



# **The Impact of Talent Management Practices on the Retention and Advancement of Hourly Employees**

**Pennsylvania Fund for Workforce Solutions  
The Erie Community Foundation  
UPMC Hamot**

## ACKNOWLEDGEMENTS

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This report was authored by Susan R. Crandall, PhD, president of Workforce Results, a research and consulting firm focused on helping employers improve productivity and retention for their hourly workforce while creating opportunities for employees to advance.

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## EXECUTIVE SUMMARY

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**Overview.** Workforce partnerships are increasingly focused on changing employer talent management practices in order to improve the recruitment, retention, and advancement of hourly employees. Over the past three years, four employers in the Northwest Pennsylvania Healthcare Industry Partnership (NWHCIP) implemented new talent management practices, beginning with a pilot project spearheaded by UPMC Hamot. The project explored the combined impact of a redesigned hiring process and career coaching on the retention and advancement of patient care assistants (PCAs), an entry-level position that requires a high school diploma. The pilot project objectives were to 1) increase employment opportunities for low-income individuals by helping them obtain employment in PCA jobs with advancement opportunities; 2) improve the quality of PCA hires and reduce turnover for UPMC Hamot; and 3) improve the processes and service integration of workforce providers to better serve low-income workers and healthcare employers.

**The UPMC Hamot Pilot Project consisted of three main components.** The first component focused on **changes to the internal hiring process** to improve job match from the perspective of both the candidates and UPMC Hamot. Through the *Day in the Life of a PCA*, candidates experienced a realistic preview of the PCA position by viewing a video depicting typical job responsibilities, job shadowing on a hospital unit floor, and participating in a group debrief session. A second component of the program **strengthened the relationship between UPMC Hamot and the CareerLink** through ongoing feedback about the quality of referred candidates. The third component **established a career coaching position** within UPMC Hamot. The responsibilities of this position included: helping PCAs resolve performance challenges at work, providing assistance in connecting employees with needed social services, working with PCAs to develop career goals and plans, and helping them access tuition assistance and enroll in school. To support the educational advancement of PCAs, UPMC Hamot supplemented its existing tuition reimbursement program with support for books, student fees, childcare, and transportation.

**Results.** Overall, the project exceeded its hiring goals, hiring a total of 59 low-income PCAs in 2011, compared to a target goal of 30. **Turnover, which had**

been at 21% in the year prior to the implementation of the project, was reduced to 14% for the PCAs who experienced both the *Day in the Life* screening process and career coaching. On the other hand, those who attended neither the *Day or the Life* nor coaching had a 46% turnover rate.

	Received Coaching	Did not Receive Coaching
Participated in <i>Day in the Life</i>	(2/14) 14%	(5/12) 42%
Did not Participate in <i>Day in the Life</i>	(6/20) 30%	(6/13) 46%

Of the PCAs who left the organization, those that received both the career coaching and the *Day in the Life* interventions had a longer length of stay (median of 176 days) than those who received neither intervention, who stayed in the organization for less than 2 months (median of 55 days).

By the conclusion of the project, **23 new hire PCAs made progress towards implementing a career plan**, which included one or more of the following: developing a career plan, enrolling in school, obtaining financial aid, and/or attending internal training or external classes at local colleges. A survey of PCAs revealed that career coaching influenced the education plans of new hires, with 60% of new hires who received coaching reporting that they intended to enroll in school compared to 40% who did not receive coaching.

**Challenges.** During implementation, the pilot project confronted a number of challenges. First, a smaller share of new hires than planned received the intervention, due to pressure for quick hires and the voluntary nature of the coaching. While this created an opportunity to compare the effects of experiencing a *Day in the Life of a PCA* and/or coaching, it was not possible to randomly assign participants into one of the four possible groups, so the results must be interpreted in that light. Second, Hamot Hospital became affiliated with UPMC midway through the project. Over time, UPMC mandated the adoption of its human resources policies and practices, supplanting

Hamot's original policies. The impending changes were a source of distraction, causing concern among management and employees. The changes also resulted in the career coach being assigned additional duties, leaving less time to provide coaching to the PCAs. Third, while the ongoing feedback provided to the Erie CareerLink initially improved the job fit of PCA candidates, these results dissipated in the second half of the pilot when the CareerLink experienced staff lay-offs and a management transition.

**Impact. A number of permanent changes resulted from the UPMC Hamot Pilot Project, including both internal employer practices and the efforts of other employers in the NWHCIP.** A Replication Manual was developed to help other employers implement the hiring and coaching practices. A Guide to Community Resources was also created, so that UPMC Hamot staff would have a go-to source for referring PCAs to social service providers for common employee challenges, such as childcare. This guide was shared with other members of the Industry Partnership. UPMC Hamot has permanently revised its hiring practices to include the *Day in the Life* screening process. Following the departure of the career coach, his duties are now being shared between two staff members.

**The project fueled changes at three other employers in the NWHCIP, as well as the partnership itself.** For example, **Saint Vincent Health System** created and trained hourly mentors ("preceptors") to improve retention and to provide a career opportunity (and higher pay) for PCAs. To improve retention and advancement opportunities, **Brevillier Village** created bi-level nurse aid and personal aid career ladder tiers that include pay raises. Given the strong interest of its members, the NWHCIP sponsored peer mentor training, allowing 12 experienced direct care workers to learn how to mentor new employees. NWHCIP meetings include opportunities to learn about the new talent management practices being implemented by other members.

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## CONCLUSION AND RECOMMENDATIONS

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**The results document the benefits for improving job match, retention and advancement for hourly employees.** Enhancing hiring processes improves job retention by improving the quality of the job match. Coaching increases the likelihood that employees remain in their jobs for the long term and intend to pursue educational opportunities.

**Develop policies and processes to support the success of a career coaching program.** Coaching should not be executed in a vacuum, but rather as part of an interlocking talent management system. To have the most impact, career coaching should be bolstered by other human resource practices.

**Pilot talent management initiatives with one employer.** In some cases it makes sense to pilot programs with one or two employers rather than across all employers in a partnership. Smaller employers were more willing to take a risk once they witnessed the successes at UPMC Hamot and Saint Vincent Health System.

**Define clear roles and responsibilities for one-stop and non-profit partners to effectively collaborate.** The hiring process functions most efficiently for employers when they have one point of contact, yet the current workforce system discourages collaboration among providers. Funders and partners should explore existing cross-agency collaborative workforce models and find ways to incent collaboration.

**Encourage employers to use data to drive internal decisions.** Analyzing turnover data by hospital unit helped UPMC Hamot to better understand the drivers of turnover, and led to manager reassignment and leadership training.

**Provide adequate support for all partners.** Future replications should provide more support for a non-profit or public service provider lead, who can help all partners track data and follow-up with non-selected candidates.

**Adapt coaching programs to the employer environment.** Coaching may be implemented in a variety of ways, both formal and informal. Coaching may be delivered one-on-one by a staff person, or through a peer mentoring process, depending on what works best for the particular employer.

**Select a high-quality coach.** An effective coach must have credibility with the leadership team, knowledge of the workforce system, and commitment to the success and growth of employees.

## THE PROMISE OF EMPLOYER SYSTEMS CHANGE

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Employer talent management practices that generate high-quality jobs and career advancement opportunities are vital for economic well-being. A growing body of research confirms that best practices and policies for hiring and managing hourly employees result in not only higher wages and advancement for employees but also in superior outcomes for employers, including increased employee retention and higher profits.<sup>i</sup> Recognizing the importance of improving talent management systems, workforce partnerships across the country are increasingly focused on changing employer practices and policies. Many partnerships have reported success, particularly with changing job entry requirements, altering tuition reimbursement policies, providing release time for training, and developing career ladders.<sup>ii</sup> Several workforce intermediaries, including Boston-based SkillWorks, the Baltimore Alliance for Careers in Healthcare, and the Northwest Pennsylvania Healthcare Industry Partnership (NWHCIP) have highlighted career coaching as a mechanism to improve retention and to provide opportunities for career advancement.

Four employers in the NWHCIP – University of Pittsburgh Medical Center (UPMC) Hamot, Saint Vincent Health System, Brevillier Village, and Sarah Reed Retirement Center – implemented employer-based practices and policies to improve recruitment and retention of entry-level employees. These new talent management practices include realistic job previews, career coaching, peer mentoring, career ladders, and leadership training. The focus on changing employer-based systems was spearheaded by UPMC Hamot, which launched a pilot project in the fall of 2010.<sup>iii</sup> The evaluation of the UPMC Hamot Pilot Project, commissioned by the Erie Community Foundation, is summarized in this report. The purpose of the evaluation was to investigate the impact of new hiring and career coaching practices on the retention and advancement of patient care assistants (PCAs) at UPMC Hamot. The evaluation includes a review of the systems changes that resulted from the pilot, as well as details on how the pilot spurred changes to the practices of other employers in the Northwest Pennsylvania Healthcare Industry Partnership.



## BACKGROUND AND CONTEXT

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**The NWHCIP is comprised of 29 employers across a six-county region** (Clarion, Crawford, Erie, Forest, Warren, and Venango counties) in Northwest Pennsylvania. Formed in 2007, its primary aim is to meet the workforce needs of employers in the fast-growing healthcare industry, which includes acute care, long-term care, home health, emergency care, behavioral health, and services for the disabled. It serves as a vehicle for collaborative strategic planning, sharing information on demographics and employer-defined skill standards, resource development, and employee training for the healthcare industry in northwest Pennsylvania. The Regional Center for Workforce Excellence (RCWE), the local Workforce Investment Board, is responsible for organizing employers and facilitating the partnership. The partnership also collaborates with training providers, schools, and technical colleges.

**Recruitment and retention of direct care workers consistently rate as a top priority for employers** in their annual needs assessment. To address these concerns, several NWHCIP employers attended a Train-the-Trainer session for PCAs in 2009 that was offered through the Paraprofessional Healthcare Institute (PHI) to improve the quality of direct care training. They also launched the Recruitment and Retention Initiative – facilitated by the Erie CareerLink – to increase access to healthcare jobs and to improve worker retention in the industry. The initiative focused on providing an orientation to the industry through job-shadowing opportunities with healthcare providers coupled with skills assessment, followed by connecting participants with training and job opportunities.

In addition to the efforts of the NWHCIP, **The Erie Community Foundation convened a Workforce Community Advisory Panel focused on improving the workforce system**, consisting of Erie Community Foundation staff, the Regional Center for Workforce Excellence, local employers, and community leaders. The Workforce Community Advisory Panel developed a Theory of Change to improve outcomes for individuals, employers, and the social service system (see Appendix A). The overarching goal of the Theory of Change was to develop and pilot a new approach that combined quality learning experiences with improved support systems, training access, and navigation services to guide individuals in poverty toward family-sustaining careers.



**The Theory of Change called for a dual-customer intervention** (i.e., one that served the needs of employers and low-wage workers) that involved 1) an **experiential learning approach** that provided individuals with exposure to potential careers and access to the options available to them; 2) **screening for employability and training** needed to accompany each stage of skill path and career advancement; and 3) **incorporating workforce development providers that offer relevant and accessible wrap-around services**, including job readiness remediation and/or job counseling to navigate the workforce system.

### ORGANIZATIONS INVOLVED IN THE UPMC HAMOT PILOT PROJECT

Name	Description
Erie CareerLink	Erie’s One-Stop Center
The Erie Community Foundation	Community foundation that funded the UPMC Hamot Pilot Project and its evaluation. A founding member of the Pennsylvania Fund for Workforce Solutions.
Northwest Pennsylvania Healthcare Industry Partnership (NWHCIP)	Healthcare employers (29) across a six-county region in Northwest Pennsylvania
Pennsylvania Fund for Workforce Solutions (PFWS)	Statewide workforce public-private funding collaborative. An original site of the National Fund for Workforce Solutions (NFWS) and a Social Innovation Fund (SIF) grantee that provides funding for the NWHCIP.
Regional Center for Workforce Excellence	The local Workforce Investment Board (WIB) in Northwest Pennsylvania.
Workforce Community Advisory Panel	Community stakeholder group consisting of Erie Community Foundation staff, local employers, community leaders, and the Regional Center for Workforce Excellence.

### UPMC HAMOT HOSPITAL PILOT PROJECT

UPMC Hamot Hospital,<sup>iv</sup> the second largest employer in Erie, submitted a proposal to the Erie Community Foundation which allowed for a test of several components of the Theory of Change. UPMC Hamot was seeking a new approach to recruit and retain PCAs, a frontline direct care position requiring

a high school diploma. This was fueled, in part, by the planned addition of the new Women's Hospital unit at UPMC Hamot, which would exacerbate existing challenges of recruiting and retaining staff in its PCA population.

**The three objectives of the UPMC Hamot Pilot Project** were to:

- **Increase employment opportunities for low-income individuals** by helping them obtain employment in PCA jobs with opportunities for career advancement;
- **Improve the quality of PCA hires** (in terms of job match) and thus reduce turnover for UPMC Hamot;
- **Improve processes and service integration by service providers** to better serve low-income individuals and healthcare employers.

**The program consisted of three components designed to improve the selection and management of PCAs.** The program logic model in Appendix B depicts how the components of the program were hypothesized to impact key outcomes, including retention and advancement.

**The first component of the program, the *Day in the Life of a PCA*, focused on changes to the internal hiring process to improve the job match from the perspective of both the candidates and UPMC Hamot.** Through the *Day in the Life of a PCA*, the candidate experiences a realistic preview of the PCA position by viewing a video depicting typical job responsibilities and participating in job shadowing with a PCA on a hospital unit floor. In addition, expectations of a successful candidate are discussed, including obtaining the necessary employment clearances and securing good employment references. At the end of the day, a group debrief session allows candidates to ask questions, as well as for the UPMC Hamot staff to gauge job match and to encourage interested candidates to take the next step in the hiring process. During the session, the facilitator assesses each candidate based on key competencies including punctuality, appropriate dress, engagement in activities, and asking appropriate questions. Following the *Day in the Life*, the PCA being shadowed and the department nurse director are asked for their recommendations. Successful candidates are then advanced to the next stage of the hiring process.

**A second component of the program was designed to improve the job match for PCAs by enhancing the partnership between UPMC Hamot and the non-profit and public workforce system, and improving the quality of services provided.** For candidates who are not hired, UPMC Hamot instituted a process whereby the non-selected candidate received a letter directing them to the Erie CareerLink for additional services that would improve their chances of being hired in the future by UPMC Hamot or another employer. This “reverse-referral” process also functioned as a way to increase utilization of the CareerLink. In addition, the career development coordinator provided ongoing feedback to CareerLink staff about the qualifications of the candidates sourced through the CareerLink.

UPMC Hamot also requested that workforce training providers funnel candidates through the CareerLink, rather than directly to the hospital. Because UPMC Hamot was inundated with requests to partner with various schools and non-profit training providers, directing candidates through the CareerLink would enable UPMC Hamot to create a centralized, uniform, and more streamlined screening process.

**The third component of the program, career coaching, established a dedicated position, called career development coordinator, within UPMC Hamot’s human resources department to focus on improving retention and advancement for PCAs.** Initially, an external hire was brought on as the career development coordinator. After three months on the job, that person was terminated due to their lack of fit within UPMC Hamot’s culture; an overemphasis – from the perspective of UPMC Hamot – on creating partnerships with community organizations and schools; and difficulty establishing credibility with the nurse directors. Rick Cornwell, who was employed at UPMC Hamot as a leadership development trainer, replaced the initial hire as the career development coordinator four months into the project. Under Cornwell’s direction, the career development coordinator role evolved to include the following: helping PCAs resolve performance challenges at work (e.g., arriving to work on time and effectively managing conflict), providing assistance with connecting employees to social services, and working with PCAs to develop career goals and plans, including helping them to navigate the process of accessing tuition reimbursement and enrolling in school.

While coaching was available to all PCAs, there was a much stronger emphasis on outreach to new hires. Coaching was voluntary, although some PCAs who were having challenges at work and were in danger of being terminated were strongly encouraged to seek coaching. For these candidates, there was less emphasis on career planning and more emphasis on resolving the immediate problems that were underlying the poor performance. For example, in one case, a PCA was relying on using a neighbor's car to get to work, and was frequently absent. Rick worked with the PCA to develop a back-up plan for situations where her neighbor's car was not available.

As the program rolled out, there was a need to develop more flexible opportunities for coaching, because it was often difficult for PCAs to have enough time to walk over to the coaching office (which is located in a connected building adjacent to the hospital). Thus, the career coaching included formal meetings, as well as unscheduled "drive-by" check-ins on the unit floor of the hospital.

To support the educational advancement of PCAs, UPMC Hamot also supplemented its existing tuition assistance program with support for books, student fees, childcare, and transportation to remove barriers employees had in accessing and persisting in their educational pursuits.

### **ABOUT THE CAREER DEVELOPMENT COORDINATOR:**

Rick Cornwell has more than 30 years of experience in supervision, operations management, career coaching, and leadership development. Prior to his role as UPMC's career development coordinator, he focused on leadership and organizational development for staff across UPMC. Rick Cornwell is now the site administrator for the Pennsylvania CareerLink in Erie County, where he is responsible for directing all functions and operations of the CareerLink office in Erie. Cornwell serves on the leadership team of CareerSTAT, a National Fund for Workforce Solutions initiative dedicated to using metrics to make the case for investments in the healthcare frontline workforce and to implementing effective practices to improve employee retention and career advancement.

## IMPLEMENTATION CHALLENGES

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A considerable number of challenges influenced the implementation of the pilot project:

- **Fewer participants received the intervention than anticipated.** During the implementation, due to a high demand for PCAs, the recruiting department was pressured by nurse directors to hire more experienced candidates, since these candidates required less training and would be able to start work sooner. Thus, not all candidates experienced the new *Day in the Life* screening process. Additionally, since the coaching was voluntary, not all PCAs met with the career coach. This created an unintentional experiment, whereby new PCAs fell into one of four categories, based on whether they attended *A Day in the Life* and/or received career coaching. These activities occurred with no randomized assignment or matching participants on demographic variables (i.e., a quasi-experimental design), so the results must be interpreted in that light.<sup>v</sup>
- **Affiliation with UPMC.** Hamot Hospital became affiliated with UPMC in February 2011, becoming known as UPMC Hamot. Over the course of the project, UPMC mandated the adoption of its human resources policies and practices, supplanting Hamot's original policies. These changes served as a source of distraction, causing concern among HR staff, PCA employees, and nurse directors about impending changes to policies (e.g., job titles, compensation, and career ladders). In addition, the career coach was assigned new responsibilities (e.g., participation on UPMCs diversity and inclusion task force), limiting his ability to provide coaching and related activities.
- **Changes at the CareerLink.** In mid-2011, the CareerLink – along with other non-profit agencies – experienced staff lay-offs as a result of extensive state budget cuts, stymying efforts directed towards UPMC Hamot and halting the progress that occurred during the first half of the grant period. The CareerLink contract also came up for bid (eventually being awarded to a new operator following the end of the project), creating a stressful work environment for CareerLink staff and causing disruption

in services during the time of transition in the second half of the project period.

## EVALUATION METHODOLOGY

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**The UPMC Hamot Pilot Project evaluation used multiple methods and sources of data in order to gain a comprehensive understanding of the implementation, diverse perspectives, and outcomes of the project.** The formative evaluation emphasized data collection feedback throughout the process to help project implementers better understand and use the data.

*Quantitative Data.* The variables and data definitions established by the National Fund for Workforce Solutions were used for the data collection. Additional indicators were developed to measure the specific activities of the UPMC Hamot Pilot Project.

*Interviews* were regularly conducted with internal human resources staff, including the career development coordinator, the director of organizational development, and the PCA recruiter.

*Surveys.* A survey of nurse directors, who manage PCAs, was conducted twice, with the first mid-way through the project. The PCA employee survey was also conducted twice, although the first survey only yielded a small sample (eight respondents). The survey implementation process was revised in 2012, which significantly increased response rates.

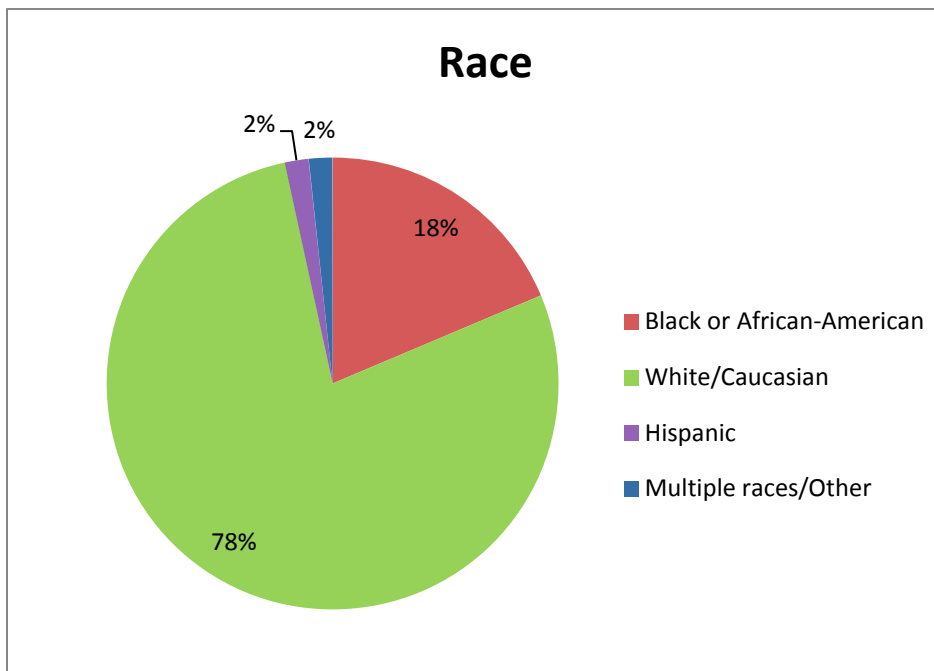
*Focus Groups.* Internal to UPMC Hamot, focus groups were conducted with PCAs and with and nurse directors twice each, with the initial ones occurring mid-way through the project. In addition, two focus groups were conducted with CareerLink, one with non-profit workforce providers, and one with the Northwest Healthcare Industry Partnership.

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PARTICIPANT DEMOGRAPHICS (NEW HIRES IN POVERTY; N=59)

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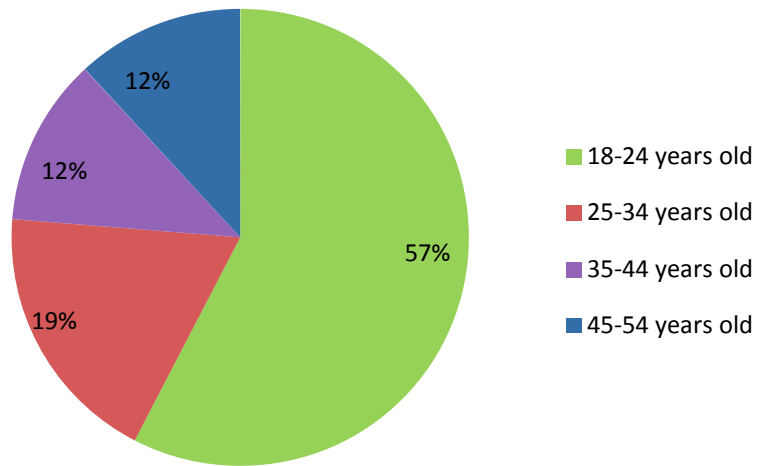
Overall, UPMC Hamot hired a total of 70 new PCAs over the 12-month project period. Of these, 59 were classified as “at or near poverty” (income less than twice the federal poverty level), as compared to a target goal of 30. The charts below provide demographic breakdowns for those 59 new hires. Of the new hires, 95% are female; 78% are white and 18% African American or black (compared to Erie’s overall racial make-up, which is 75% white and 16.8% African American or black).



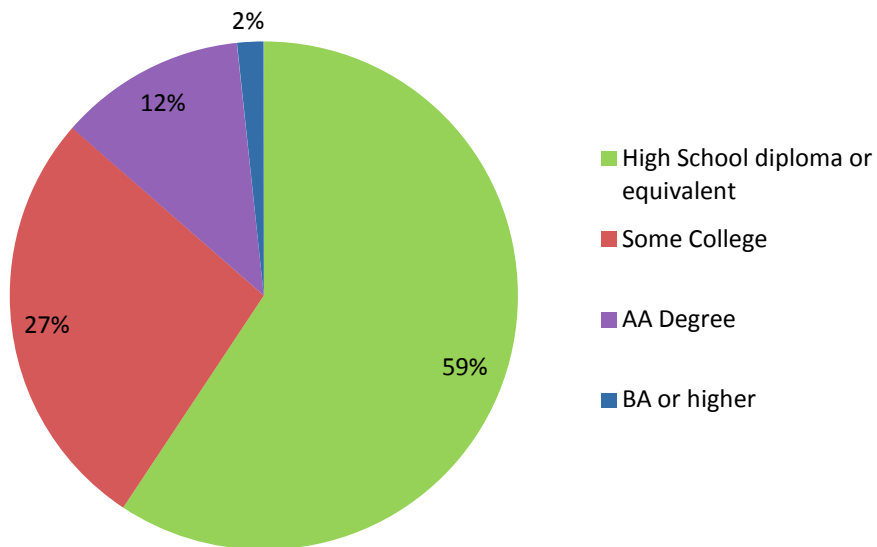
Most (57%) new PCAs are between the ages of 18-24. More than half (59%) possess a high school degree or equivalent, although 27% reported some college (those who have vocational degrees from local trade schools are included in this category). Thirty-five (59%) of these new hires were employed at intake.



### Age



### Highest Level of Education



## RESULTS

### DASHBOARD OF KEY INDICATORS (2011)

Indicator	Target	Actual
Individuals at or near poverty will obtain employment at UPMC Hamot	30	59
Non-selected candidates will be referred back to the CareerLink for additional services	30	49
New hire and incumbent employees will have at least one meeting with career coach	60	62
New hires and incumbent employees will take steps toward implementing a career plan	30	23
Reduction in PCA turnover from 21% to 10%	10%	<b>14%</b> for PCAs who received <u>both</u> <i>Day in the Life</i> and Coaching v. <b>46%</b> who received <u>neither</u> <i>Day in the Life</i> or Coaching

*Turnover.* While not all participants received the new hiring intervention and coaching services, **the results support the effectiveness of the combined intervention.** Turnover, which had been at 21% in the year prior to the implementation of the grant (near the peak of unemployment following the Great Recession), was reduced to 14% in 2011 for those who experienced **both** the *Day in the Life* orientation program and career coaching. On the other hand, those who experienced **neither** the *Day in the Life* nor coaching had a 46% turnover rate.<sup>vi</sup>

The table below summarizes the percentage of new hire employees who left the organization during the 12 month project period for each of the four scenarios:

	Received Coaching	Did not Receive Coaching
<b>Participated in <i>Day in the Life</i></b>	(2/14) 14%	(5/12) 42%
<b>Did not Participate in <i>Day in the Life</i></b>	(6/20) 30%	(6/13) 46%

**For those employees who left the organization, those that received both coaching and *Day in the Life* interventions had a longer length of stay (median of 176 days) than those who received neither intervention, who stayed in the organization for less than two months (median of 55 days).** Employees who received coaching and left UPMC Hamot stayed longer (median of 184 days) than those who left and did not receive coaching (who stayed a median of 60 days).

**The career development coordinator used the data to analyze turnover by unit floor and specific reason for leaving (voluntary and involuntary).** The results demonstrated differential impact on turnover depending on the nurse director. As a result, some nurse directors were reassigned once the data were shared with hospital executives. In addition, UPMC Hamot offered a leadership class (through Pennsylvania State University) for nurse directors focused on developing skills for retaining direct care employees.

*Advancement.* Since the coaching was voluntary, not all PCAs opted to use the service, and as explained above, some coaching services were directed more towards problem resolution and resource referral than career advancement. As a result, at the conclusion of the project, **23 out of 59 PCAs took steps towards implementing a career plan**, which included one or more of the following: developing a career plan, enrolling in school, obtaining financial aid, and/or attending internal training or classes at local colleges. Most PCAs pursuing additional education are attending nursing school at nearby

Mercyhurst or Gannon University. Subsequent to the project period, four PCAs have been promoted (two to phlebotomist and two to RN).

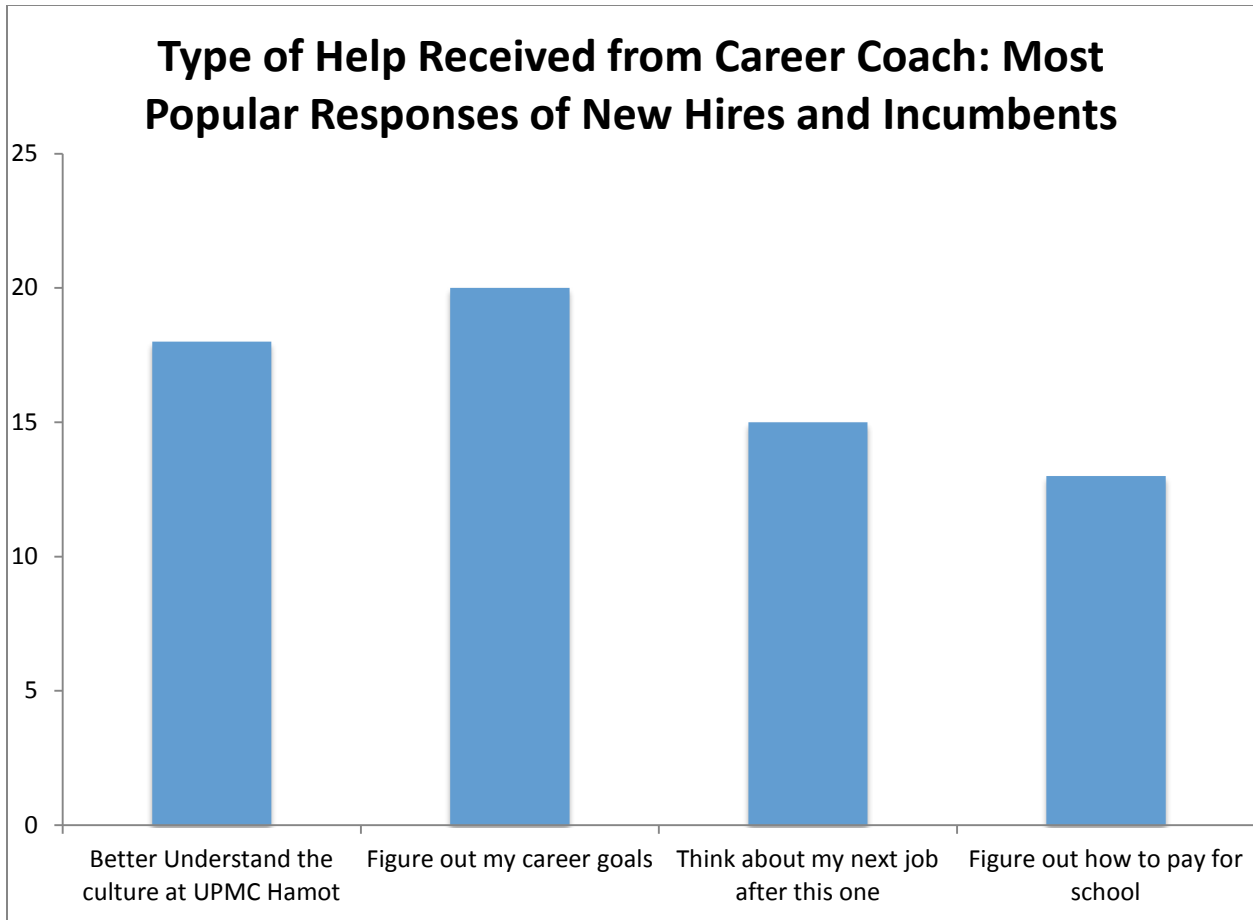
*Workforce Service Providers.* **Over time, the ongoing feedback provided to the Erie CareerLink improved the fit of PCA candidates, resulting in better matches overall.** Staff at UPMC Hamot and the CareerLink also reported a significantly improved relationship as a result of the pilot project. However, these positive findings dissipated in the second half of the project period as a result of reduced staff capacity at the CareerLink.

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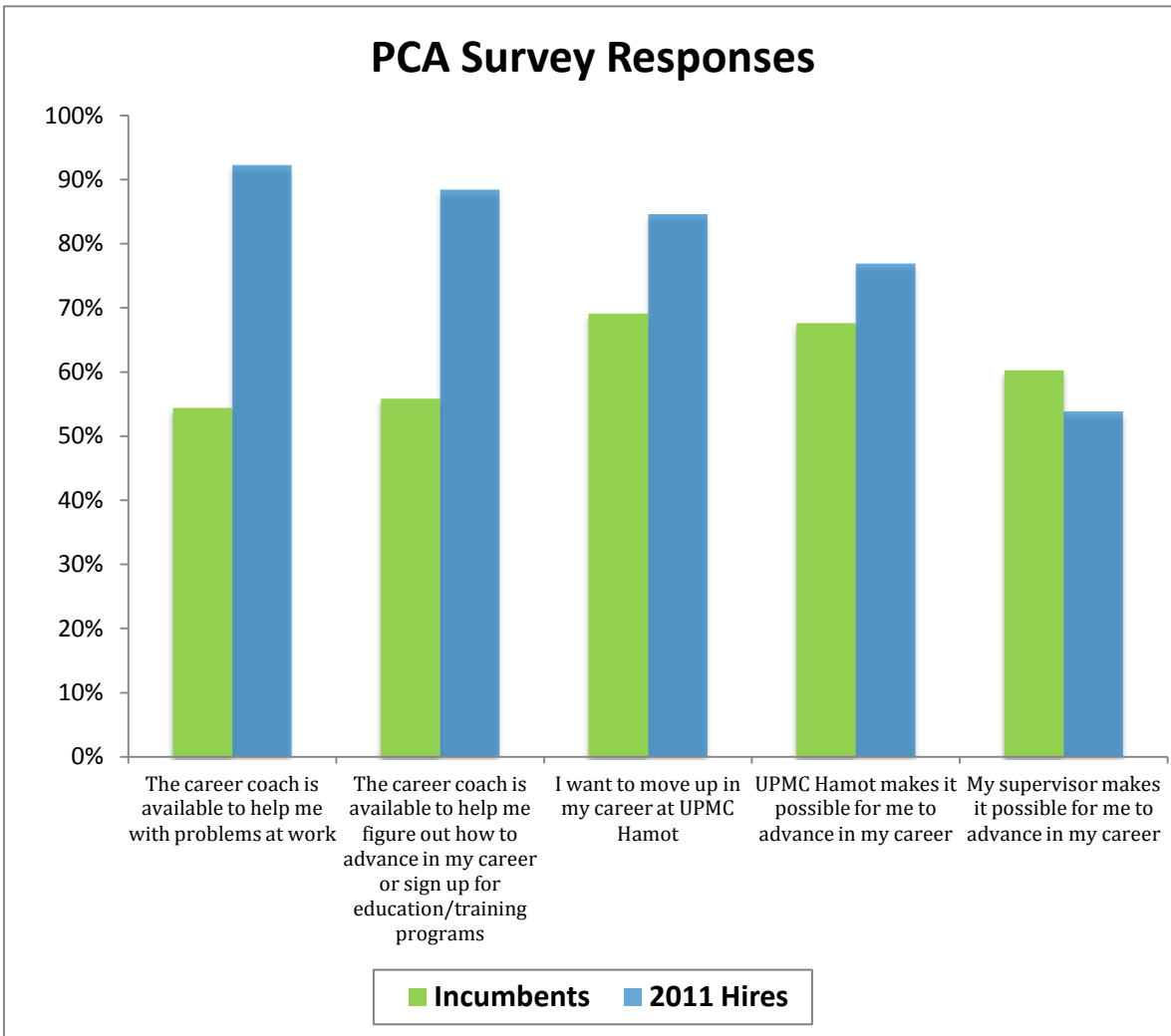
#### PCA PERCEPTIONS OF THE COACHING PROGRAM

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**The data analyzed from the surveys and focus groups of PCAs and nurse directors support the findings that career coaching impacts job match and career advancement plans.** A survey was distributed to incumbent and new hire PCAs (n=94, including 68 incumbent employees and 26 new hires) at the conclusion of the project. The PCA survey asked respondents to indicate the type of assistance they received from the coach (respondents were instructed to check as many items as applied, hence the data includes duplicate respondents). The top-rated responses are shown below. Three of the four most common responses are focused directly on career advancement: finalize career goals, think about next job after this one, and figure out how to pay for school. These results indicate that the career coaching was implemented with fidelity; i.e., with an emphasis on helping PCAs better understand their career options and take the steps needed to advance.



PCAs reported favorable impressions of the career coaching program, particularly new hires, as shown in the chart on the following page. The difference between new hires and incumbent employees is not surprising since new hires had more exposure to the coach due to the *Day in the Life* screening process and subsequent onboarding following their hire. Both new hires and incumbents were less favorable in terms of their perceptions of whether UPMC Hamot and their supervisor made it possible for them to advance in their career.




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*“I never had anyone to ask questions without being put down.”*

*Patient Care Assistant*

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*“He helped me think more about my future at Hamot.”*

*Patient Care Assistant*

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*“...he will sit and listen. I never feel like I am a bother. He is completely truthful.”*

*Patient Care Assistant*

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The PCA survey and focus group comments noted favorable impressions of the assistance received from the career coach.

The survey also probed whether the PCAs planned to enroll in school. The results suggested that career coaching influenced the education plans of new hires, with **60% (9) of new hires reporting that they intended to enroll in school if they received coaching compared to 40% (6) who did not receive coaching.** The analysis did not indicate an effect for coaching on educational plans for incumbent employees. Of the incumbent employees responding, 9 (13%) who received coaching planned to enroll in school, compared to 14 (21%) who did not receive coaching.

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## NURSE DIRECTOR PERCEPTIONS OF THE COACHING PROGRAM

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Two surveys were conducted with the managers of PCAs (nurse directors) to ascertain their views of the program and its impact. One was conducted mid-way through the project and one was conducted at its conclusion. Surprisingly, the interim survey reported stronger results than the final survey. Eighty-three percent (five of six nurse directors surveyed) responded favorably to the item *The PCA coaching program has a positive impact on the success of PCAs* in the first survey, compared to 50% (of 12) who responded favorably in in the final survey (the remainder of respondents were neutral). It is possible that responses were skewed because some nurse directors had limited exposure to the program (with few new PCAs to manage), a change in the recruiting staff that may have influenced views, and/or that the affiliation with UPMC was creating major organizational upheaval.

The final focus group findings were mostly positive, as illustrated in the quotes listed on this page. Some nurse directors, however, noted that the coach cannot solve all problems, such as absenteeism. In addition, a few expressed concern that when PCAs enroll in school, it makes it more challenging for the nurse directors to accommodate their schedules.

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*“The Day in the Life gives potential PCAs an idea of what is expected. You can’t train people to be nice or pleasant. It helps screen people.”*  
Nurse Director

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*“No [changes to the program are needed], I am impressed! He creates excitement in PCAs.”*  
Nurse Director

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*“As managers, we have 100 people [to manage]. Rick gives extra help to those who need more.”*  
Nurse Director

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## SYSTEMS CHANGE

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**A number of permanent changes resulted from the UPMC Hamot Pilot Project, impacting both internal employer practices and the efforts of other employers in the NWHCIP.**



1. **Program Sustainability at UPMC Hamot.** UPMC Hamot revised its hiring practices to include the *Day in the Life* screening process. Following the departure of the career development coordinator, his job duties are now being shared between two existing staff members. A recruiter is running the *Day in the Life* program and another – the Director of Organizational Development – is serving in the career coaching function, focusing primarily on helping PCAs understand and access education opportunities, including tuition and scholarship programs. This role is one of many other responsibilities; there is no longer a dedicated focus on outreach and coaching for PCAs. The new approach needs to be evaluated to determine its effectiveness. Subsequent to the project period, UPMC Hamot continued to offer programs to increase the quality and retention of PCAs, including a new peer mentoring training program and a leadership training offered by HERO, a local healthcare job training provider.
2. **A Replication Manual** was developed by the career development coordinator prior to his departure to enable its continuation at UPMC Hamot and to help other employers replicate the model. The replication manual includes a description of the program and processes, job descriptions for key staff, the instructor’s manual and debrief guide for the *Day in the Life*, and coaching competencies.
3. **A Guide to Community Resources** was created, so that the career development coordinator and other UPMC Hamot staff would have a go-to source for referring PCAs to non-profit service providers for common employee barriers, such as child care. The guide was shared with other members of the NWHCIP.
4. **Improvements to the Recruiting Process** were established through the Erie CareerLink and other non-profit agencies midway through the project, although those were not sustained due to the organizational transition that occurred at the CareerLink. With the former career development coordinator, Rick Cornwell, now employed as the CareerLink site administrator, the relationship between UPMC Hamot and the CareerLink will likely be strengthened.

5. **Impact on the NWHCIP.** Given the strong interest by its members, the NWHCIP sponsored peer mentor training, which was conducted by the Paraprofessional Healthcare Institute (PHI). Employers in the partnership enrolled 12 experienced direct care workers to learn how to onboard and mentor new employees. The three-day course stressed core communication and problem solving skills, so that experienced employees, as mentors, could teach new employees the skills they need to be successful and remain on the job.
  
6. **Replication of talent management practices to other employers.** Fueled by the enthusiasm and the early success of the UPMC Hamot Pilot Project, three other employers in the NWHCIP (Saint Vincent Health System, Brevillier Village, and Sarah Reed Retirement Center) are implementing approaches to improve retention of entry-level employees.

While the activities vary, all are focused on improving internal talent management systems for frontline employees. **Saint Vincent Health System** developed and implemented a peer mentor approach to improve retention and provide more career opportunities for PCAs. They trained peer mentors (called preceptors) to work with new PCAs through the HERO training program. The training consisted of sharing expectations for preceptors, adult learning styles, communication and listening skills, and team building. Preceptors received \$250 every time they took a new PCA as a mentee.

Like UPMC Hamot, Saint Vincent Health System also determined that part of the turnover of direct care employees was stemming from the nurses who managed them. To address this problem, Saint Vincent Health System offered a two-day leadership development class to 21 nurse managers which focused on learning styles, effective communication, personality, conflict resolution, professionalism, and team building.

In addition to a focus on PCAs, Saint Vincent Health System also wants to reduce turnover in its administrative ranks. They are creating a career ladder for those who work in registration, which will include pay differentials, so that administrative staff can develop skills to move into higher skilled jobs, such as billing and coding positions.

To address retention challenges and to create advancement opportunities, **Brevillier Village** created bi-level nurse aid and personal aid career ladder tiers. Eleven employees have been promoted into new roles, which included a raise (\$1.25 per hour) and a designation on their badge. Brevillier Village is also creating a peer mentoring program to solve the challenge of retention of new hires. They found that the orientation process was lacking effectiveness in terms of onboarding new hires; the new hires are often trained by different employees, their training is interrupted, and the trainer is not always sufficiently qualified. The training will now be provided by HERO and peer mentors will be assigned to new hires. The peer mentoring program will enable nurse assistants to earn additional pay and to develop new skills.

**Sarah Reed Retirement Center** created a Caregiver Assistant program targeted at incumbent housekeeping and laundry staff which provided them with additional hours in nursing. Staff were trained in skills including feeding residents, the proper transporting of residents, and communication. To date, six employees have been trained as caregiver assistants, which increased their incomes, provided paid benefits, and expanded their nursing competencies.

**The sharing of best practices within a workforce partnership facilitates the institutionalization of effective talent management systems across an industry.** Employers in the NWHCIP structured meetings to learn about the recruitment and retention practices being implemented at other healthcare providers. For example, after hearing about UPMC Hamot's coaching program, Brevillier Village wanted to replicate its success. Brevillier cannot afford to hire its own internal career coach, so they approached the Healthcare Ventures Alliance with a proposal to share a coach across nine long-term care employers in the collaborative. Although the initial proposal was denied, Brevillier continues to seek funding for a shared coach.

Saint Vincent Health System offered its leadership class after learning about its impact at UPMC Hamot. Following the end of the UPMC Hamot Pilot Project, UPMC Hamot strengthened its peer mentoring preceptor training as a result of the success of Saint Vincent Health System's program.

## CONCLUSION AND RECOMMENDATIONS

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**The results document a comprehensive approach to improving job match, retention and advancement for direct care employees.** Consistent with the Theory of Change, experiential learning – in the form of job shadowing and a realistic job preview video – combined with more extensive screening, improved candidate understanding of the position and the quality of the candidates selected. As predicted in the Theory of Change, job counseling – in the form of an employer-based career coach – increased the likelihood that employees remained in their jobs for longer lengths of time and planned to pursue educational opportunities. The following recommendations are culled from the lessons learned from the UPMC Hamot Pilot Project:

**Develop policies and processes to support the success of a career coaching program.** Coaching should not be executed in a vacuum, but rather as part of an interlocking talent management system. The results suggest that coaching by itself may have some impact, but it is most effective when it is integrated with other talent management systems. The *Day in the Life* orientation program, tuition support, and nurse director training were integral to the program’s success. In addition, the new CareerLink processes for improved job matching (prior to CareerLink staff layoffs and budget cuts) supported UPMC Hamot’s hiring processes. This was facilitated by regular interactions between UPMC Hamot’s career development coordinator and a designated CareerLink staff person with experience in the healthcare industry.

**Pilot employer systems change initiatives within one employer in an Industry Partnership.** While the workforce sector model is based on consortia-level activities such as training, in some cases it makes sense to pilot initiatives with one or two employers. Employer human resource systems are often proprietary; this reality must be taken into consideration within the context of the workforce partnership. Since changes to employer systems related to hiring and advancement typically need to be customized to individual employers, testing out new programs with one employer provides an opportunity for other partnership employers to learn and adopt new practices over time. In the case of the Northwest Healthcare Industry Partnership, UPMC Hamot took the lead, and its programs were later tweaked

and customized for other employers in the partnership. Those other employers, particularly the smaller ones, were more willing to take a risk once they witnessed the successes at UPMC Hamot and later at Saint Vincent's Healthcare System.

**Define clear roles and responsibilities for one-stop and social services partners to effectively collaborate in ways that support employer needs.**

The hiring process functions most efficiently for employers when they have one point of contact in the community, yet the current workforce system discourages collaboration between providers. In particular, since agencies are typically held accountable for employment placements, providers were reluctant to send candidates through the CareerLink (and thus losing the "credit" they receive for placements). Disincentives for workforce providers to collaborate with other providers hinder the development of a cohesive workforce system with referrals and wrap-around services that functions effectively for both workers and employers. Funders and partners should explore existing models for workforce system cooperation and find ways to incent collaboration.

**Encourage employers to use data to drive internal decisions.** The UPMC Hamot Pilot Project provided UPMC Hamot with more specific data about its turnover rates and encouraged the development of a more sophisticated tracking tool. As noted above, the analysis of this data resulted in reassignment of internal management staff and the implementation of a retention training program for nurse directors.

**Provide adequate support for all partners.** The activities of the UPMC Hamot pilot were tipped toward the employer; i.e., there was less emphasis on services provided by non-profit providers. Unlike many workforce development interventions, funds were provided directly to the employer who did not have experience with the type of detailed data collection required. Although UPMC Hamot hired an assistant to collect data, and used a database to capture the data provided by the evaluator, they were not able to collect all of the data needed for the evaluation. Also, due to a lack of staff capacity at the CareerLink, there is no data on those not hired to compare them with those hired, or a way to track non-selected candidates over time. Future replications should provide more financial support for a primary non-profit or public sector lead, who may be better equipped to track data.

**Adapt the coaching program to the culture of the employer.** Coaching

may be implemented in a variety of ways. As noted above, career coaching at UPMC Hamot included formal meetings as well as informal, unscheduled check-ins on the floor of the unit. These were necessary because formal meetings were not always feasible due to the high-pressure environment of a hospital. Some employers use peer mentoring instead of or in addition to one-on-one coaching. The structure of the coaching program should be determined by the available budget and what works best for each employer. Employers should ensure that the coaching program is effectively communicated to employees to optimize its impact.

**COMPETENCIES OF AN EFFECTIVE COACH**

- Trustworthy
- Approachable
- Exemplary communication skills
- Passion to help employees succeed
- Self-motivated
- Organized
- Reliable
- Multi-tasker
- Empathetic
- Realistic
- Flexible
- Facilitation skills
- Knowledge of coaching process

**Select and develop an effective coach.** A career coach must have the skills and ability to succeed in his or her role. In the case of the coach at UPMC Hamot, Cornwell’s experience at UPMC, his credibility with the leadership team, his knowledge of the social service sector and CareerLink, and his commitment to the success and growth of PCAs all contributed to the success of the pilot. Organizational cultural fit is also important: The first coach hired was not a fit at UPMC Hamot and was thus not successful. Competencies of an effective coach, as identified by Rick Cornwell, are listed in the sidebar.

## APPENDICES

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### Appendix A. Theory of Change

#### PROBLEM STATEMENT

Workforce development solutions aren't working effectively for individuals in poverty

- Employees don't have a clear understanding of what a particular career -- day-to-day pride and enjoyment, near-term training requirements, longer term opportunities can mean for them and their family
- Employers not selecting their choice of the right employees; not able to retain qualified, skilled workforce
- Systems of support needed to find and retain workers in gainful employment are not easy to navigate for either "customer"

#### INTERVENTION

- I. Experiential learning approach that gives employees exposure to potential careers and greater understanding of and access to options available to them
- II. Career ladder development: screening/assessment for "employability" plus training needed to accompany each stage of skill path and career advancement
- III. Non-profit and workforce development systems provide relevant and accessible wrap around services, including job readiness training and/or job counseling to "navigate" the system

#### GOAL

Develop and pilot an approach that *combines quality learning experience with improved support systems and navigation* to individuals in poverty and that identifies careers leading to family-sustaining wages. Pilot in healthcare sector with eye to replicate to sectors such as manufacturing and tourism.



## EMPLOYEE

### PREMISE

Many students and workers in entry level jobs have the potential for entry and advancement within careers but lack knowledge about, exposure to and counseling to assist in identifying and creating career ladders that lead to relevant training and opportunities.

### OBJECTIVE

Design experiential approach to career identification, recruitment and advancement for low-income individuals aimed at understanding the spectrum of career opportunities within the (healthcare) sector, and participation in on-the-job experiences

### POTENTIAL ACTIVITIES

Experiential quality continuum from one time "career day" and job shadowing opportunities to internships, apprenticeships and associate positions.

Recruitment to appropriate positions v. reactive response to job postings

### EMPLOYEE OUTCOME

X number of individuals complete internships, job shadowing, apprenticeships, or associate position opportunities within the healthcare sector. These opportunities resulted in X number of individuals placed in a position with a family-sustaining wage. Longer term opportunities result in career advancement for X individuals.

## EMPLOYER

### PREMISE

Employers can provide, directly or with partners, information and opportunities for employees to grow within a business or to gain valuable skills. Understanding and creating career ladder opportunities will help them attract, retain and advance lower skilled workers.

### OBJECTIVE

Screen individuals for "employability" in various career paths (within the healthcare sector); connect individuals with training opportunities and counseling to advance their career development

Improve recruitment, assessment and certification as incentives for hiring and retention of low income workers vs financial subsidies.

### POTENTIAL ACTIVITIES

Directly engage employers to identify range of entry to mid-level higher demand positions in hospitals and long term care facilities. Develop understanding of the needs of the sector and connect partners to coordinate service delivery through pipeline.

Develop effective recruitment, assessment and certification processes to improve hiring and retention of capable low income workers.

### EMPLOYER OUTCOME

X number of employers will develop experiential tracts for individuals, resulting in X number of individuals placed (and retained) in positions providing a family-sustaining wage. X number of individuals will advance within positions or to higher wage/higher responsibility positions leaving openings for pipeline development.

## NON-PROFIT / WORKFORCE SYSTEMS

### PREMISE

Underserved and low skilled individuals face myriad obstacles in finding and sustaining themselves in family-sustaining wage jobs. Systems exist to assist them to establish and achieve good jobs and career ladders but there are barriers and regulatory constraints that impede worker advancement.

### OBJECTIVE

Work with non-profit sector to provide employability/readiness assessment and wrap-around services essential for job placement and retention (i.e. child care, transportation, counseling, etc.) and/or job readiness where needed.

### POTENTIAL ACTIVITIES

Monitor and analyze needs and solutions for supporting and sustaining employees and their families through pipeline from entry level to mid-level career ladders.

### SYSTEMS OUTCOME

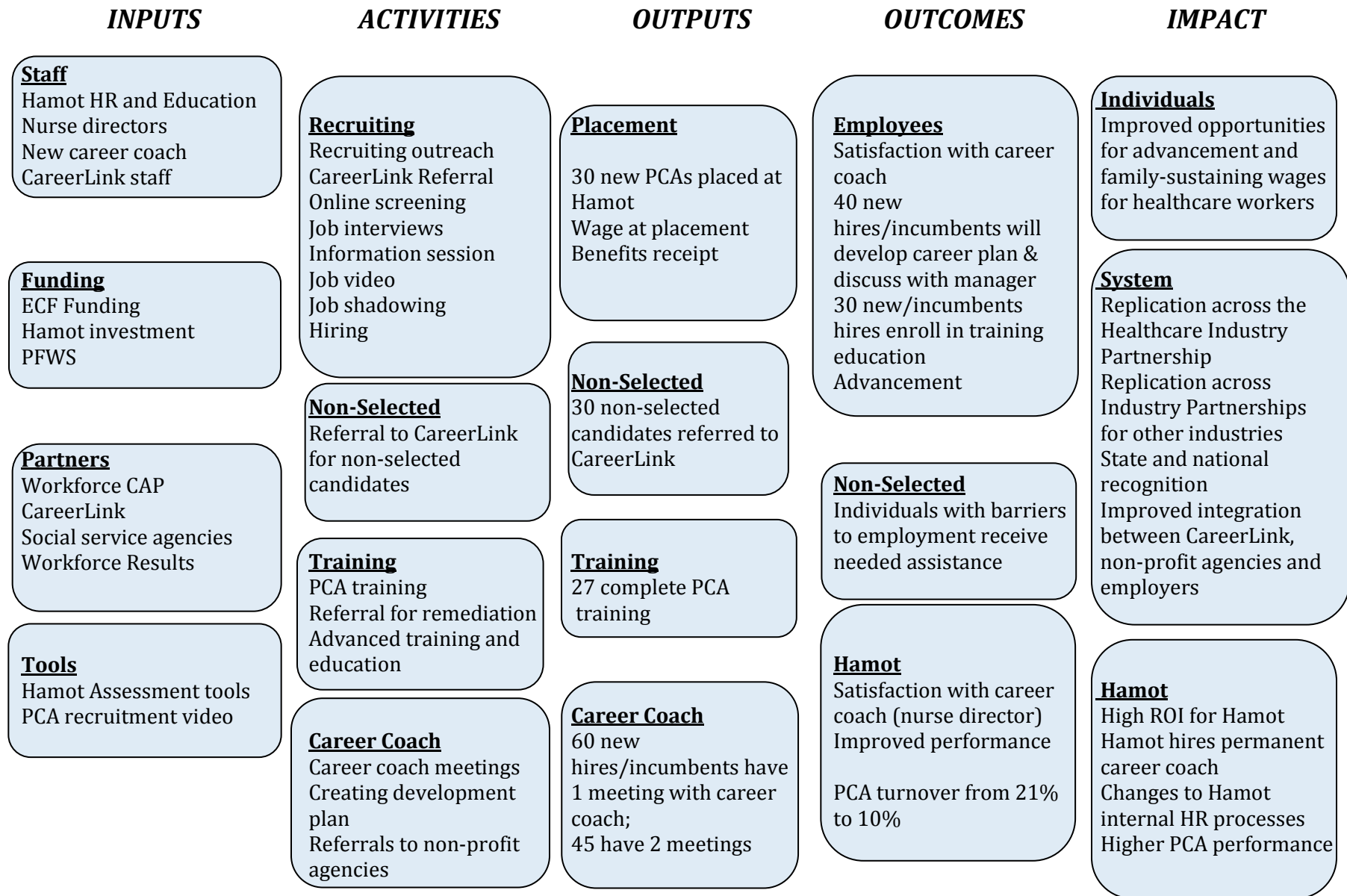
Workforce providers and employers will revise or implement new policies and practices that facilitate hiring, retention, and advancement.

## **RATIONALE**

Why Now? What Resources can we Leverage?

- Wide and deep career options within healthcare sector
- Data-driven demand: healthcare is largely a 'recession-proof' growth sector
- Erie County has aging population and is a regional medical center, creating long term demand
- NFWS overall success rate with healthcare sector approaches
- Government funding sources
- Potential partner interest (hospitals, long-term care, universities, etc.)

## Appendix B. Logic Model



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<sup>i</sup> See Jonathan Levine, Mark Popovich, and Tom Strong, “Doing Well and Doing Good: Pioneer Employers Discover Profits and Deliver Opportunity for Frontline Workers” Hitachi Foundation 2013 and National Network of Sector Partners, “From Hidden Costs to High Returns: Unlocking the Potential of the Low-Wage Workforce” 2010.

<sup>ii</sup> Barbara Baran, Stephen Michon, and Suzanne Teegarden with Leanne Giordono and Kendra Lodewick, “National Fund Principles: Collaborative and Partnership Achievements: Fourth Annual National Evaluation Report” National Fund for Workforce Solutions 2012.

<sup>iii</sup> The NWHCIP receives funding from the State of Pennsylvania Department of Labor and Industry, the Pennsylvania Fund for Workforce Solutions, and the Social Innovation Fund. The UPMC Hamot Pilot Project was funded by the Erie Community Foundation.

<sup>iv</sup> UPMC Hamot Hospital was known as Hamot Hospital at the start of the project and prior to the affiliation with the University of Pittsburgh Medical Center, known as UPMC, in February of 2011. Hamot’s incorporation into UPMC reflects the growth over several decades of UPMC into a regional healthcare provider spanning all of Western Pennsylvania. UPMC is now the largest employer in Pennsylvania, with a total of 55,000 employees. The hospital is referred to as UPMC Hamot throughout this document for ease of readership.

<sup>v</sup> An analysis of demographic variables reveals some differences between participants who received the intervention. Participants were more likely to receive coaching if they were employed at intake (65% employed v. 48% unemployed); possessed higher education (71% AA v. 63% some college v. 54% high school or equivalent); non-white (84% non-white v. 50% white); and younger (68% of 18-24 v. 15% 45-54). Participants were more likely to attend Day of the Life if they were unemployed (52% v. 38% employed); possessed only a high school diploma (52% high school diploma v. 31% some college and 43% with a BA); white (49% v. 31% non-white); older (57% of those over 35 v. 45% between 25-34 v. 38% 18-24) and were recruited through the CareerLink (87%) v. other recruiting sources (21%). Future replications with larger samples and randomized assignment may be able to tease out the impact of the demographic on the outcomes.

<sup>vi</sup> Due to the lack of random assignment, statistical tests to determine the significance of the differences observed between cells were not conducted.