiring managers. No longer are we considered just recruiters who mine resumes,” Welch says.

With the goal of leveraging relevant quantitative information about applicants, the EBSP goes beyond standard hiring procedures that consider certification, experience, and performance in standard interviews. Mercy Health wanted to make it possible for talent acquisition specialists to consult quantitative information at different stages of the hiring process to sort and narrow applicant pools in ways that maximize quality.

Design, Implementation, and Validation
From the beginning in 2010, Mercy Health’s leaders supported the hiring process redesign. Tom Karel, then Vice President of Human Resources at Mercy Health Saint Mary’s, made a significant investment of time and resources to work with an independent consulting firm, Metrics Reporting Inc., to design and implement the process, as well as to collect data and validate its effectiveness. Because validation would require years of data collection and analysis before return on investment could be calculated, the early enthusiasm and support of Mercy Health leadership was a critical part of getting the EBSP off the ground.

Redesigning the selection process from the ground up required significant labor, including organizing all of Mercy Health’s individual job codes into coherent, defensible job families. They leveraged publicly available resources from the U.S. Department of Labor (e.g., Standard Occupational Classification [SOC] codes and O*NET data). They reviewed occupational titles, occupational definitions,

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1. The Occupational Information Network is a free online database developed by the U.S. Department of Labor that provides extraordinary amounts of occupational information to help students, jobseekers, businesses, and workforce development professionals understand the world of work in the United States. It includes, for example, information on skills and knowledge required for jobs, interests and values related to the work, education or licensing requirements, physical and social characteristics of the work, and labor market information.
educational attainment, and wage data for each code to make sure that similar jobs were grouped into logical job families. After carefully considering this data, Mercy Health finally grouped its 1,168 idiosyncratic job codes into 22 O*NET-aligned, data-rich job families that cover over 95 percent of all healthcare jobs. Metrics Reporting and Mercy Health have made these generalized job families public, through their work with the nonprofit Hope Street Group and their national Health Career Pathways Network, which makes this process much easier for other organizations seeking to implement similar procedures.2

Analysis and Selection
To summarize how the EBSP works, Mercy Health starts with job analysis to understand the most important occupational and foundational competencies for each job family and uses this information in their interview and selection process. Assessment of cognitive competencies and character competencies—in addition to scored interview guides and a 360 double-blind reference report—measure perception, service orientation, active listening, office administration, time management, influence, teamwork, and critical thinking. All applicant data is carefully collected to assure that the process is fair and objective. The reliability and validity of the selection process confirmed through Mercy Health’s annual job performance evaluations.

The evidence provided by the EBSP makes all the difference. “Having the measures provided by EBSP gives Talent Acquisition Specialists the confidence they need to advocate for high-quality candidates,” Welch says. The EBSP is a compensatory system, which means that no one thing can knock out a candidate. For example, a great candidate may not give his or her best interview when it counts, but by combining the interview with a half dozen other measures, the team gets the data they need to make the right decision, even if the candidate had a bad day. By the same token, if a candidate knows how to talk a good game in the interview but the other measures indicate he or she isn’t a good fit, the EBSP leads to the right decision.

An Objective Approach
Compensatory systems reduce the ability of bias to affect an outcome. As Lead Regional Talent Acquisition Specialist Julie MacFarland explains, Talent Acquisition now focuses on evidence-based preliminary evaluation. Hiring Managers still make final decisions but they are presented only with

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top candidates, and they have confidence that each candidate is a good fit. “There is a consistency that governs the process so that every decision is governed by fair and objective evidence. No one makes “gut” decisions, and it is not sufficient to say ‘he or she really wowed me!’” These procedures combat bias, both conscious and unconscious, by giving hiring managers and talent acquisition specialists the evidence they need to advocate, when necessary, for underrepresented individuals. All employees, from frontline occupations through pharmacists, go through the application process—which has produced more than 10,000 external hires in under five years.

Results and Insights
The job analysis process yielded unexpected insights about the day-to-day work of Mercy Health colleagues. You might think that the key competencies for Environmental Services (EVS), for example, are related to those that contribute to keeping the hospital clean and safe. However, during the job analysis of EVS responsibilities, Mercy Health realized the need for bedside skills. Tim Wilson, of the EVS team, understands the importance of these skills saying, “Keeping things clean is important, but the interaction with patients and families is an important part too—the most gratifying part.” As Welch explains, EVS plays a crucial customer service role, representing the hospital as a whole and often making the first impression on visitors.

The robust selection process brings in frontline employees with the behavioral competencies and empathetic character traits that form positive relationships with the patients they interact with.
Mercy Health to establish a competitive advantage by hiring the best available talent; but in tighter markets, developing a regional talent pipeline quickly emerged as the only viable long-term solution. As Regional Senior Sourcing Specialist

Developing a Regional Talent Pipeline
Mercy Health envisioned how the education and training providers could use the harmonized set of competencies to improve and align competency models across the region. In a loose labor market, the EBSP allowed

relationships with the patients they interact with. This has a financial impact through reimbursements tied to higher HCAHPS (the Hospital Consumer Assessment of Healthcare Providers and Systems—a patient satisfaction survey required by the Centers for Medicare and Medicaid Services) scores and it has an equally measurable impact on metrics like employee engagement and satisfaction.

The ultimate result of the EBSP design was the development of a harmonized list of competencies that synthesizes tasks from O*NET with competency frameworks from professional credentials, licensing standards, and job descriptions.

### U.S. Healthcare Job Openings Trends 2012-2016

**Jobs Market Challenge:**
- Healthcare openings have increased at an alarming rate
- 1.1 million healthcare jobs open

WEST MICHIGAN WORKS! SCREENS AND RECOMMENDS CANDIDATES
Kelly Wilczak says, “aligning the development of that pipeline with data gathered from EBSP was the essential next step.”

Mercy Health engaged consulting partners to create a Career Portfolio system to be used by local community colleges, West Michigan Works! workforce agency, and other partners to build their regional talent pipeline. The Career Portfolio consists of several evidence-based measures such as assessment scores and structured interview preparation in connection with standard jobseeker practices such as resumes. Another critical piece of the portfolio is the career pathway outline in which jobseekers outline their career progression goals and the education/resources needed to achieve each position in their career pathway. Establishing agreement on the required elements of the Career Portfolio allowed employers, educators, and training providers to align “signals” between themselves and individuals seeking a healthcare career. These conversations led to the launch of the Health Careers Council, an employer-led initiative. The alignments among community partners optimized existing pathways and led the Council to consider implementing new pathways using joint resources.

### Launching a Medical Assistant Apprenticeship

In 2015, Mercy Health developed and launched a U.S. Department of Labor–registered MA apprenticeship program with three community college partners from the region. With 17 years of experience with Mercy Health, Kaslena Hussey, HR Business Partner of Mercy Health Muskegon, has been a primary driver behind the approval of the MA apprenticeship. Midway through 2013, the shortage of MAs was clear. Physicians were calling for a solution and, on top of that, Medicare and Medicaid had made a nationwide request that MAs become certified. Hussey wanted to get the program for certified MAs up and running in Muskegon by 2014 to answer the need.

The program balances the employee’s time between school and work. Apprentices spend two days a week in class and three paid eight-hour days working in a physician’s office for 11 months. This arrangement allows apprentices to earn a paycheck and benefits while they learn. The first cohort of apprentices had 70 percent of tuition covered by grants, Workforce Innovation and Opportunity Act (WIOA) funding, and scholarships, with Mercy Health covering the remaining 30 percent. Unlike the standard MA education and clinical training model, the apprenticeship model gives students the opportunity to immediately apply what they learn in the classroom to the workplace while

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### The Braided Funding Strategy

Pursuing a Registered Apprenticeship model with community partners can open broader funding opportunities. Mercy Health’s organizational goals include good stewardship of their finances, and it worked with community partners to establish the following:

- Understanding of support needs for individuals
- Awareness of community partners providing support services
- Next steps required to provide seamless support to individuals
- Identification of a backbone agency that will lead the braided funding efforts and coordinate support from various sources

As a result of this discussion, the community partners identified multiple sources of available and renewable funding, including:

- Skilled Trades Training Funds from the Michigan Workforce Development Agency ($3,000 per apprentice)
- Individual Training Accounts for WIOA-eligible participants (up to $6,000 per apprentice)
- Customized and Incumbent Worker Training for WIOA-eligible participants (up to $25,000 per employer)
- FASFA federal financial aid (up to $5,775 per student)
- On-the-job training (average $1,000)
- Registered Apprenticeship Veterans Employment RAVE (up to 100,000)
earning a paycheck. They also receive regular wage progressions tied to education benchmarks, and often graduate with zero debt. Upon completion of the program, apprentices are eligible to sit for the Certified Medical Assistant or Registered Medical Assistant exams.

Mercy Health had specific populations they wanted to enroll: marginalized communities, those who have multiple barriers to employment, and individuals who would not otherwise have the resources to pursue a college education. Mercy Health wanted to enroll people for whom this opportunity would help remove barriers to successful employment and positively impact their economic well-being. “You would think people would jump at the opportunity to receive paid education, support, and on-the-job training,” Hussey says, “but it was a struggle.” Over time they learned that outreach efforts needed to move beyond community college referrals and TV or online advertising. Reaching the target populations required getting involved with community organizations, churches, and other partners.

With a background in education, Resource Pool Supervisor at Mercy Health Muskegon Diane Goryl led the clinical side of the apprenticeships in Muskegon and emphasizes the value of the blended education and training apprenticeship model. “It’s really important to introduce students slowly,” she says. Students are usually unfamiliar with healthcare when they start, and employers must give them time to learn about their colleagues, the organization, and its policies. It’s important to find ways to let students get familiar and comfortable in the clinics while they practice what they learn and gradually work toward those crucial interactions with patients. The blended model also allows preceptors to offer guidance to students during difficult portions of the education. Goryl remarks, “It’s not very often that your boss has the opportunity to go through your schoolwork or help you organize your studies.”

Working in collaboration with the community, Mercy Health expects the MA apprenticeship model to be financially feasible. Overall, the total cost per apprentice for cohort 1, including tuition, books, wages, and benefits, was $23,941. Mercy Health paid wages and benefits. For cohort 1, community funding covered 70 percent of the education costs and Mercy Health covered the remaining 30 percent.

TERESA BELTRAN, one of the first MA apprenticeship graduates, knew she wanted to make a move to a career in healthcare but had no clear idea of how to get there. The MA apprenticeship offered a way to start her education and a career. Reflecting on study groups for classes with her fellow apprentices, and the personal guidance she often got from the Resource Pool Supervisor, Beltran credits her success to the support she received from others. She thinks that beside mentorship and financial support, it is important to consider the emotional support provided by families. Family may not understand just how much work a one-year apprenticeship requires, so outreach to families of students can be a great help. Upon graduation, Beltran was selected by the physician she apprenticed with to work full time at the office.

The MA apprenticeship helps assimilate individuals to the organization, and rotation through the different locations helps individuals identify the place they fit best.
In cohort 2, braided funding from community partners covered 100 percent of the education costs. While Mercy Health does not yet have strong data on how the MA apprenticeship affects turnover, the strategic consideration is that the MA apprenticeship helps assimilate individuals to the organization, and rotation through the different locations helps individuals identify the place they fit best. With the average cost of turnover estimated to be $26,769, investment in MA apprentices are expected to lower turnover and result in overall savings.³

The Program for Certified Health Environmental Services Technicians (CHEST)

Creating a regional talent pipeline that produces qualified candidates for hire is only half the story. Once in the organization, Mercy Health wants their employees to flourish and advance. One of the ways Mercy Health invests in the development of frontline employees is to provide opportunities and support as they obtain certifications leading to new skills, better pay, or advancement along a career pathway.

Bill Manns, President of Mercy Health Saint Mary’s, remembers getting the call from EVS Director Kent Miller about the opportunity to offer the CHEST program to incumbent environmental services technicians. The strategic goal was clear: “CHEST program supports our culture of continuous learning. It gives our colleagues something to aim for, and a sense of pride in achieving it.” Further, EVS impacts

³ The average cost of turnover of $26,769 is based on an extensive study performed at Saint Mary’s with Towers Perrin and System Office HR leadership in 2009. The $26,769 amount is obviously too high for EVS and NS job families and too low for the RN job family. However, the number is considered accurate for the overall mix of job families.
“From the moment you begin planning a program, you have to begin determining the measures of success.”

—John Schwartz
Regional Vice President, Chief Human Resources Officer

patient quality of care and safety—“one of the most important roles in the hospital.” For example, the hospital's scores on the HCAHPS are crucial for reimbursements, and good relationships between EVS and patients leads to higher scores for cleanliness. The CHEST program offers an opportunity to move the needle on these strategic goals.

Miller was one of the original experts that helped develop the national CHEST credential, so starting a program for his employees was natural. Employees who earn the CHEST credential meet predetermined criteria for safety, public health, and patient protection. The online CHEST learning modules teach frontline employees not just the how, but also the why, of their jobs. The instruction is in English and module materials are written at the eighth-grade level. Kent takes the time to make sure all participants understand the concepts, and Mercy Health has made interpreters available for Spanish-speaking colleagues during examinations.

Mercy Health supports employees who want to earn the CHEST credential by offering paid time as they complete the learning modules, usually before or after a shift. They also committed to covering the cost of the exam for the first 50 employees and providing a $1 per hour pay raise to each employee who earns the credential.

Analyzing Metrics and Assessing Impact

Key Metrics for the Evidence-Based Selection Process

As they use the EBSP, Mercy Health is collecting longitudinal data to validate that the system is measuring the competencies that predict job performance. Selection data—including cognitive

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**Mercy Health West Michigan Region Turnover Rates**

<table>
<thead>
<tr>
<th>Year</th>
<th>First Year Turnover</th>
<th>Annual Turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>25.30%</td>
<td>9.53%</td>
</tr>
<tr>
<td>2012</td>
<td>20.04%</td>
<td>10.30%</td>
</tr>
<tr>
<td>2013</td>
<td>19.66%</td>
<td>11.86%</td>
</tr>
<tr>
<td>2014</td>
<td>23.70%</td>
<td>12.73%</td>
</tr>
<tr>
<td>2015</td>
<td>21.20%</td>
<td>13.23%</td>
</tr>
<tr>
<td>2016</td>
<td>24.55%</td>
<td></td>
</tr>
</tbody>
</table>

Performance Outcome:

- **Quality-of-Hire**
  - Fill 3,100 positions/year

- **First-year turnover from 25.30% baseline in 2010 to 19.66% in December 2013**

- **Holding first-year turnover below 25% in tight market**

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**Trinity Health Annual Turnover = 13.8%**

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assessments, character assessments, and structured interview questions—is correlated with job performance data to confirm the validity of each element in the selection process. This analysis enables them to determine the data elements that are most predictive of job performance, and that data becomes the basis for continuous improvement over time. Mercy Health regards this careful focus on job performance as responsible for positively moving the needle on key organizational outcomes.

Regional Vice President and Chief Human Resources Officer John Schwartz notes that Mercy Health has heavily invested in lean practices over the last five years. One of the principles, he says, is that “you can’t advance what you can’t measure. From the moment you begin planning a program, you have to begin determining the measures of success.” Mercy Health chose to focus on five key metrics to assess the outcomes of the EBSP. These metrics and their value to the organization are as follows:

1. **Reduced first-year turnover** is evidence of better talent selection and on-boarding, and has a clear, calculable financial impact.
2. **Reduced annual turnover** is evidence of improved development and engagement.
3. **Reduced time to fill** is evidence of better talent planning, sourcing, and selection.
4. **Increased diversity** is evidence of community engagement and fair and objective selection decisions.
5. **Higher employee engagement** is complex but influenced by good job fit and a sense of growth opportunities. It depends upon selection and development of employees, managers, and leaders.

Historically, Mercy Health has had incomplete information on frontline worker advancement because programs were decentralized. As a part of these recent efforts, however, a new workforce metric, Advancement of Entry-Level Workers, has been added to the Mercy Health Workforce Analytics monthly report.

**Organizational Impact of the Evidence-Based Selection Process**

The Mercy Health Regional Talent Acquisition team fills over 3,100 positions per year, with more than 1,200 internal transfers and 1,900 external hires, and they track and report detailed performance metrics each month. Using 2010-2011 baseline data, Mercy Health has achieved the following key performance improvements:

- First-year turnover was reduced from a baseline of 25.3% down as low as 19.66% in 2013, and it is currently holding below 25% in today’s tight market.
- Time to fill was reduced from a baseline of 37 days to 31 days.
- Hiring diversity (non-white new hires) increased from an 18% baseline to 38% in 2016. By comparison, the West Michigan region is 21.6% non-white.
- Increased workforce diversity is up from 13.4% non-white in 2010 to 20% in 2016.
- Finally, there is the overall financial impact. Having calculated the average cost of turnover for an individual employee at $26,769, reduction in turnover alone has led to significant savings.

Shana Welch emphasizes that it took patience and trust to develop this program and stick with it long enough to produce solid performance data. There
were hurdles along the way, but now the process is widely accepted as part of the hiring culture. For example, during a recent transition in which the organization switched from one assessment vendor to another, the system was inoperable. Both EVS and Nutrition Services departments had gained such confidence in the frontline employees they had hired through the EBSP that they chose to slow down their hiring until the transition was completed. They wanted to make sure that all the evidence they could gather informed their decisions. The business case for continuing the program is well understood and supported by leadership. Welch says, “The data just doesn’t lie.”

**Early Impact of the Medical Assistant Apprenticeship and CHEST Program**

Since both the MA apprenticeship and CHEST program have relatively small numbers of participants, limited data exists. Nevertheless, measures of success have been identified and reveal positive results.

Regionally, Mercy Health hired 19 apprentices from the first cohort starting January 2016. In December of that year, 16 graduated the program and 14 transferred to full-time MA positions. The second MA apprenticeship cohort yielded 16 new hires. Mercy Health will be assessing performance and calculating their return on investment by comparing pre- and post-apprenticeship rates for time to fill, turnover, retention, and diversity. In collaboration with other community partners expanding this successful model, Mercy Health will launch three new apprenticeships for other occupations in 2017.

The impact of the CHEST program will be measured to justify further investment as well. Tracking HCAHPS scores, incidence of HIPAA violations, incidence of hospital-acquired infections, and employee engagement scores will all be illustrative of impact on Mercy Health’s organizational goals. They know already that HCAHPS scores related to EVS have risen to just shy of the 84th percentile. They are aiming for the 90th percentile, but even now Mercy Health Saint Mary’s is one of the highest-scoring Trinity Health locations. Altogether 28 employees have earned their certification, and a new cohort of 10 is training now. Tools like Workday will also be used to track comparative rates of advancement or exit of those who do or do not possess certification. Three certified staff have already advanced to roles in different departments.
Advancing frontline workers helps healthcare organizations do good and do well. As proven by Mercy Health, West Michigan, frontline investments transform workers’ lives and help organizations meet critical business goals, reduce costs, and deliver higher-quality care. Mercy Health demonstrates how strategic workforce investments with clear measurements of success are essential to making the business case—not only to generate good evidence, but to ensure that programs are sustainable.

The success of the EBSP has given Mercy Health leadership the confidence to continue investing in frontline workers to explore new ways to help individuals advance in the organization. While EBSP has produced a workforce at Mercy Health that reflects the community it serves, leadership recognizes that more is required to build internal pathways for workers to reach greater opportunities. As Bill Manns, John Schwartz and Shana Welch all affirmed, Mercy Health wants to see wage equity within the organization go above and beyond the workforce equity they have achieved. As internal pathways are further developed to help incumbent workers advance to higher wages, Mercy Health will no doubt draw on their EBSP experience to make the business case for continued investments in frontline workers.

There is no “one-size-fits-all” model for healthcare providers to effectively invest in their frontline workforce, but there are both programmatic and organizational practices common to the most successful employer-based programs. CareerSTAT has identified 25 key elements in its Guide to Investing in Frontline Healthcare Workers. Mercy Health exemplifies the following industry-tested practices.

**Alignment with Organizational Priorities**
Mercy Health’s organizational commitment to increasing the diversity of their workforce and reducing turnover gave Talent Acquisition the time and resources needed to redesign their selection process and reduce hiring bias. Their EBSP is an exemplary practice that demonstrates the impact employers can have when their workforce investments align with organizational priorities.

**Recruit from the Community and Evidence-Based Hiring**
At the core of Mercy Health’s evidenced-based selection and hiring process is a commitment to hire from the community it serves. While improving the quality of new hires and reducing first-year turnover, the new process incorporates assessment of cognitive skills, behavioral skills, and professional references to ensure a fair and objective hiring experience. The evidence-based hiring process has resulted in an increase of 11 percent minority hires and reduced time to fill open positions from 37 days to 31 days. First-year turnover rates have dropped from a baseline of 25 percent to 19 percent in a three-year period.

**Making Career Advancement Accessible**
The CHEST training program and the MA apprenticeship help frontline workers gain critical competencies needed to access and advance in healthcare careers. Employees are given the opportunity to gain new knowledge and learn new skills, and are rewarded with a wage increase to reflect their increased value to the organization.
Form Industry Partnerships with Other Employers
To develop several initiatives, including the MA apprenticeship, Mercy Health worked with other healthcare employers and community partners in the region. To expand its talent pipeline, Mercy Health engaged with local community colleges, a workforce agency, and others to develop a Career Portfolio system. This long-term investment with community partners resulted in the launch of the West Michigan Health Careers Council, an employer-led initiative aiming to introduce nontraditional students to careers in healthcare.

Implementation Resources for Other Providers
Mercy Health’s work has been widely recognized and there are a number of ways that organizations seeking to produce similar results can learn more and get involved.

Mercy Health and their community partners worked with consultants from the National Career Pathways Technical Assistance Center to develop career pathways around EBSP tools and processes. These consultants have produced a series of guidebooks centered on this work.

- The Stakeholder Guidebook offers step-by-step guidance for creating local and regional initiatives around demand-driven, evidence-based career pathways. This guidebook facilitates the general discussions regions need to have to organize a sector strategy shared by employer, educator, and workforce partners.

- The Career Navigation System Guidebook offers guidance for workforce practitioners that defines and specifies components of demand-driven, competency-based career pathways. It advocates using EBSP tools and processes to inform career coaching and career portfolios in particular.

- The Talent Excellence System Guidebook is an introduction to Talxcellenz® processes and tools for job analysis and validation to support competency-based career pathways. Much of the work Metrics Reporting, Inc. did to organize and leverage data from O*NET can now be done on a website they created, and this guidebook explains how to use it.

CareerSTAT, a national network of healthcare leaders, is committed to helping more organizations develop programs, infrastructure, and culture to advance their frontline workforce by offering peer learning opportunities and resources to organizations just starting or scaling their own frontline investments. Supporting almost two dozen healthcare partnerships in 20 communities, CareerSTAT’s Frontline Healthcare Worker Champions roster of successful programs and organizations documents best practices in the Guide to Investing in Frontline Healthcare Workers; it hosts an Employer Academy and offers technical assistance to organizations to develop, implement, scale, and measure frontline investments.
The Joyce Foundation

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Mercy Health

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CareerSTAT

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**JOB DESIGN FRAMEWORK**

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<th>FOUNDATIONAL</th>
<th>SUPPORT</th>
<th>OPPORTUNITY</th>
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<td><strong>Training</strong></td>
<td><strong>Career Development</strong></td>
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<td>Cross training</td>
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<td>Gain sharing</td>
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<td>Advancement</td>
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<td>Employee loans</td>
<td><strong>Internal Assistance</strong></td>
<td>Educational benefits</td>
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<td>Access within pay period</td>
<td>Supervisory training</td>
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<td><strong>External Linkages</strong></td>
<td><strong>Acknowledgment</strong></td>
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<td>Tax credits</td>
<td>Internal &amp; external recognition</td>
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<td>Representation/Mattering</td>
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<td>Pride</td>
</tr>
<tr>
<td>Stable hours &amp; scheduling</td>
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<td>Ownership</td>
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What does a quality job look like? The Job Design Framework offers an array of components that can be used to create a dynamic definition. It is more of a menu than a mandate. Not every element is relevant for every job, business or its workforce. When considering how to re-design a job, employers should consider their unique culture and needs and discuss interventions with frontline workers to identify the most impactful changes. This framework was developed by National Fund Senior Advisor Steven Dawson and originally published in *Now or Never: Heeding the Call of Labor Market Demand* by the Pinkerton Foundation.