



Healthcare organization–education partnerships and career ladder programs for health care workers



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ABSTRACT

Increasing concerns about quality of care and workforce shortages have motivated health care organizations and educational institutions to partner to create career ladders for frontline health care workers. Career ladders reward workers for gains in skills and knowledge and may reduce the costs associated with turnover, improve patient care, and/or address projected shortages of certain nursing and allied health professions. This study examines partnerships between health care and educational organizations in the United States during the design and implementation of career ladder training programs for low-skill workers in health care settings, referred to as frontline health care workers. Mixed methods data from 291 frontline health care workers and 347 key informants (e.g., administrators, instructors, managers) collected between 2007 and 2010 were analyzed using both regression and fuzzy-set qualitative comparative analysis (QCA). Results suggest that different combinations of partner characteristics, including having an education leader, employer leader, frontline management support, partnership history, community need, and educational policies, were necessary for high worker career self-efficacy and program satisfaction. Whether a worker received a wage increase, however, was primarily dependent on leadership within the health care organization, including having an employer leader and employer implementation policies. Findings suggest that strong partnerships between health care and educational organizations can contribute to the successful implementation of career ladder programs, but workers' ability to earn monetary rewards for program participation depends on the strength of leadership support within the health care organization.

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1. Introduction

Workforce shortages and increasing concerns about quality of care have motivated some health care organizations to invest in *career ladder* programs, which allow workers to progressively gain skills and knowledge while “on the job” (Althausen, 1989). Participating workers can be rewarded with more demanding tasks, higher income, and in some cases, advancement to a new position, e.g., from licensed practical nurse to registered nurse (Fitzgerald, 2006; Goldberger, 2005). In the short term, anticipated benefits of career ladder programs for health care organizations include a better trained workforce and improved recruitment and retention of high-performing staff (Aiken et al., 2009; Cheung and Aiken, 2006). In the long-term, health care organizations hope that such

programs will reduce costs associated with turnover, improve patient care, and/or address projected shortages of certain nursing and allied health professions (Custodio et al., 2009; Lerman et al., 2004; Waldman et al., 2004).

Although career ladders hold promise for improving workers' skills and addressing workforce shortages (National Fund for Workforce Solutions, 2013), evidence regarding their efficacy in health care remains limited (Ducey, 2009). Part of the challenge is that until recently, U.S. health care organizations have not invested in developing their frontline workers. In health care, frontline health care workers (FLWs) are defined as employees that provide direct care or support services. FLWs have a low threshold to entry (typically a high school degree with little additional training) and relatively low wages (typically under \$40,000 per year) (Schindel et al., 2006). Traditionally, FLWs have been viewed as easily replaced (Lepak and Snell, 2002; Tilly, 2011). However, as health care organizations face increased pressure to provide high quality and low cost care, interest in retaining and training these lower-

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level workers has increased (Pindus et al., 1995; Rosenthal et al., 2010; Stone, 2001). Indeed, there are currently more efforts to build career ladders and design better jobs for FLWs in health care than in any other industry (Fitzgerald, 2006).

In implementing career ladder programs, health care organizations seek to standardize on the job learning, augment it with classroom learning and reward workers for achieving mastery of identified competencies. However, most health care organizations have rigid occupational hierarchies that require workers to be certified or licensed (Glazer, 1991). Consequently, in order to provide workers with the credentials needed for advancement, career ladder programs in health care often involve partnerships between health care organizations and educational institutions (Manley et al., 2009; Pindus et al., 1995; Wilson, 2006). These partnerships require a high degree of organizational change and voluntary collaboration between partners and as such, can be difficult to develop and sustain (Alexander et al., 2003; Chuang et al., 2011). Partnership dynamics, i.e., the processes and structures that influence whether partners are able to work together effectively (Butterfoss et al., 1996), can significantly affect whether career ladder program outcomes are realized. Despite their importance, these and other contextual factors are only infrequently included in research in on career ladder programs (Fitzgerald, 2006; Dill et al., 2012).

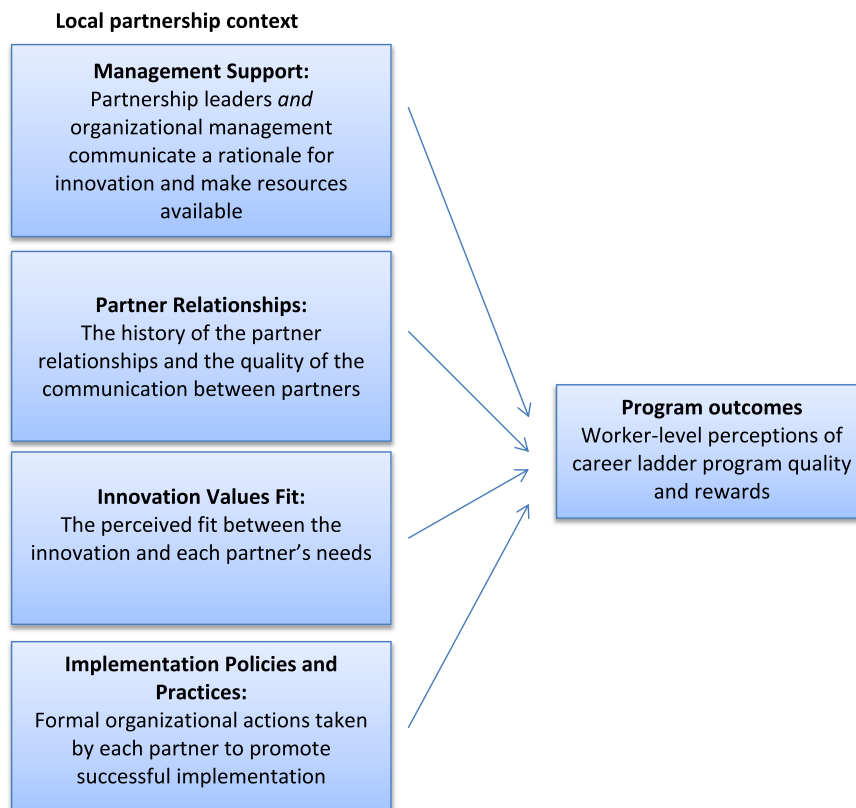
The current study contributes to the literature in two ways. First, we draw on existing literature to develop a conceptual framework of factors hypothesized to influence career ladder program outcomes (see Fig. 1). Our framework is unique in examining effects of not only worker characteristics, but partnership dynamics and other factors in the local context. Second, we empirically test this framework using mixed methods data on eleven healthcare organization–education partnerships involved in developing and

implementing career ladder programs for frontline health care workers.

In analyzing these data, we apply an innovative technique known as qualitative comparative analysis (QCA). QCA provides many analytic advantages, including the ability to simultaneously draw on both qualitative data sources and survey data in identifying factors associated with program outcomes (Greene et al., 2001; Howe, 2012). QCA also allows us to examine effects of different characteristics when “bundled” together as complementary sets of qualities and/or practices (Schneider and Wagemann, 2012). Previous research has shown the advantages of utilizing this approach to examine employer work practices (Chuang et al., 2012) and implementation processes (Kahwati et al., 2011). In this study, combining QCA with regression analysis allows us to examine configurations of partnership characteristics significantly associated with career ladder program outcomes, while controlling for FLW demographic and contextual characteristics.

1.1. Conceptualizing career ladder program outcomes

Career ladder programs seek to help workers advance their careers by providing compensated education and training. While organizational benefits such as improved recruitment and retention may accrue, these benefits are contingent on workers' response to the program. Thus, in conceptualizing career ladder program outcomes, we chose to focus on benefits perceived and/or experienced by workers. Specifically, we examined participants' satisfaction with the program, career self-efficacy, and receipt of a concrete benefit upon program completion. Program satisfaction reflects individuals' assessments of the usefulness of the career ladder program in helping them achieve their career goals. Career



Based on Helfrich et al.'s (2007) framework.

Fig. 1. Determinants of program outcomes in the context of organizational partnerships.

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