Jobs to Careers

Transforming the Front Lines of Health Care

Practice Brief

Part of a series of reports and practice briefs on advancing and rewarding the skill and career development of incumbent workers providing care and services on the front lines of our health and health care systems

Supervisors Stepping Up:
Supporting the Learning of Frontline Workers in Health Care

By Charles Goldberg and Randall Wilson

Robert Wood Johnson Foundation

THE HITACHI FOUNDATION

JOBS FOR THE FUTURE

Jobs to Careers

Transforming the Front Lines of Health Care

Jobs to Careers explores new ways to help frontline health care workers get the skills they need to provide quality care and build a sustainable career. It helps health care providers improve the quality of patient care and health services by building the skills and careers of their frontline employees.

Through *Jobs to Careers*, health care employers build strong partnerships with education institutions and other organizations to change the way frontline employees are trained, rewarded, and advanced. Career paths are developed and made readily available to frontline employees. Employer and education partners make systematic changes that better recognize the needs of working adults and that improve access to and success in skill-building programs.

A hallmark of *Jobs to Careers* is work-based learning: frontline employees master occupational and academic skills in the course of completing their jobs tasks and fulfilling their day-to-day responsibilities. While working full time, frontline employees enter college and earn academic credit for workplace training. Other learning approaches in *Jobs to Careers* include technology-enabled, experience-based, and traditional worksite and off-site learning.

To realize the unique *Jobs to Careers* approach to learning, employers and educators implement systems changes, such as:

- At the workplace: Developing new job positions and responsibilities; deeply involving supervisors in employee training and career development; and offering paid release time, pre-paid tuition assistance, job coaching, and mentoring.

- At the educational institution: Providing college credit for work-based learning, prior learning, and entry-level health care credentials; offering accelerated and part-time degree and certificate programs; contextualizing college preparatory math and English courses to health care concepts and job tasks; and appointing professional staff from health care employers to be adjunct college faculty.

Jobs to Careers moves everyone forward to a healthier future. Frontline employees receive rewards for building skills and expanding knowledge necessary for their current jobs and qualifying them to advance to new positions. Employers build and retain talented and committed employees, while bolstering a workplace culture that supports professional development, mentorship, and collaboration across the entire health care team. And health care consumers receive high-quality care and services, delivered by a high-quality workforce.

Jobs to Careers is a $15.8 million initiative of the Robert Wood Johnson Foundation and the Hitachi Foundation, with additional support from the U.S. Department of Labor. Jobs for the Future manages the initiative. Seventeen partnerships representing hospitals, community health centers, long-term care, and behavioral health received multiyear *Jobs to Careers* grants.

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Charles Goldberg, who trained as a cultural anthropologist, has over 25 years of experience in evaluation and policy research in education, workforce development, and social services. An independent consultant, he previously was a senior research analyst at Commonwealth Corporation in Boston, where he participated in numerous evaluations of workforce development programs. He was lead researcher for four projects relating to the sustainable employment initiative of the United Way of Massachusetts Bay. He is also the author of *Does "What Works" Really Work?* to be published under the auspices of the Annie E. Casey Foundation.

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Acknowledgments

Executive Summary

The quality of our nation's health care depends on the quality of our frontline workers. Those who are well compensated, well supervised, and well trained stay in their jobs longer and perform better. Similarly, better care results when frontline workers have ongoing opportunities to learn new skills and advance along clearly defined career paths. But providing such opportunities requires a strong commitment from the employer, beyond investing in individual workers and their training. It takes the efforts of the entire organization to raise the quality of the frontline workforce. Support for workers to participate in ongoing professional development must come not only from senior executives but also from direct supervisors.

This tenet is critical to *Jobs to Careers*, a national initiative to improve the quality of the frontline workforce in health care. *Jobs to Careers* centers on the concept of "work-based learning," an approach to educating workers that draws on actual job tasks and responsibilities to teach both work-related and academic skills. In the *Jobs to Careers* model, coworkers and supervisors participate actively in the learning process.

Supervisors play a pivotal role in *Jobs to Careers* programs because they typically have the most contact with frontline caregivers and support staff. At a minimum, they must "buy in" to the effort so that they will allow those who report to them to devote work time to meeting agreed-upon learning objectives and apply what they learn to their jobs. To realize the full potential of work-based learning, supervisors must play a broad, and potentially challenging, part in the professional development of their employees. In many workplaces, this will require changes in both the way work is organized and the way instruction is delivered.

Supervisors Stepping Up investigates how the 17 *Jobs to Careers* projects across the country are meeting this challenge. Each is a partnership between a health care organization and an educational institution (and sometimes other partners, as well). By engaging educational partners, the projects enable employees to advance their education while learning on the job and earning credits applicable toward occupational certificates and Associate's and Bachelor's degrees in fields such as nursing, gerontology, human services, and psychology.

This practice brief—which is intended for workforce and human resource practitioners, as well as those investing in workforce development—examines the diverse roles that supervisors play in the professional development of their employees, and how differences in these roles can affect program implementation and success. It also demonstrates how *Jobs to Careers* projects have adapted these roles and functions to a wide variety of health care settings, differing in location, scale, complexity, type of care, financing, and organizational structure. The choices that these employers and their educational partners make offer lessons for the development of new programs to train and advance workers through work-based learning.

The involvement of supervisors in *Jobs to Careers* falls into two broad categories:

- *Instrumental:* Supervisors facilitate implementation of work-based learning, most commonly by providing logistical support (e.g., scheduling) that enables participants to engage in project activities.

- *Mentor/coach:* Supervisors guide participants as they apply the knowledge and skills they have acquired in everyday work situations and support their growth in the organization. In some cases, the coaching role extends to helping workers develop career and educational plans.

A third role, that of preceptor/ instructor, is less common but also important to work-based learning. Some supervisors teach participants— in a classroom or work setting—the practical knowledge and skills they need to perform their jobs successfully.

LESSONS FOR PRACTICE

This brief reviews the variety of roles supervisors perform at the 17 *Jobs to Careers* projects, with a focus on three programs that represent distinctive approaches to supporting work-based learning and career development *(see box on page vi)*. Comparing these cases highlights the wide variety of ways that different organizations define the role of supervisors in work-based learning, orient supervisors to these roles, and adapt to challenges that arise along the way.

The experience of *Jobs to Careers* demonstrates that supervisors or equivalent staff can play a critical role in realizing the potential of work-based learning to build skills and foster career advancement for workers on the front lines of health care. This has significance not just for *Jobs to Careers*, but for all organizations seeking to improve performance—and the quality

of goods or services—by improving the quality of the workforce.

Close supervisory involvement in the professional development of frontline staff is rare in any industry—and in health care, in particular. Moreover, these relationships typically are brief and do not extend to ongoing skill development or career advancement. *Jobs to Careers* breaks with this tradition. As the initiative is demonstrating, supervisors can not only play an expanded role in the development of worker skills and career paths, but their participation can provide an essential link between frontline workers and the learning process. When this connection is made—through the vehicle of work-based learning—training is more relevant and engaging to the frontline worker, and more likely to reap benefits in the form of better patient care.

Supervisors are essential to this process because they are responsible for job performance of those reporting to them, as well as worker satisfaction and retention, as much recent research indicates. Moreover, supervisors, many of them former frontline workers themselves, are familiar with the jobs, and their potential and limitations for learning. In addition, their position in the organization between frontline workers and senior management makes them essential gatekeepers to career opportunities.

However, no single model of supervisor involvement is best. The roles of supervisors vary, depending on the nature of the project, the kinds of frontline workers who are participating, and the availability of staff to perform the various project functions. All of these elements fall together differently in different work settings, such as hospitals, community health centers, and long-term care facilities. In addition, the mentor/coach role is not a good fit for all supervisors; it seems to be most effective for supervisors with relatively few workers reporting to them and a relatively non-hierarchical form of supervision.

For *Jobs to Careers* sites generally, it may be less important to have an official supervisor fill a support role than to have effective support provided by any staff member. For some projects, the decision of who will provide the support is a function of professional expertise or licensure. For example, frontline hospital staff training to be unit clerks in the *Jobs to Careers* Mississippi-based project are instructed by other unit clerks, rather than their direct supervisors. At Virginia Mason Medical Center in Seattle, the preceptor/instructor role for prospective medical assistants is limited by regulation to existing medical assistants.

In other cases, the size and structure of the organization may require alternatives to supervisors playing these roles. In the *Jobs to Careers* project at assisted living facilities in Portland, Oregon, for example, the supervisory function is non-existent or rudimentary. For this reason, teaching and assessing caregivers' performance in training falls to a variety of positions, ranging from experienced frontline workers to

A Comparative Analysis

Supervisors Stepping Up focuses on three projects that represent a continuum of supervisory involvement in professional development for frontline workers in health care and illustrate the variety in *Jobs to Careers* projects.

- **Exceed.** In Austin, Texas, two large multi-facility hospital systems, St. David's HealthCare and Seton Healthcare Network, are collaborating with Austin Community College and Workforce Solutions (the local Workforce Investment Board) to offer a "clinical pathway" for frontline patient care workers to higher-skilled levels or "rungs" within their current positions. The supervisors are either nurses in charge of hospital units (in patient care departments at both St. David's and Seton) or patient-access supervisors or managers who do not have a clinical health care credential (for the patient registration teams at Seton). While supervisors at St. David's played a largely instrumental role, selecting and encouraging participants and making schedule adjustments, Seton's supervisors played wider roles, acting as mentor/coaches to participants.

- **Bridging Jobs to Careers.** In Philadelphia, the District 1199C Training and Upgrading Fund has joined with Temple Episcopal Hospital and Public Health Management Corporation to offer opportunities for professional development and advancement to frontline workers in community-based and hospital-based behavioral health facilities. The supervisors at Temple Episcopal Hospital are nurse managers, while those at the Public Health Management Corporation facilities are behavioral health counselors with responsibility for managing the shifts in which they are working. In both cases, supervisors were tapped as coaches for *Jobs to Careers* participants, with varying results.

- **SSTAR Reach.** In Fall River, Massachusetts, SSTAR, an addiction treatment facility, is collaborating with Bristol Community College and the Trundy Institute of Addiction Counseling to upgrade the counseling skills of employees working with patients in SSTAR's inpatient and outpatient units. The supervisors are addictions counselors who manage both inpatient and outpatient facilities. Supervisors at SSTAR acted as mentor/coaches to employees engaged in work-based learning.

administrators and health service directors.

Not only can supervisors play a variety of roles effectively to support frontline workforce development, but their involvement can equally benefit themselves and the health care organization more broadly. Better communication and improved relationships result between frontline workers and supervisors involved in their professional development programs. Supervisors see their job roles expanded, and hopefully their job satisfaction improved as well. At best, it is a win-win proposition for all concerned.

Supervisors Stepping Up:

Supporting the Learning of Frontline Workers in Health Care

Introduction

The quality of our nation's health care depends on the quality of our frontline health care workers. Those who are well compensated, well supervised, and well trained stay in their jobs longer and perform better. Similarly, better care results when frontline workers have opportunities to learn new skills and advance along clearly defined career paths. But providing such opportunities requires a strong commitment from the employer, beyond investing in individual workers and their training, and from workers themselves, committed to developing their own skills and knowledge. It takes the efforts of the entire organization to raise the quality of the frontline workforce. Support for workers to participate in ongoing professional development must come not only from senior executives, but also from direct supervisors.

This tenet is critical to *Jobs to Careers*, a national initiative to improve the quality of the frontline workforce in health care. *Jobs to Careers* centers on the concept of "work-based learning," an approach to educating workers that draws on actual job tasks and responsibilities to teach both work-related and academic skills. In the *Jobs to Careers* model, coworkers and supervisors all participate actively in the learning process.

Supervisors play a pivotal role in *Jobs to Careers* because they typically have the most contact with frontline caregivers and support staff. At a minimum, they must "buy in" to the effort so that they will allow those who report to them to devote work time to meeting agreed-upon learning objectives

and apply what they learn to their jobs. To realize the full potential of work-based learning, supervisors must play a broad, intensive, and potentially challenging, part in the professional development of their employees. In many workplaces, this will require changes in both the way work is organized and the way instruction is delivered.

Supervisors Stepping Up investigates how the 17 *Jobs to Careers* projects across the United States are meeting this challenge. Each is a partnership between a health care organization and an educational institution (and sometimes other partners, as well). By engaging educational partners, the projects enable employees to advance their education while learning on the job, earning credits applicable toward occupational certificates and Associate's and Bachelor's degrees in fields such as nursing, gerontology, human services, and psychology.

This practice brief—which is intended for workforce and human resource practitioners, as well as those investing in workforce development—examines the variety of roles that supervisors play in the professional development of their employees, and how differences in these roles can affect program implementation and success. It focuses on three programs—in Austin, Texas; Philadelphia, Pennsylvania; and Fall River, Massachusetts—that each take a distinct approach to supporting work-based learning and career development.

The brief also demonstrates how *Jobs to Careers* projects have adapted supervisory

roles and functions to a wide variety of health care settings, differing in location, scale, complexity, type of care, financing, and organizational structure. The choices that these employers and their educational partners make, from defining roles to adapting to obstacles that arise along the way, offer lessons for the development of new programs to train and advance employees through work-based learning.

Principal Roles of Supervisors in *Jobs to Careers*

Supervisors in any organization typically balance a number of roles. They are responsible for the performance of employees reporting to them, and for ensuring that work is accomplished in a way that meets the organization's goals. They are a link between frontline workers and management, and communicate with both. Supervisors may also orient newly hired workers, and then train them, formally or informally, in their duties. They may determine employee rewards and incentives, such as raises or bonuses, as well as enforce discipline. Given these roles, securing their support for employee education and training is essential.

The involvement of supervisors in *Jobs to Careers* often exceeds simple "buy in" to the participation of frontline workers in educational activities, however. Supervisors have also helped in planning and designing projects. Some have participated in defining the competencies required for frontline jobs and helped develop curricula. During implementation, supervisors have supported employee learning and advancement in a variety of ways.

Supervisor roles in project implementation fall into three broad categories— representing lower to higher levels of involvement—based on research at each of the *Jobs to Careers* sites:[1]

- *Instrumental:* Supervisors facilitate the implementation of work-based learning, most commonly by providing logistical support that enables employees to take part. This could involve adjusting the schedules of frontline workers so they can participate in learning activities, arranging for release time for those activities, and providing back-up staff to relieve them.

- *Preceptor/Instructor:* Supervisors instruct participants, whether in a classroom or work setting, in the practical knowledge and skills they need to perform their jobs successfully. They may assist frontline workers and project staff in setting learning objectives and assessing the extent to which workers have met the objectives and demonstrated required competencies.

- *Mentor/Coach:* Supervisors guide participants as they apply the knowledge and skills they have acquired in everyday work situations and support their professional growth in the organization. They may help workers with their assignments and encourage them to reflect critically on the material. Mentors also help participants deal with individual problems (e.g., need for remedial help, finding computers and Internet access). In some cases, the coaching role extends to helping workers develop career and educational plans.

At the higher levels of involvement, the role is potentially more challenging to supervisors, because it moves further away from traditional responsibilities. Providing instrumental support to employees, such as approving schedule changes, is more

typical of routine supervisory duties than is instruction or coaching. In some health care settings, the preceptor role is a well-established method for orienting and teaching newly hired employees for clinical practice.[2] More typically, frontline workers are oriented through informal on-the-job training, whether from supervisors or experienced peers. Mentoring and coaching, the most intensive role of the three, is also the least common, and potentially the most challenging to balance with traditional supervisory roles and duties.

These roles overlap considerably in practice, especially those of preceptors and mentor/coaches. Certain activities, such as setting learning objectives and assessing achievement of them, might be performed by those in either an instructional or mentoring role. In a number of instances, a supervisor's role spans all three categories. However, we have identified the single category that seems most descriptive of the supervisors' role at each project site.

Table 1:
Work Settings and Supervisor Roles

Lead Partner	Work Setting	Main Role
Round One Projects		
Asante Health System	Hospital	Mentor/Coach
Baltimore Alliance for Careers in Healthcare	Hospital	Instrumental
District 1199C Training and Upgrading Fund	Psychiatric hospital and community behavioral health facility	Mentor/Coach
Northern Arizona University	Community health center	Mentor/Coach
Owensboro Community & Tech College	Hospital	Preceptor
Portland Community College	Assisted living and residential care facilities	Preceptor
SSTAR	Addiction treatment center	Mentor/Coach
Wai'anae Coast Comprehensive Health Center	Community health center	Preceptor
Workforce Solutions	Hospital	Instrumental and Mentor/Coach
Round Two Projects		
Capital Workforce Partners	Nursing homes	Instrumental
Charles B. Wang Community Health Center	Community health center	Preceptor
East Boston Neighborhood Health Center	Community health center	Instrumental
Humility of Mary Health Partners	Hospital	Instrumental
Mississippi Office of Nursing Workforce	Hospital	Preceptor
Tenderloin Health	Community health center	Preceptor
University of Alaska–Fairbanks	Behavioral health facility	Preceptor
Virginia Mason Medical Center	Hospital	Instrumental

Table 1 *(on page 3)* illustrates the main role performed by supervisors in each *Jobs to Careers* project and the work setting in which it is performed. Supervisors in hospitals are more likely to play an instrumental role than in the other *Jobs to Careers* work settings. At community health centers, the preceptor role seems to be favored.

A Comparative Analysis

This report highlights three projects, which were selected on the basis of the following criteria: First, it includes only those that have had enough time as participants in *Jobs to Careers* to implement supervisory roles in work-based learning. Second, it analyzes only direct supervisory roles, omitting the preceptor category: the first group of projects to join *Jobs to Careers* largely assign this responsibility to staff above the level of frontline supervisor or to those with specific knowledge or credentials required for instruction. Third, the projects chosen represent a continuum: from instrumental and mentor/coach roles, to moderate mentor/coaching, to highly involved mentor/coaching. Most important, the projects illustrate the variety of projects in the *Jobs to Careers* initiative. *(See Appendix I for case studies of supervisory roles in these projects.)*

- **Exceed.** In Austin, Texas, two large multi-facility hospital systems, St. David's HealthCare and Seton Healthcare Network, are collaborating with Austin Community College and Workforce Solutions (the local Workforce Investment Board). The project offers a "clinical pathway" for frontline patient care workers in both groups of hospitals (patient care technicians and clinical assistants) and an "administrative pathway" at the Seton hospitals for employees working in patient registration and related services (patient access representatives). In both cases, workers in these entry-level positions progress to higher-skilled "rungs" within each position.

- **Bridging Jobs to Careers.** In Philadelphia, the District 1199C Training & Upgrading Fund has joined with Temple Episcopal Hospital and Public Health Management Corporation to offer opportunities for professional development and advancement to frontline workers in community-based and hospital-based behavioral health facilities.

- **SSTAR Reach.** In Fall River, Massachusetts, SSTAR, an addiction treatment facility, is collaborating with Bristol Community College and the Trundy Institute of Addiction Counseling to upgrade the counseling skills of employees working with patients in SSTAR's inpatient and outpatient units.

Within a single project, the professional status of those who take on the supervisory role can vary with the setting or department in which the participating frontline workers are employed *(see Table 2 on page 5)*. In Austin, the supervisors are either nurses in charge of hospital units (in patient care departments at both St. David's and Seton) or patient-access supervisors or managers who do not have a clinical health care credential (for the patient registration teams at Seton). In the District 1199C project, the supervisors at Temple Episcopal Hospital are nurse managers, while those at the Public Health Management Corporation facilities are behavioral health counselors with responsibility for managing the shifts in which they are working. At SSTAR, too, the supervisors are behavioral health counselors

(in this case, in addictions) who manage the inpatient and outpatient facilities.

There are also sizable differences in the numbers of employees reporting to each supervisor. The ratio of workers to supervisors tends to be higher for the hospital nurse managers (80 to 1 at Seton, 55 to 1 at St. David's, and 57 to 1 at Temple Episcopal) and much lower for supervisors in other settings (as low as 4 to 1 for the night shift at Public Health Management Corporation). The hospital nurse managers tend to have less frequent contact with those they supervise than supervisors with fewer workers reporting to them.

Table 2:
Supervisor Characteristics at Three *Jobs to Careers* Sites

	Austin	District 1199C	SSTAR
Who the supervisors are	St. David's Healthcare: Nurse managers Seton Healthcare Network/Clinical: Clinical managers Seton Healthcare Network/Patient Access: Patient access supervisors, patient access managers	Public Health Management Corporation: Shift heads Temple Episcopal: Nurse managers	Clinical supervisors (inpatient and outpatient)
Ratio of workers to supervisor	St. David's Healthcare: 50-55:1 (supervises 10 to 20 patient care technicians) Seton Healthcare Network/Clinical: 80:1 (supervises 15 to 20 clinical assistants) Seton Healthcare Network/Patient Access: 5-10:1	Public Health Management Corporation: 6:1 (day); 4:1 (night) Temple Episcopal: 57:1 (supervises 45 frontline workers)	Inpatient: 32:1 (12 counselors) Outpatient: 6:1 (3 full-time and 3 part-time counselors)
Frequency of contact	St. David's Healthcare: Occasional Seton Healthcare Network Clinical: Weekly Seton Healthcare Network/Patient Access: Daily	Public Health Management Corporation: Daily Temple Episcopal: Occasional	Daily

Supervisor Roles in Three *Jobs to Careers* Sites

The ratio of workers to supervisors appears to have an impact on the functions that supervisors perform in *Jobs to Careers* projects.

WORKFORCE SOLUTIONS (EXCEED)

In Austin, the supervisor role fits within the instrumental category in the patient care departments of the participating hospitals and in the mentor/coach category for the patient access teams at Seton. The nurse managers at St. David's and clinical managers at Seton attend project meetings, arrange the schedules of frontline workers so they can participate more readily, and provide general encouragement and support to participants. In both hospital systems, these supervisors played an important part in selecting the frontline workers who would participate in the project and the floor nurses who would serve as their job coaches. At St. David's, they also participated in identifying the competencies to be taught, while at Seton that task was left to other hospital staff and to staff at Austin Community College.

In contrast, the patient access supervisors and managers at Seton have played a wider ranging role in *Jobs to Careers*. At the planning stage, they helped develop the curriculum and design the work-based learning activities, and they serve as mentors and job coaches for the patient access representatives.

DISTRICT 1199C TRAINING AND UPGRADING FUND (BRIDGING JOBS TO CAREERS)

In Philadelphia, supervisors have been moderately involved as mentor/coaches, but there are important differences in the way that role is performed at different worksites.

At Public Health Management Corporation facilities, the supervisors are senior and experienced mental health technicians who mentor more junior technicians. Their involvement in the project is wide-ranging. Meeting with their mentees every day, they engage participants in discussions about material presented in class, help with homework assignments, and help them make connections between the knowledge and skills they are acquiring and their work with patients. In addition, the supervisors meet regularly with classroom instructors to discuss topics covered in class and how to apply what is learned on the job.

At Temple Episcopal Hospital, on the other hand, few of the nurse managers have engaged fully in the role of mentor/coach. While the plan was to have them meet at least weekly with the mental health workers they supervise, in practice these have been less frequent, partly because of the nurse managers' workload and partly because the weekly homework assigned by the classroom instructor has not always required direct supervisor involvement. Also, the mentor/coach role is new to most nurse managers, very different from the more task-oriented, hierarchical role of clinical supervisor to which they are accustomed. They have attended several workshops to help them learn about the mentor/coach role but have had varied success in understanding and adapting to this new role.

SSTAR (SSTAR REACH)

The supervisors in the SSTAR project are highly involved as mentor/coaches. Their role has been comprehensive, spanning all aspects of the project. They were an integral part of planning and design, helping to identify target competencies and learning objectives and participating in the development of the curriculum.

Since then, they have provided logistical support, attended weekly classes where they participated in role-playing activities, helped with homework assignments, discussed project-related matters during regular one-on-one supervisory sessions, and observed participants as they incorporated what they have learned into their jobs. They have also given support and encouragement to participants, helping them resolve individual problems and work toward the goals spelled out in their individual career development plans.

STAFF ROLES IN DIFFERENT PATIENT CARE ENVIRONMENTS

Most of the supervisors in the Austin, Philadelphia, and Fall River projects engage in clinical functions related to the direct care of patients or clients. The only exceptions are the supervisors and managers for patient access (registration and related administrative functions) at the Seton hospitals in Austin. Note that the ratio of frontline workers to supervisors at Seton is among the highest of all the projects, at 80 frontline workers to 1 supervisor.

Supervisor responsibilities in *Jobs to Careers* projects must be understood in the context of the roles played by all concerned staff, both within a participating health care employer and in all the partner organizations in a project. Some roles are played by supervisors, some by other staff, and some are shared between them. The division of labor in the Austin project, for example, assigns the role of facilitating work-based learning for frontline workers in patient care to floor nurses, who report to the same supervisors as the project participants, thus enabling those supervisors to limit their involvement to the instrumental role. At District 1199C, on the other hand, Temple Episcopal Hospital supervisors are responsible for both work-based learning and instrumental facilitation; significant adjustments would have to be made if, for any reason, they could not fulfill one of those roles.

Table 3 *(on page 8)* shows who performs the different roles in the case study projects. It includes responsibilities at the planning and design stages of projects and during implementation (instrumental, preceptor, and mentor/coach roles).

Table 3:
Distribution of Staff Roles in Selected *Jobs to Careers* Projects

Project Role	Austin	District 1199C	SSTAR
Program Design	• Workforce Solutions staff • Austin Community College staff • Nurse managers (St. David's HealthCare) • Patient access supervisors or managers (Seton Healthcare Network)	• District 1199C Training Fund staff • University of Medicine and Dentistry of New Jersey staff • HR and other managerial staff (Temple Episcopal, Public Health Management Corporation)	• SSTAR CEO & COO • SSTAR staff development director • SSTAR supervisors • Bristol Community College staff • Trundy Institute staff
Project Coordination	Workforce Solutions and Health Industry Steering Committee staff; designated staff at each employer	1199C Training & Upgrading Fund (director) and designated person at each employer (HR consultant at Temple Episcopal; COO at Public Health Management Corporation)	SSTAR COO
Instrumental (Facilitation)	• Nurse managers (St. David's HealthCare) • Clinical managers (Seton Healthcare Network) • Patient access supervisors or managers (Seton Healthcare Network) • Project coordinators	• Nurse managers (Temple Episcopal) • Shift heads (Public Health management Corporation) • Project coordinators	• SSTAR supervisors • SSTAR COO • SSTAR staff development director
Preceptor (Formal Instruction)	Austin Community College staff	1199C Training Fund staff	• Bristol Community College staff • Trundy Institutive staff
Preceptor (Assessment)	• Austin Community College faculty • Floor nurses • Nurse managers (St. David's HealthCare) • Clinical managers (Seton Healthcare Network) • Patient access managers	• 1199C instructor; Temple Episcopal and Public Health Management Corporation supervisors on designated assignments	• Bristol Community College faculty • Trundy Institutive faculty • Supervisors
Coaching and/ or Mentoring	• Floor nurses (clinical) • Patient access supervisors or managers (administrative)	• Nurse managers (Temple Episcopal) • Shift heads (Public Health Management Corporation)	• Supervisors • Senior counselors

Shifts in Relationships Between Supervisors and Frontline Workers

Has *Jobs to Careers* changed relationships between supervisors and participating frontline workers? In Austin and Fall River, according to interviews, these relationships have grown stronger and more cooperative. Supervisors and frontline workers trust each other more, due to both increased contact and the fact that supervisors and managers have made an important commitment to the professional development of frontline employees. Austin respondents added that participating frontline workers have improved their working relationships with nurses on the floor and seem to be happier and show more pride in their work. The supervisors, for their part, are more committed to having the frontline workers succeed in their careers.

Change is less apparent in the District 1199C project. Public Health Management Corporation supervisors were already engaged, to some extent, in coaching as a part of their occupational role (though on a less formal basis than that defined for the *Jobs to Careers* project). Temple Episcopal nurse managers have faced a bigger "stretch" in moving from their current role and training as clinical instructors to that of coaches. One project leader said that some relationships had been strengthened, but the four supervisors have maintained a narrower, if generally supportive, role.

Challenges to Supervisory Involvement

Interviewees commonly mentioned two challenges that supervisors face in performing their roles in *Jobs to Careers.*

First, supervisors must balance dual demands on frontline workers' time: their regular job duties and required training activities. This challenge is usually met by scheduling activities far enough in advance for the supervisors to arrange for floor coverage by other frontline workers. On the other hand, when participants miss project activities, it is usually possible to reschedule those activities or arrange a make-up plan at a later date.

Second, supervisors must perform a balancing act in their own jobs, performing their regular supervisory and administrative responsibilities, while also learning a new set of roles required by the project. Fulfilling

both old and new responsibilities can be challenging, particularly in the context of providing patient care. This problem was mentioned specifically where supervisors have many employees reporting to them: by the nurse/clinical managers in Austin and Philadelphia and the inpatient unit supervisor at Fall River. In Austin, the problem has been kept to a minimum because the supervisors' role is limited to an instrumental one. Fall River respondents spoke of the high level of commitment among all staff to making the project work and the willingness of all involved, including the inpatient supervisor, to work extra hours when necessary.

The Temple Episcopal case in Philadelphia differs. Time constraints and high workloads make it difficult for nurse managers to give

as much attention to participating frontline workers as project planners had expected, and sometimes they fulfill their project responsibilities in a "catch as catch can" fashion. But the biggest challenge, according to respondents, has been for the nurse managers to assume the new role of mentor/ coach, as opposed to the accustomed clinical supervisor role. In their traditional role as clinical supervisors, nurses are accustomed to teaching by "telling"—giving instructions and then noting on a checklist whether a required skill was demonstrated successfully. In their new role, supervisors are expected to teach by "coaching," posing questions to trainees to stimulate thinking about alternative ways to solve a problem. The latter method is more common to the

therapeutic disciplines than to nursing as it is traditionally practiced.

One respondent noted the contrast between the Public Health Management Corporation supervisors, who as behavioral health clinicians are used to the mentor/coach mode of interacting with frontline workers, and the nurse managers at Temple Episcopal, whose normal mode of interaction is more in the nursing tradition of hierarchical supervision and preceptorship. To address this problem, the project coordinators have scheduled additional training workshops on the theory and practice of mentor/ coaching, and are considering enlisting non-supervisory staff, such as behavioral health therapists, as mentor/coaches.

Lessons for Practice

The experiences of *Jobs to Careers* participants demonstrate that supervisors or equivalent staff can play a critical, if challenging, role in realizing the potential of work-based learning to build skills and foster career advancement for workers on the front lines of health care. This has significance not just for *Jobs to Careers*, but for all organizations seeking to improve performance—and the quality of goods or services—by improving the quality of the workforce.

Close supervisory involvement in the professional development of frontline staff is rare in any industry, and in health care in particular. Such involvement is typically limited to supervisors and/ or experienced coworkers providing newly hired staff with brief on-the-job training. In some cases, such as long-term care, newly hired caregivers work with a licensed nurse—who may or may not be an individual's supervisor—who assumes the role of preceptor, imparting basic

technical information about the job. But this relationship is brief and does not extend to ongoing skill development or career advancement.

Jobs to Careers breaks with this tradition. As the cases above demonstrate, supervisors can play not only an expanded role in development of worker skills and career paths. In most cases, their participation also provides an essential link between the jobs of frontline workers and the learning process. When this connection is made through the vehicle of work-based learning, training is more relevant and engaging to the frontline worker. And a key premise of *Jobs to Careers* is that better-trained and more satisfied workers, in turn, can contribute to the delivery of better patient care.

The supervisor or equivalent position is pivotal because he or she is responsible for frontline workers' performance on the job, as well as their job satisfaction and retention, as much recent research indicates.[3] Moreover, supervisors, many of

them former frontline workers, have a deep familiarity with the job and its potential and limitations for learning. In addition, their position in the organization between frontline workers and senior management makes them essential gatekeepers to career opportunities.

The *Jobs to Careers* experiences also demonstrate a number of specific lessons for supervisor involvement in work-based learning projects:

NO SINGLE MODEL OF SUPERVISOR INVOLVEMENT IS BEST.

Because of the variety of *Jobs to Careers* projects and organizations carrying out these projects, different configurations of personnel have performed the necessary project functions. The roles of supervisors within those configurations vary, depending on the nature of the project, the kinds of frontline workers who are participating, and the availability of staff to perform the various functions. All of these elements fall together differently in different work settings, such as hospitals, community health centers, and long-term care facilities.

THE MENTOR/COACH ROLE IS NOT A GOOD FIT FOR ALL SUPERVISORS.

The mentor/coach role seems to be a better fit for supervisors with relatively few workers reporting to them and a relatively non-hierarchical mode of supervision. SSTAR, Public Health Management Corporation, and the Seton patient access teams all previously used a mode of supervision similar to that of the mentor/coach—and the ratio of workers to supervisors at those sites tends to be low. At the Austin hospitals, where the participating nurse/clinical managers supervise large numbers of employees, the question of fit is less critical: their role is largely instrumental. However, in the case of Temple Episcopal, the mentor/coach role appears to be a difficult one for the nurse managers to perform.

In the Austin hospitals, the mentor/coach role has been assumed by floor nurses who report to the same supervisors—the nurse/clinical managers—as the frontline workers who are being mentored. This division of labor between floor nurses and supervisors appears to work well. It is not clear whether a similar arrangement would be feasible at Temple Episcopal. While the problem has been addressed by providing more training and support to the nurse managers, future rounds of training will likely enlist other positions better suited to coaching (e.g., therapists, clinical educators).

For *Jobs to Careers* sites generally, supervisor performance of the support roles may be less important than effective performance of them by any staff member. For some projects, performance of certain roles, especially instruction and assessment, requires professional expertise or licensure. Frontline hospital staff training to be unit clerks in the *Jobs to Careers* Mississippi-based project are instructed by other unit clerks, rather than their direct supervisors. At another *Jobs to Careers* site, Virginia Mason Medical Center in Seattle, the preceptor role for prospective medical assistants is limited by regulation to existing medical assistants.

In other instances, the size and formality of the health care organization may require alternatives to supervisory adoption of the roles. In the *Jobs to Careers* project at assisted living facilities in Portland, Oregon, the supervisory function is nonexistent or rudimentary. For this reason, precepting and assessing of caregivers' performance in training falls to a variety of positions, ranging from experienced frontline workers to administrators and health service directors.

ALL SUPERVISORS MUST FACILITATE EMPLOYEE PARTICIPATION IN WORK-BASED LEARNING.

Regardless of how broad or narrow the set of supervisor functions may be at a particular health care facility, all supervisors (or staff

responsible for frontline workers) must provide the instrumental and logistical support needed for participants to engage fully in *Jobs to Careers* activities. As the case studies make clear, such issues as scheduling, proper staffing, and having access to appropriate facilities are critical to project success. It is essential that supervisors be involved, at a minimum, at this instrumental level to ensure that the work environment accommodates participants engaging in work-based learning activities.

STRONG PROJECTS ENGAGE SUPERVISORS EARLY AND OFTEN

In each of the *Jobs to Careers* projects presented here, project managers sought the involvement of supervisors from the outset. Supervisors played active roles in defining the knowledge and skills to be covered in curricula, planning the implementation of work-based learning, and selecting and orienting frontline workers. For example, in defining the competencies for mental health workers in Philadelphia's two project sites, the team met with supervisors at several points to "vet" proposed competencies and determine which were most central to performing the job effectively. Similarly, SSTAR supervisors were consulted in the project's planning stages, and they worked in tandem with college staff to identify topics and develop curricula. This early involvement was critical to ensuring that training and related curricula were relevant and tailored to the needs of the employer and its staff and patients. Just as important, early (and ongoing) engagement helped ensure that supervisors would understand and maintain a commitment to the mission of work-based learning.

SUPPORTING WORKERS REQUIRES SUPPORTING SUPERVISORS.

For supervisors to assume new roles, the leadership of the organization needs to step up to facilitate their participation. Staff members assigned to support roles and functions must have enough preparation, training, and time in their schedules to be able to perform them effectively. Most important, project managers must ensure that the balancing act between work-based learning activities and everyday work requirements do not compromise patient or consumer care. At Temple Episcopal, the selection of participants in each cohort avoided overburdening individual supervisors or stripping any particular unit of frontline coverage. At SSTAR, the organization as a whole has placed a high priority on making the *Jobs to Careers* project a success. As a result, SSTAR staff, including supervisors, have made whatever adjustments have been needed for the program to work. For example, a student could not complete online assignments at home, so her supervisor allowed her to use work time (during the overnight shift) to complete her assignments.

Support also means applying new skills, such as coaching and mentoring, and providing tools and structures to facilitate learning. At Portland Community College's employer partners, staff in coaching roles attended workshops and received guidebooks on career development—their own as well as those of frontline workers. Coach/mentors at 1199C receive a handbook containing synopses of each lesson and assignment, as well as suggested questions to pose for eliciting discussion with students. At Austin and many other *Jobs to Careers* projects, individual development plans for career growth and academic attainment help both workers and their supervisors engage in the coaching process.

Conclusion

> "It is a 'win-win' proposition for all concerned."

Jobs to Careers is about much more than training individuals; it is ultimately about changing organizations to make them supportive of ongoing professional development. And this involves a range of issues beyond training, particularly if organizations are going to realize the benefits of delivering better care. A key issue is the quality of supervision itself. *Jobs to Careers* builds on a number of prior interventions in the health care workforce that demonstrated close links between quality supervision and staff morale and performance. Indeed, evaluators of such initiatives found that supervisory training was essential to their success, and that such training, including instruction in coaching and mentoring, was necessary to enable supervisees to implement better care practices (Washko et al. 2007; Morgan et al. 2008).

The structure of the health care workplace also presents challenges to the involvement of supervisors in work-based learning. As the examples from *Jobs to Careers* have shown, organizational patterns across and even within hospitals, nursing homes, and community clinics vary widely, and there is no single prescription for supervisory involvement. If practitioners are going to integrate training initiatives effectively, they will need to look closely at the supervisory function in a given organization—specific responsibilities and rewards, and how these fit into the larger management structure— and tailor supervisory roles accordingly.

Supervisors can play a great variety of roles effectively to support frontline workforce development. If executed well, this support role can equally benefit supervisors and their entire health care organizations. Communication and relationships between frontline workers and supervisors improve. Supervisors see their job roles expanded, and hopefully their job satisfaction as well. At best, it is a "win-win" proposition for all concerned.

Appendix I:
Case Studies

THE EXCEED PROJECT, AUSTIN, TEXAS

Project Summary

The Exceed Project is a collaboration of Workforce Solutions (Austin's Workforce Investment Board), Austin Community College, and two large health care systems: St. David's HealthCare, which consists of seven hospitals, and the Seton Healthcare Network, representing five hospitals. The project offers opportunities for frontline workers to advance in health care careers through a combination of classroom and work-based learning. It has two tracks: a clinical pathway for frontline workers in patient care, known either as patient care technicians at St. David's or clinical assistants at Seton; and an administrative pathway at Seton for patient access representatives, who work in patient registration and related services. Workers in each pathway advance to higher-skilled levels or "rungs" within their current position and earn pay raises with each successive level reached.

Austin Community College faculty members teach project-related classes on the college campus and at the hospitals. ACC nurse educators develop and teach work-based modules. Work-based learning is integrated into daily work activities by job coaches who are selected from among hospital staff, either floor nurses in the case of the clinical pathways, patient access supervisors, or managers in the case of the administrative pathway.

Who the Supervisors Are

Supervisors vary according to the job classifications of the participating frontline workers. For those on the clinical track, the principal supervisors are nurses who have overall responsibility for managing the hospital units to which the workers are assigned. These are known as nurse managers at St. David's and clinical managers at Seton. Directly subordinate to these managers are the charge nurses, who rotate through twelve-hour shifts, three days a week, in the patient care units of the hospitals. The charge nurses act as shift supervisors, assigning patient care duties and directing teams of floor nurses and patient care workers during the shifts in which they work.

At the St. David's hospitals, each nurse manager has authority over 50 to 55 staff members, including all of the nurses and clerks in their units and 10 to 20 patient care technicians. At Seton, each clinical manager supervises about 80 staff, 15 to 20 of whom are clinical assistants. In both hospital systems, the managers conduct the annual performance reviews of the frontline workers under their supervision.

Each month, nurse managers at St. David's meet one-on-one with the patient care technicians in their units. They also see them at staff meetings and interact with them occasionally during their daily rounds. At Seton, the clinical assistants meet with the clinical managers of their units every week and interact with them occasionally during the day.

Patient access managers and supervisors at Seton supervise the patient access representatives. Patient access supervisors have authority over five to ten patient access representatives. About 20 percent of the supervisors' work hours is devoted to supervision; the rest of the time, they register patients and perform related activities—the same duties as those performed by the patient access representatives themselves. Both positions report to patient access managers, who exercise overall supervision and evaluate performance.

Supervisor Roles

In the clinical pathway, the role of supervisors at both St. David's and Seton is largely instrumental. They have no day-to-day involvement either in the classroom or in work-based learning. Instead, they attend project meetings, arrange the schedules of frontline workers, give general support to nurse educators, and provide encouragement and support to participating frontline workers. Seton clinical managers are also responsible for facilitating the career development of all staff who report to them, including clinical assistants.

In January 2009, the nurse manager at one of the St. David's hospitals began playing a "hybrid role": both supervisor and work-based learning educator. This has led to a much more comprehensive involvement in the project for her.

The nurse managers at St. David's were also involved in the project's planning, helping to identify the desired competencies. At Seton, the planning was done by the nurse educators and the project coordinator, working in tandem with community college staff. The supervisors in both systems were also involved in deciding which frontline workers would be chosen to participate in *Jobs to Careers* and which nurses would serve as job coaches.

With regard to Seton's administrative pathway, the supervisor role is more comprehensive. In addition to scheduling enough time for participants' classroom and work-based learning activities, the patient access supervisors act as job coaches, working with participants to complete the work-based learning modules. Several of these supervisors are project participants themselves, and the patient access managers who supervise them also act as their job coaches and assist them with work-based learning activities.

Changing Relationships Between Supervisors and Frontline Workers

According to staff at both St. David's and Seton, *Jobs to Careers* has improved the relationship between supervisors and participating frontline workers. St. David's interviewees describe a higher level of mutual confidence and trust, resulting from improvements in participants' knowledge, skills, and critical thinking. Supervisors observe greater job satisfaction and pride on the part of patient care technicians, and better working relationships between PCTs and floor nurses. For their part, the supervisors have become more committed to helping project participants succeed.

Similarly, Seton clinical managers and nurses have observed that the relationships between them and the clinical assistants have become significantly more cooperative. The participating frontline workers appear to be much happier in their jobs and take more initiative in providing guidance to other frontline workers. Within the patient access units, however, the program is new and it is not yet clear whether there will be similar changes.

Challenges to Supervision

Interview respondents at both St. David's and Seton said that the greatest challenge participating supervisors face is balancing patients' needs in their units with the project's time demands. Patient care always comes first and, on a few occasions, project participants have missed a class or work-based learning activity because of demands for their services on the floor. However, it has usually been possible to make time for project activities by scheduling them far in advance and having non-participating frontline workers fill in at designated times. On the rare occasions when project activities did not go forward as planned, supervisors have worked with nurse educators, job coaches, and project coordinators to reschedule them for a later date.

BRIDGING JOBS TO CAREERS, PHILADELPHIA, PENNSYLVANIA

Project Summary

The Southeastern Pennsylvania Behavioral Health Initiative, Bridging Jobs to Careers, is a partnership of Philadelphia's District 1199C Training & Upgrading Fund, a team of researchers from the University of Medicine and Dentistry of New Jersey, and two behavioral health employers—Temple Episcopal Hospital and Public Health Management Corporation. The goal is to improve skills and career advancement opportunities for frontline behavioral health workers, lower-paid, nonlicensed staff who care for those with a mental illness or a substance abuse problem. It uses job competencies as the foundation for creating a curriculum and career paths for frontline workers in behavioral health. The UMDNJ research team identified the competencies and developed the curriculum, in cooperation with employers, supervisors, and frontline workers.

The mental health workers enrolled from the two organizations participate in both classroom instruction and work-based assignments that deepen their practical and theoretical understanding of psychiatric rehabilitation. The classroom instructor is employed by the Training & Upgrading Fund, a union-based provider of health care education and training to worker-members in Philadelphia and community residents. Supervisors at the two employer establishments coach the students in applying course concepts to their work with patients, and they assess a portion of the assignments. Upon completing instruction successfully, students receive wage increases ranging from 5 to 15 percent, and they move up to a higher grade or "rung" within their current positions as mental health technicians.

Who the Supervisors Are

The roles and positions of frontline supervisors differ markedly between Temple Episcopal Hospital and Public Health Management Corporation, reflecting contrasts between the two employers. All Temple Episcopal technicians serve under the supervision of psychiatric nurses; residential caregivers at Public Health Management Corporation facilities generally report to behavioral health clinicians or, in some cases, more experienced frontline workers. At "The Bridge," a Public Health Management Corporation residential facility treating substance abuse and mental illness in adolescent males, a participating student, who was also an experienced caregiver and shift supervisor, was supervised by the facilities' director. Subsequently, this worker mentored students in a later cohort of the program.

At Temple Episcopal Hospital, supervising nurse managers have a range of responsibilities beyond supervision, including reviewing patient charts, monitoring safety and controlling infections, and checking job applicants for criminal backgrounds. They check in with their supervisees on the floor at least once a day, attend patient team meetings, and evaluate performance; but they do not closely supervise *Jobs to Careers* participants, given the large number of frontline workers for whom they are responsible. Each of the four supervisors participating in *Jobs to Careers* oversees at least 30 mental health workers, in addition to charge nurses. One experienced nurse manager supervises 45 mental health workers and 12 charge nurses.

Oversight of frontline workers at Public Health Management Corporation residences is less formal and structured than at Temple Episcopal, reflecting a therapeutic milieu rather than an institutional one. At the Bridge, the immediate supervisors of frontline workers (mental health technicians) are the "Heads of Shift"—more experienced MHTs who are responsible for the group. Supervisors here typically oversee groups of four to six mental health technicians, depending on the number of residents being treated on a unit. There are also "residential counselors" who

have greater scheduling and supervisory responsibilities but are not degreed. Both MHTs and residential counselors work with teams of professional therapists to assist the residents in their care, but the latter do not supervise frontline workers directly. The director of the Bridge, as well as other professional staff, informally coaches MHTs—what he described as "walk about management," as well as more formal coaching in treatment team meetings.

Supervisor Roles

The supervisor role in *Jobs to Careers* did not begin with the implementation of the training modules. In the year before teaching began, supervisors at Temple Episcopal and Public Health Management Corporation participated in interviews with the UMDNJ team about the tasks performed by frontline workers, how frequently these tasks were performed, and whether they were critical to providing care. Kenneth J. Gill and his staff also sought validation from supervisors about their findings on required competencies at the workplace. And when supervisors were oriented to their roles in the competency-based curriculum, Gill asked them to weigh in on the appropriateness and relevance of student assignments.

The most vital role envisioned for supervisors in the Training Fund project was coaching. They are expected to help assess student work on assignments, discuss learning experiences, and assist participants in applying lessons to their work. Because the assignments are work-based, they involve tasks to be performed on the job, as well as classroom discussion and homework. Such assignments might involve interviewing a patient, consulting the patient's chart, or leading a therapeutic group. Each involved the demonstration of specific competencies needed for behavioral health work.

While the classroom instructor had primary responsibility for assessing student work, supervisors played a role as well. Depending on the assignment, this could involve observing performance, reviewing written assignments, or discussing with the worker his or her self-evaluation. Supervisors also rate the students on their attainment of each competency, noting whether it was demonstrated fully, partially, or not at all. Equally important, they engage students in reflection—for example, discussing how the worker managed a conflict situation in the workplace using specific social skills, asking for self-assessment, and offering feedback. In this role, the supervisor is expected to "coach"—use open-ended questions and pose problems to be solved—rather than "tell" his or her charges what to do.

Teaching Supervisory Skills

To orient supervisors to their role as coaches, half-day train-the-trainer sessions took place before each of the three 12- to 16-week modules in the training course. In addition, "booster sessions" midway through the modules assessed how the course was proceeding. Each train-the-trainer session combined a technical overview of the curriculum with instruction and exercises, such as role playing, to introduce coaching skills and approaches. UMDNJ's Kenneth J. Gill led the technical overview; Pamela Shadzik, director of Temple Episcopal's Learning and Development Center, taught coaching skills. Participants learned about the spectrum of coaching behavior that extends from telling workers what to do to enabling them to solve problems. They were offered a variety of scenarios, drawn from the work-based learning assignments, and asked to pose questions from a coaching standpoint to others playing the role of students.

Initially, separate sessions were held for Temple Episcopal and Public Health Management Corporation workers. They were later combined to have supervisors from one organization model coaching behavior for those employed by the other. Groups from both organizations responded enthusiastically to the joint sessions.

Changing Relationships Between Supervisors and Frontline Workers

A broader goal of the project, beyond building workers' skills, was to improve the climate of the organization by improving supervisors' abilities to interact on the job with workers. Having supervisors coach their staff was seen as a way to build relationships while broadening the skills of both supervisors and frontline workers. Although interviewees did not offer enough evidence to say whether this occurred, there were signs of changing relationships. One supervisor spoke of talking more about work with his charges. A supervisor from another employer reportedly experienced an "aha" moment in coaching orientation when others observed his negative view of workers and asked, "Do you supervise that way?" It is less clear whether supervisors in general at Public Health Management Corporation and Temple Episcopal Hospital are sharing information more with MHTs or having more frequent contact with them.

Challenges to Supervision

In the course of the training, all supervisors experienced certain challenges, even if some issues were more significant at one employer. General challenges included time and scheduling constraints, particularly for supervisors overseeing a large staff and frontline workers responsible for numerous patients. On second and third shifts, these challenges were less apparent, but coaching was complicated by the presence of fewer supervisors. The volume and complexity of curriculum also challenged both supervisors and students. As one human resources official explained, there was much trial and error in implementing the curriculum; it was brand new and none of the activities had been tried before. In response, Temple Episcopal's Pamela Shadzik developed a week-by-week handbook, with synopses of the material and suggested questions to pose to students, based on feedback on what had been most effective from past discussions.

Nurse managers at Temple Episcopal experienced particular challenges in mastering the role of coach and mentor to frontline workers. While they were expected to engage students in discussions about the assignments and pose questions, supervisors saw their role in narrower terms: "checking off" performance of the assignments and attainment of correct answers. Some supervisors felt that the more open-ended coaching role conflicted with their responsibility for discipline and formal performance assessment. For others, their training as nurses and clinical instructors—which emphasizes documentation of task performance—made it difficult to assume the coaching role, and the students were not used to seeing them in this role. Finally, nurse managers and workers often were unclear about how and when to approach one another about assignments, especially those that did not require formal supervisory assessment. Reportedly, some students would seek out their supervisors just minutes before leaving the floor to attend class.

Jobs to Careers project staff have responded in several ways to these challenges. One, noted above, has been to bring Temple Episcopal and Public Health Management Corporation supervisors together in subsequent train-the-trainer sessions: PHMC supervisors who are more experienced in therapeutic practices could model coaching approaches for Temple's nurse managers. Another is to expand the coaching and mentoring role to non-supervisory positions that are better suited for it, such as behavioral health therapists. Barring a more systematic effort from senior management to change rewards and assessment criteria for nurse supervisors, Temple Episcopal appears likely to rely more on other staff to coach and mentor frontline workers in the training.

THE SSTAR REACH PROJECT, FALL RIVER, MASSACHUSETTS

Project Summary

SSTAR Reach is a collaboration of Bristol Community College, Bridgewater State College, the Trundy Institute of Addiction Counseling, and Stanley Street Treatment and Resources (SSTAR) of Fall River, Massachusetts. SSTAR, the lead partner in the project, is an inpatient and outpatient substance abuse treatment facility. The participants in the project are frontline workers in SSTAR addiction treatment programs who work in some capacity with clients but have no academic credential, license, or certification. They include nursing assistants, milieu therapists, counselors, case managers, and others (e.g., drivers, clerks, housekeepers) who interact regularly with clients. The project offers opportunities for participants to receive academic credits and prepare for the state examination to become a Certified Addictions Counselor. Those who pass the examination and obtain the CAC credential also receive pay increases.

The project consists primarily of two programs, both of which take place at SSTAR. A 270-hour course, delivered by the Trundy Institute, prepares workers for the CAC examination. The other is a four-credit college course in group facilitation skills for addiction counselors, taught by a Bristol Community College faculty member. Both programs emphasize work-based learning; participants practice applying to their daily work the skills and knowledge they have learned in the classroom and in online lessons. They are assisted in this by mentor/coaches, chosen from among more highly credentialed clinical staff, and by their supervisors.

Who the Supervisors Are

The supervisors participating in *Jobs to Careers* are clinical supervisors overseeing the patient care work of therapists, counselors, and mental health workers in SSTAR's inpatient and outpatient units. The chief supervisor of the inpatient unit has authority over 32 employees (12 counselors and 20 unit assistants). The outpatient unit supervisor is responsible for six employees (three full-time and three part-time clinicians).

Supervisors come into daily contact with those who report to them. Their duties include both formal, scheduled supervisory sessions and "spontaneous supervision" when a need arises. The inpatient supervisor does formal group supervision each week and one-on-one supervision weekly or monthly, depending upon the credential status of the person being supervised. (Lower credentialed staff receive more frequent supervision.) The outpatient supervisor meets with each employee individually every week and holds group supervisory sessions every other week. Supervisors also observe employees on the job and offer feedback and suggestions.

Employee performance reviews were done annually until 2009. The current plans are to review performance quarterly so that problems can be addressed more quickly.

Supervisor Roles

Supervisor roles in the *Jobs to Careers* project are wide-ranging. In the planning stage, supervisors helped conceptualize the project and design its structure. They worked with staff from Bristol Community College and the Trundy Institute to identify the topics to be covered and the competencies to be taught, and they assisted with curriculum development. As a result of *Jobs to Careers*, six SSTAR staff members, including the outpatient unit supervisor, gained adjunct faculty status at Bristol Community College.

The supervisors have continued their high level of involvement in the project. Besides adjusting frontline worker schedules to accommodate participation in the project, supervisors attend the weekly on-site classes and participate in role-playing activities. They help participants with assignments,

and in their one-on-one supervisory sessions discuss progress and any issues that may arise. They also help incorporate the skills and knowledge that participants learn into daily work activities, often during the time they are observing participants on the job.

Finally, in their frequent interactions with participants, the supervisors provide support and encourage them to continue in the program. Working with the staff development director, they help resolve such issues as the need for academic remediation or gaining access to a computer with an Internet connection. They also follow up with participants on their progress toward achieving the goals and objectives spelled out in their individual development plans.

Changing Relationships Between Supervisors and Frontline Workers

Supervisors report that *Jobs to Careers* has resulted in stronger, more trusting relationships between participating staff and their supervisors. They note that participants were especially gratified that their supervisors participated in role-playing activities during the classes. "This gave us all a sense of doing it together," said one respondent.

Challenges to Supervision

According to interviewees, the main challenge for the supervisors participating in the project has been finding the time to perform additional tasks on top of their regular duties. However, all of those interviewed emphasized the strong commitment to the project throughout their organizations. It has been a team effort, said one interviewee. Peers agreed to cover for participants during classroom time, supervisors stayed extra hours, and participants used some of their own time—in addition to release time—to ensure the project's success without compromising clients' needs.

Based on the interviews, however, it does appear that making adjustments to participate fully in the project has been more challenging for the inpatient supervisor, who oversees a large staff of 32, than for the outpatient supervisor.

Appendix II:
Methodology

To understand how supervisors are helping to improve the quality of frontline jobs in health care, the authors used a framework developed by the project's national evaluation team. This framework was built from interviews and surveys conducted in the course of the evaluation of *Jobs to Careers.* Using findings about supervisor roles from this framework, the authors selected a sample of projects representing different kinds and degrees of supervisor involvement—from limited support roles, through moderate involvement, to high involvement in all stages and aspects of the project.

Two interview protocols were used, one for the supervisors of frontline workers, and the other for coordinators and administrators who do not have direct supervisory authority over frontline workers but are knowledgeable about the role of the supervisors in their projects.

The interview protocols are presented in Appendix III. The authors conducted 15 telephone interviews in Janunary 2009. They also drew upon reports from *Jobs to Careers* sites, updates and discussions with *Jobs to Careers* staff and technical assistance providers, and presentations made by site representatives.

Appendix III:

Interview Protocol

JOBS TO CAREERS
SUPERVISOR PROJECT

Name of Person Interviewed:
Title of Person Interviewed:
Employing Organization:
Date:

1. Please describe your job at <name of org>.

   • What are your duties and responsibilities?

   • How many frontline workers do you supervise?

   • What is the frequency of contact with frontline workers?

   • What is the nature of that contact?

   • How do you supervise the frontline workers under you? (e.g., direct observation, one-on-one discussion, reading reports)

   • How is the performance of frontline workers assessed?

   • Other aspects of supervision not included above?

   • Other duties of supervisors besides supervision (e.g., patient care)?

2. What role do you play in the *Jobs to Careers* project? Was this part of the original plan, or did it develop over the course of the project? Describe.

3. Did you receive any orientation or training to perform this role? Describe.

   • Do you have adjunct status with the college partner? If so, how did that come about?

4. Do you receive any other kind of support or assistance to help you perform this role (e.g., coaching, pay increases or bonuses, other incentives or rewards, use in performance evaluations by your managers)?

5. What role do you have in helping with work-based learning? Describe and give examples.

   • Role in curriculum development (e.g., developing competencies or learning objectives)

   • Role in incorporating learning into the frontline workers' jobs (e.g., conducting or participating in instruction, coaching or mentoring, assessing performance)

   • Other (e.g., helping with career planning)

5a. If the supervisor role is minimal, why aren't supervisors more involved in the project?

6. How do you manage conflicting priorities, (e.g., patient needs/floor coverage versus learning activities) of workers, both on and off the floor?

   • How do you allocate the time to support workers learning and advancement?

7. Are there any ways in which the relationships between you and the people you supervise have changed because of the project (e.g., sharing information more, greater frequency of contact)? Describe.

8. What are the biggest challenges you face in performing these new roles? How are you meeting those challenges?

9. Is there anything else you can tell me about your participation in the *Jobs to Careers* project? Any new practices that make you more effective in doing your job?

Endnotes

[1] These categories were developed by the *Jobs to Careers* national evaluation team, based at the University of North Carolina Institute on Aging. The evaluators created these categories by collecting and analyzing information from surveys and focus groups at each of the 17 project sites, and grouping supervisory activity in the projects into three "buckets" that best summarize their roles and responsibilities.

[2] The use of the term "preceptor" in this context is in agreement with definitions found in widely used medical reference works. *Taber's Cyclopedic Medical Dictionary*, for example, defines preceptor as "an expert who supervises and instructs students in clinical practice experiences, esp. medicine or nursing" (F.A. Davis Company, 2005 edition).

[3] On the relationship between supervisors and direct care workers' job satisfaction and retention, see Bishop et al. (2008), Brannon et al. (2007), Chou & Robert (2008), and McGilton et al. (2007).

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