

## **IMPROVING THE CONNECTION BETWEEN HEALTHCARE EMPLOYERS AND SCHOOLS TO INCREASE WORK-BASED LEARNING OPPORTUNITIES FOR URBAN HIGH SCHOOL STUDENTS**

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### **Abstract**

This study advances an experiential learning framework for educators to: (1) identify workforce-building strategies from key healthcare industry informants, (2) strengthen school-industry partnerships, and (3) shape urban high school students' career readiness experiences through curriculum and real life on-the-job training opportunities. Data was gathered from structured phone interviews with 21 healthcare industry leadership and management informants. Three key findings emerged. First, a financial burden and disengagement of leadership from the healthcare industry is a barrier. Second, creating effective partnerships as long-term investments is a challenge. Third, more needs to be done on aligning education and training with the healthcare industry.

**Keywords:** work-based learning, career readiness, health care, urban education

### **Introduction**

The challenge facing the health care industry is the lack of a reliable pipeline of health care workers in place to meet an increased demand for a diverse and culturally and linguistically competent workforce. Failure to prepare an adequately trained health care workforce would result in serious consequences, putting at risk access to care, poor quality of care, and lack of patient safety (Carnevale, Smith, & Strohl, 2013). Investing in building a workforce pipeline could give healthcare employers a competitive advantage over other industry sectors that are competing for the same high school and postsecondary urban graduates (Loera et al., 2016). Such an investment allows healthcare employers to train and shape future employees, equipping them with the adequate set of skills to appropriately address the needs of racially and ethnically diverse populations. The impact or return on investment could be in reducing staff turnover and vacancy rates, and cutting cost in recruiting, orienting, and training new staff (Jones & Gates, 2007; Wilson & Holm, 2012). In other words, making improvements in staff preparation and retention, and creating a high-work-performance culture may also improve overall staff morale and motivation to work harder, even when facing new challenges. To achieve this, healthcare employers should build partnerships with schools and not miss the opportunity to recruit and shape a diverse workforce (Wilson-Stronks, Lee, Cordero, & Galvez, 2008). Building a well-trained healthcare workforce requires a long-term investment, commitment (Symonds, Schwartz,

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& Ferguson, 2011), and well-coordinated partnerships that involve policy makers, educators, healthcare leaders, and the urban community that the hospital serves (Alfeld, Charner, Johnson, & Watts, 2013). Healthcare employers are in a good position to engage their local urban communities and build long-term relationships that can help to alleviate social and economic inequalities (Mahmud, & Parkhurst, 2007), and the stigma and mistrust that currently exists among communities that have been historically underserved (Sullivan Commission, 2004; Zuckerman, 2013). Unfortunately, the liability of working with minors (Darche, Nayar, & Braco, 2009a, 2009b), and the lack of proper education and training prevent healthcare employers from offering urban students expansive work-based learning opportunities (Lewis & Stone, 2011; Stone & Lewis, 2012). The aim of this study is to identify risk factors for healthcare employers to provide urban youth enrolled in healthcare career academies with work-based opportunities. By building such partnerships between healthcare employers and urban schools a workforce pipeline may be created that could increase awareness of services and career options for urban youth.

### **Career Academies Model**

Healthcare career academies, schools within schools, generally begin in the 9th or 10th grade and serve cohorts of students through the end of high school. Career academies combine academic and career technical education curricula around career themes (e.g., the healthcare industry) and provide students with work-based learning experiences through partnerships with employers in their communities (Kemple & Willner, 2008; Stern, Dayton, & Raby, 2010). As a part of academies, students complete work-based learning experiences at hospitals and clinics. Research (Kemple & Scott-Clayton, 2004; Kemple & Snipes, 2000), has shown that career academies tend to increase students' participation in work-based learning experiences.

### **Conceptual Framework**

This study is rooted in Experiential Learning Theory (ELT; Kolb & Kolb, 2006) that explores the concept that learning is best conceived as a process of creating knowledge. In this study, experiential learning is defined as work-based learning experiences that are directly linked to classroom instruction that involves students' application of knowledge and skills to real-life scenarios and tasks. Gaining experience in their field of interest and having the opportunity to apply skills learned in the classroom in a real-world setting can increase students' employability skills, as they will have had practice performing job-relevant tasks in an applied environment. Findings from previous research indicate that possessing employability skills, such as problem solving, critical thinking, and the ability to collaborate with others, is critical to student success in transitioning to the workforce (Gysbers, 2013; Martin, 2008).

### **Method**

#### **Participants**

The sample of 21 key informants was composed of healthcare providers and staff ( $n = 12$ ) and healthcare executives ( $n = 9$ ). The convenience sample consisted of 14 females and 7 males from six California Counties (i.e., Imperial County, Kern County, Los Angeles County,

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Riverside County, San Joaquin County, Sacramento County). Of the 21 respondents, 18 were white, 1 African American, and 2 were Latino. The names, e-mails addresses, and phone numbers of the 21 industry key informants were obtained from several sources: (1) career academy coordinators from five high school campus who oversee the work-based learning component and have an industry partner identified the 12 healthcare providers and staff; and (2) individuals serving on a work-based learning project taskforce suggested the 9 healthcare executives.

### Procedure

Respondents were contacted via email using addresses that school leader coordinators and other healthcare staff provided, and a 35-minute phone interview for each participant was scheduled. All participants were informed of the study's intent and purpose and confidentiality. All participants were presented with enough information to make an informed decision about their participation in the study. All participants gave a verbal consent to participate and for the interview to be recorded for accuracy. The data was collected via 21 phone interviews with healthcare staff and executives that occurred between November 2014 and March 2015. The interviews were audio recorded.

### Measure

The interview protocol included questions about the employer's partnerships with schools and their perspectives regarding student work-based learning. All participants were asked open-ended questions during the interviews that evoked detailed narratives. Table 1 shows the interview protocol used to guide the phone interviews. To ensure content validation, the researcher conducted one expert review of the topics and items of the interview protocol with 29 healthcare providers, executive administrators, and educators with extensive experience with work-based learning to evaluate and reach consensus on the 11 guiding and 13 probing questions.

Table 1. Healthcare Staff and Executive Phone Interview Protocol

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Thank you for taking the time to talk with me today and also allowing me to record the interview. I am interested in learning more about the activities that you and your [**name of agency**] participated in both this year and last year with the [**name of school**]. This phone interview will last about 35 minutes. Your comments will be kept anonymous.

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#### **Background and Partnership History**

1. What is your position at [**agency**]?
  2. How long have you been with [**agency**]?
  3. How did you get involved with the [**school**]?
  4. How long have you been involved with the [**school**]?
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#### **Work-Based or Work-Place Learning**

5. What is your role with the school's team/pathway program?
  6. What do the [**school**] students do at your agency?
    - What are the most meaningful activities? Why are they meaningful for students?
    - Would you define your partnership with the [**school**] teaching team as strong or weak?
    - What industry competencies are essential for students to have to be employable in your agency?
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### Workforce, Education, and Training Resources

7. What resources are your agency currently investing in the [school] to increase students' preparation for the healthcare industry?
  - How well is the [school] teaching team utilizing these resources?
  - What have been the barriers for your agency in recruiting high school graduates?
  - What are the barriers to training and employing [school] students?

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### Employer and Agency Value

8. How are the industry and education systems connected? Why is this partnership critical to meet the needs of the diverse communities?
  9. As a leader in your agency collaborating (or wanting to partner) with a school, what is it that drives you to work with schools and students?
    - What is in it for you personally and professionally?
    - What is in it for the agency and industry?
    - What is the perceived value for doing this?
    - What would make you want to do more of this?
  10. What are the risk factors for your agency in providing to students work-based learning opportunities?
    - What risk or burden do they present to you and your staff?
    - What factors may prevent you and your agency from working with schools and students?
    - What would make agencies do more with schools and students?
  11. What would you say is the return on investment (ROI) for your agency, working with students?
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### Data analysis

All interviews were transcribed for data analysis. All respondents' names were excluded from the transcripts to ensure confidentiality. The interviews were coded using qualitative data analysis software (i.e., ATLAS.ti). Trustworthiness and credibility were ensured through triangulation. Data was collected from multiple sources, including participants with different perspectives, such as healthcare providers, staff and executives. The author also produced a draft template of the findings for each of the six topics. The template consisted of three categories: (1) statements and quotes, (2) codes, and (3) patterns and themes. The template also helped to engage three experts in qualitative research and career technical education in content analysis to confirm themes and organization of the data.

## Results

### Finding 1: The Financial Burden and Disengagement of Leadership

*Theme 1: Financial burden.* The majority of the participants described a financial burden of providing work-based learning experiences to urban students as being salient to their decision for not collaborating with schools. One executive emphasized, "There is no financial gain for [us]; we don't get money or grants for working with schools and students [in an urban setting]." Another executive said, "Without funding, it is nearly impossible to achieve a strong partnership . . . adequate funding is important." For most healthcare employers without a strong financial structure that can support schools and students with the necessary resources to ensure work

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experiences are meaningful and beneficial to the organization, their partnership with schools is simply not a priority.

Another type of financial burden that executives mentioned was staff time to recruit, supervise, train, and motivate urban students. One direct service staff member emphasized the importance of teachers adequately educating and training students on technical skills (e.g., regulations and procedures handling patients and equipment) and soft skills (e.g., critical thinking, adaptability, and communication) prior to their work placement. This translates to less staff time and resources devoted to training students on basic core competencies. This finding is in accordance with Symonds and colleagues' findings (2011) that the development of student requires the time and commitment of qualified staff personnel to properly train urban students.

*Theme 2: Disengagement from healthcare executives.* Effective leadership engagement from healthcare executives emerged as a critical component to: (1) increasing and strengthening community partnerships with schools, and (2) ensuring positive influences of the work-based learning environment for urban students. However, several respondents highlighted the lack of engagement from their top leaders (i.e., chief executive officers). One informant described her frustration with her CEO not realizing the value of urban students benefiting the healthcare industry. "As an industry, we stand to lose a diverse workforce pool of bilingual and bicultural individuals to other industry sectors because we fail to act on these potential partnerships." This finding is consistent with the work of Alfeld and colleagues (2013), emphasizing that leadership set the direction and vision that guides the partnership and commits the resources needed to ensure that the partnership stays strong and that students' work experiences are positive. It is also possible that increasing the engagement of executives in the work that students do at their agency, may lead to them: (1) viewing students as relationship or cultural brokers between the communities and the healthcare agency, (2) increasing the visibility of the agency out in the community, and (3) leading to the community accessing healthcare services more readily. The return on investment for these executives would be more evident.

### **Finding 2: Effective Partnerships as Long-Term Investments**

*Theme 3: Industry and school partnerships.* When asked why the partnership between the healthcare industry and education system continue to be a challenge even though there is strong evidence supporting the value of providing students from urban settings real-life work experiences, this statement from a former healthcare CEO highlights the partnership gap:

The problem is the education system runs pretty much with its own rudders . . . it steers where it wants to go, not necessarily where industry wants to go, regardless of the industry . . . one of the reasons that industry often does not collaborate with the education system is . . . industry generally don't understand the system, because everybody in the decision-making level . . . are probably at least 30 years removed from their last encounter with the education system, so their concept of the system tends to be out of date.

A nurse supervisor added that executives "at the top don't know that there are career health pathways in high schools . . . that are medical-based . . . [and] they are blown away by the concept." This statement speaks to the ongoing gaps in healthcare-school partnerships. It is plausible that this partnership gap is due to the labor laws and other liability issues that have and

continue to make it difficult for healthcare employers and schools to work together, as Darche, Nayar, and Braco, (2009a, 2009b) pointed out.

The cost of not creating partnerships can be even more significant, as articulated by this healthcare administrator, “The cost of [urban] students dropping out [of school] is a cost to the entire community . . . we all feel it. We need to have a unified message on the impact using the voice of the industry . . . as an industry, we need to engage in the community [and partner with schools].” This speaks to the social and economical impact of the larger community (Mahmud, & Parkhurst, 2007).

*Theme 4: Investing in a long-term purpose.* Establishing trusting partnerships takes time, effort, and commitment from the interested stakeholders. When asked about the return on investment, the most common response given was long-term investment. “It is taking the long-term view versus a short-term view of what can be done this year for the next year . . . to build a future, may take 10 years,” said one executive, expanding on the idea that most healthcare and school partnerships fail because they don’t give it time to develop and work together to resolve new challenges. The impact of not investing long term, according to this executive, is not having “a better pipeline for young professionals . . . [and] when the supply diminishes, running out of people to provide the services.” This finding is consistent with The Sullivan Commission (2004) and Zuckerman (2013) in that the healthcare industry is in a good position to generate partnerships to increase community engagement, but also recognize that it must be a long-term investment.

### **Finding 3: Align Education and Training With the Healthcare Industry**

*Theme 5: Industry-focused curriculum.* Increasing industry involvement in incorporating industry-related competencies into classroom instruction was viewed as a critical barrier. The majority of the executive informants suggested the need to integrate more industry-driven competencies into the health career pathway program curriculum. When asked if the informants were invited to assist with curriculum development or alignment, they replied that their involvement was very limited or that they never requested to participate. Several informants expressed concern over staff time constraints and not being able to dedicate time to work with teachers to develop new curriculum. This finding with respect to industry’s limitations in releasing staff time to work with teachers on curriculum development and integrating it with healthcare industry standards is consistent with the findings of Symonds, Schwartz, and Ferguson (2011). Urban students are not receiving industry-focused curriculum, and they are not getting enough exposure to the healthcare industry, which impacts their career choices.

*Theme 6: Inadequate training.* Healthcare industry employers that do not have a partnership with schools and do not offer high school students in an urban setting work-based learning experiences tend to view these students as less productive and less predictable because of inadequate education and training. Urban students without the proper education and training were not seen as an investment for healthcare employers. Several informants emphasized the importance for urban students to be properly trained and prepared to work with real patients prior to an internship. One informant said, “Students do not have sufficient exposure to the various roles that our [healthcare] staff have and the work that they do.” Researchers (Lewis & Stone, 2011; Stone & Lewis, 2012) contend that the reason for this lack of proper education and training is the result of the lack of healthcare employer’s participation in providing students work-based learning opportunities.

### **Discussion**

The perceptions of healthcare industry executives on school-healthcare industry partnerships are at the forefront of this study. Several conclusions may be drawn from the findings of this study. First, healthcare executives are faced with challenges and barriers that prevent them from establishing and continuing partnerships with schools that provide their students with real workplace experiential learning opportunities. For example, the financial and human resources burdens combined with low engagement from executives seem to be associated with short-term and ineffective partnerships. Healthcare executives that are not engaged or familiar with school-healthcare industry partnership are more likely to consider these partnerships as risks than workforce development opportunities. Studies have shown that the lack of proper education and training from schools is linked to poor healthcare industry involvement (Lewis & Stone, 2011; Stone & Lewis, 2012), and this association reinforces the perception that school partnerships are not worthwhile investment. Second, when school-healthcare industry partnerships are not in place, students interested in healthcare are not learning industry-related competencies or exposed to real-life work-based learning experiences that increase their college and career readiness. This finding is consistent with previous research on the experiential learning approach (Kolb & Kolb, 2006), that the lack of industry-focused curriculum combined with career exposure prevent students from gaining current employability skills useful to the healthcare industry.

Overall, this study adds to the current literature on both the value of engaging healthcare executives and the impact on students' career readiness. First, it fills in the gaps in the literature noted by Wilson-Stronks, Lee, Cordero, and Galvez (2008) by providing details, from a healthcare industry perspective, about the impact of school-healthcare industry partnerships. Second, the research gives voice to the industry on the reasons why industry executives do not participate in providing students work-based learning opportunities. training and shaping the future workforce. Third, the findings help educators better understand the alignment gaps in their curriculum and classroom instruction with the needs of the industry. Fourth, this study highlights how schools might prepare and frame their message when recruiting and connecting with healthcare industry employers. Finally, through its qualitative lens, the current study provides a holistic perspective of the experiences of healthcare employers, thereby helping helping schools and educators better understand the experiences and workforce needs of healthcare industry employers.

### **Implications**

As career academies continue to gain momentum in schools across the country, increasing school-industry partnerships by reducing the perceived challenges and barriers and increasing the perceived value of these partnerships is critical to our future healthcare workforce. Recently, President Obama called on all educators and employers to “Join me in a national commitment to train two million Americans with skills that will lead directly to a job.” [citation?] The findings from this study highlight the challenges and barriers in President Obama's call for action, to prepare students with the skills for a challenging and demanding workforce.

The lack of school-healthcare industry partnerships prevents urban students from gaining adequate training prior to them entering the healthcare workforce. If students are not well

prepared to perform real-life work-place learning tasks, healthcare employers will not see the value in student workers. Pulakos, Arad, Donovan, and Plamondon (2000) point out that the development of employability skills can only be attained if students are provided with meaningful learning experiences and given frequent opportunities to practice and increase their capabilities. It is also critical that the healthcare industry recognize the value of long-term partnerships in order to sustain a workforce pipeline for the next 10 to 15 years. This means investing time, human resources and funding for the next 20 years to address the healthcare's future workforce diversity and shortages. A longitudinal research design that examines the impact of work-based learning components on high school students' career-readiness in healthcare industry is essential.

### Limitations

There are two main limitations in this study. First, the current study did not utilize data regarding barriers from educators' perspectives that prevent schools from building partnerships with the healthcare industry. The data was collected from participants in the healthcare industry only. Finally, the sample of participants was not diverse or a representative of the population of California. Recruitment of healthcare informants with diverse racial and ethnical backgrounds could have been achieved by increasing the sample pool and asking the study participants to recommend other executives from diverse backgrounds. A sample of diverse participants might have provided different perspectives and experiences with regard to barriers that prevented urban students from having work-based learning opportunities at healthcare employers.

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