

Finding a High-Quality Job in the Caring Industry: HPOG Participants' Occupational Choices

HPOG 2.0 Participant Perspectives, Brief 2



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Overview

Policymakers seeking to expand the healthcare workforce need more information to better understand how workers decide whether to move into the healthcare sector and how they decide what occupations to train in. The Health Profession Opportunity Grants (HPOG) Program funds local career pathways programs to prepare participants for occupations in the healthcare field that pay well and are expected to either experience labor shortages or be in high demand.

This brief explores two questions: **Why do HPOG participants choose the healthcare field? Why do they choose a specific occupation within healthcare?** Interviews with HPOG 2.0 participants in 14 local programs offer valuable perspectives on participants' choices and decision-making processes.

Our interviews suggest that, when making their initial occupational choices, participants:

- Chose healthcare because they are interested in caring for other people.
- Considered both financial—wages and costs of participating in training—and other job quality factors when choosing a healthcare occupation.
- Defined job quality broadly. Policymakers and practitioners typically define and measure job quality using factors such as schedules, benefit packages, and opportunities for advancement. The participants we interviewed understood job quality to comprise these features along with autonomy, respect, opportunities for career growth and enhancement, and physical considerations such as lifting and offensive sensory experiences.¹

After making initial occupational choices, participants reported they engaged in **“career crafting” over time**. That is, their specific occupational choice within healthcare evolved as they sought to align their work lives with home and family responsibilities, accumulated work experience, and opportunities for additional training.

Improved understanding of participant decision-making about occupational choice can lead to better program design. Doing so likely has implications for how programs:

- Design career pathways program services to accommodate participants' goals, reinforcing intrinsic motivation, and helping them “craft” their careers to specific personal and family needs.
- Link participants to work environments that meet participants' occupational and job quality goals after they complete training.
- Provide ongoing career crafting support for program participants beyond the end of the workforce training.
- Address the broader labor market context, helping employers to structure employment opportunities to better align with workforce program participant goals and help increase employee retention.

Introduction

Healthcare is a growing field with increasing opportunities for employment, yet it requires very specific training and credentials that many U.S. workers lack. Data on enrollment in healthcare occupational training in programs such as the Health Profession Opportunity Grants (HPOG) Program are available at both the local program level and nationally.² Summarizing *which* trainings participants choose is straightforward, but why they make those choices is not well understood.

This second brief in the HPOG 2.0 Participant Perspectives series considers **why HPOG 2.0 participants chose the healthcare field in general, and why they chose their specific healthcare occupation**. Because job quality was a clear consideration for the participants we interviewed, the brief also provides further detail on their understanding of job quality within the healthcare field.

This paper also offers perspective on how interviewees thought broadly about what De Vos, Akkermans, and Van der Heijden (2019) term “crafting” a career—an ongoing, dynamic process of fitting together family financial needs, work experience, and opportunities for additional training. Finally, it offers some policy implications, particularly for the structure of career pathways program design and employer engagement.

The brief draws on data from 153 in-person interviews with participants in career pathways programs funded by the HPOG Program (see **box**).

About HPOG

The Health Profession Opportunity Grants (HPOG) Program funded local career pathways programs to provide occupational education and training to Temporary Assistance for Needy Families (TANF) recipients and other low-income adults. The program aimed to prepare people for occupations in the healthcare field that paid well and were expected to either experience labor shortages or be in high demand.

To support training completion and advancement along their chosen career pathway, local HPOG programs provided comprehensive support services such as case management, academic and career counseling, and personal and logistical supports including financial assistance.

HPOG was administered by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services. ACF awarded two rounds of five-year grants (HPOG 1.0 in 2010 and HPOG 2.0 in 2015).

This brief focuses on participants in programs operated by HPOG 2.0 grantees that are part of an HPOG 2.0 National Evaluation being conducted by Abt Associates.

To see the full portfolio of evaluation work on HPOG: <https://www.acf.hhs.gov/opre/project/health-profession-opportunity-grants-hpog-research-and-evaluation-portfolio>.

Context

In the 21st century world of work, the typical career is not static; instead, people “craft” their careers over the course of their lives, with mini-cycles of occupational choice (De Vos, Akkermans, and Van der Heijden 2019). Understanding how people choose occupations is critical to understanding transitions between these mini-cycles, particularly when looking at meeting the HPOG Program’s dual goals of increasing the healthcare workforce and moving people into jobs with livable wages.

Yet evidence on how people choose a healthcare occupation is limited. One study suggests nurses in the United States choose their profession because they want to care for others (e.g., Mooney, Glacken, and O’Brien 2008). In a study in Ireland, nurses considered factors such as autonomy, wages, job security, lifestyle, and social status (Price 2011). There is similarly little evidence about how people choose other healthcare occupations, such as occupational or physical therapist, medical office assistant, or counselor. One study examined how a small sample of HPOG 2.0 trainees in diverse healthcare occupation trainings thought about occupational choice in their career pathway (IERE 2019). Overall worker well-being was the critical factor informing their decisions about where and how to find employment. These workers understood well-being to include consistency in and control over schedule, increased pay and benefits, reduced commute time, and increased job satisfaction.

HPOG participants hope that pursuing training will lead to a good job. How workers define a good job could offer some insight into factors that might influence why they choose a specific occupation. Yet research on participant perspectives on what makes a “good job” is limited. A recent review of the literature by Urban Institute found that definitions of a “good job” greatly vary. Policymakers and workforce development professionals commonly think about job quality not only in terms of good pay, but also in terms of access to benefits, working conditions, organizational culture, and on-the-job skill development (Congdon et al. 2020).

Building on this limited existing literature, the current brief describes interviewees’ considerations when they chose a healthcare occupation, providing detail on interviewees’ perceptions of job quality and examining the ways that interviewees navigated their aspirations and needs in making that choice. Our semi-structured interviews are particularly insightful for these research questions because they encouraged interviewees to describe their past occupational decisions, current activities, and plans for the future.

Methodology and Sample

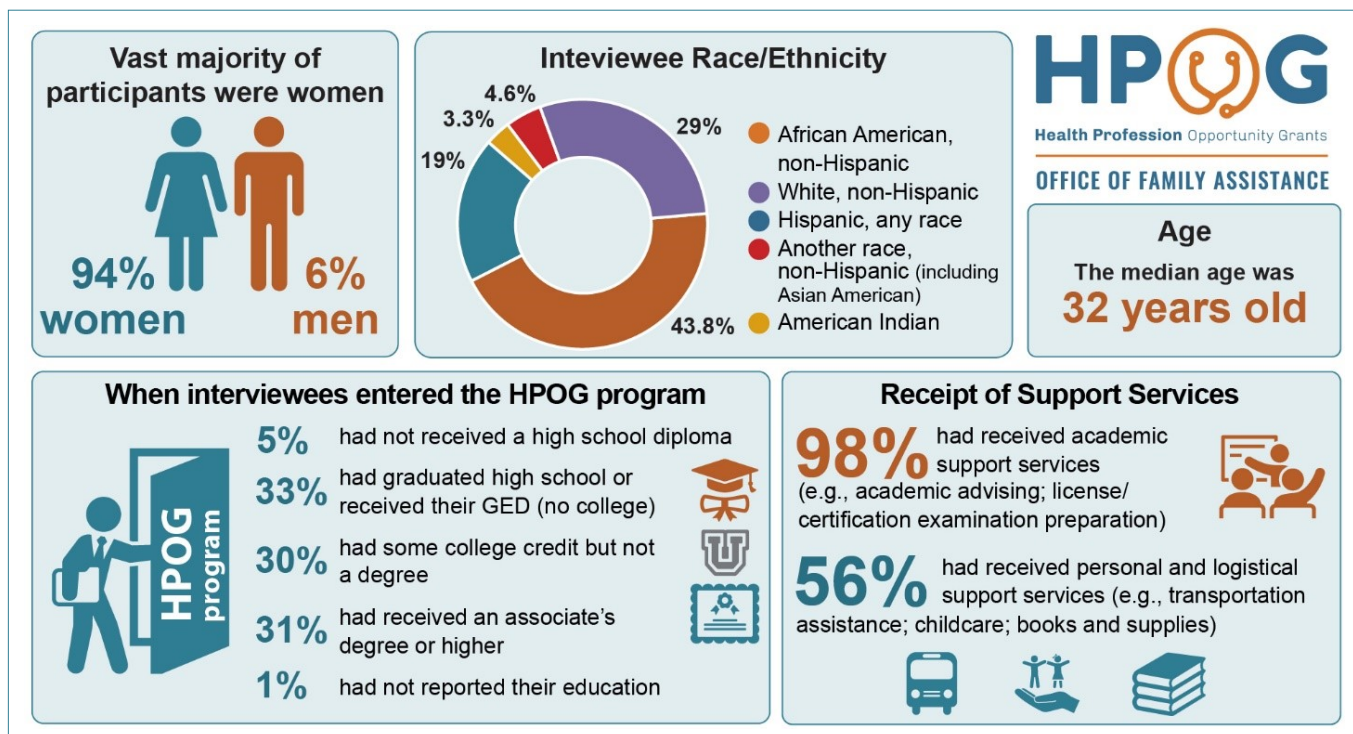
This brief is based on in-depth in-person interviews conducted between October 2019 and January 2020 with a purposive sample of 153 program participants across 14 local HPOG 2.0 programs (Thomas, Locke, and Klerman 2018). The brief reports themes emerging from these interviews.

We selected the 14 programs to reflect diversity in grantee organization type,³ geography,⁴ projected enrollment, prior HPOG grant experience, demographic characteristics of their participants, and percentage of those participants receiving non-financial support services such as academic coaching and career coaching. We recruited participants to reflect each local program population in demographic and socioeconomic characteristics, levels of healthcare training (entry, mid-, or high-level), and variation in progress through training.⁵

Participation in the interviews was voluntary. Interviews usually lasted between 60 and 90 minutes. We gave interviewees a gift card to thank them for their time. We scheduled interviews as flexibly as possible over 4 to 5 days in each program location. Interviews were semi-structured and covered a common set of topics: career pathways; employment and education histories; experience of the HPOG 2.0 training; managing work, family, and training; and finances. Interviewers used a conversational approach to allow probing. Interviews were transcribed and analyzed using qualitative software.

Compared with HPOG 2.0 participants in the selected programs, our interview sample had slightly more participants who identified as White, slightly fewer participants who identified as Black or Hispanic, more women, slightly more participants receiving support services, and slightly fewer participants enrolling in multiple trainings.⁶

Figure 1: Interviewee Characteristics (n=153)



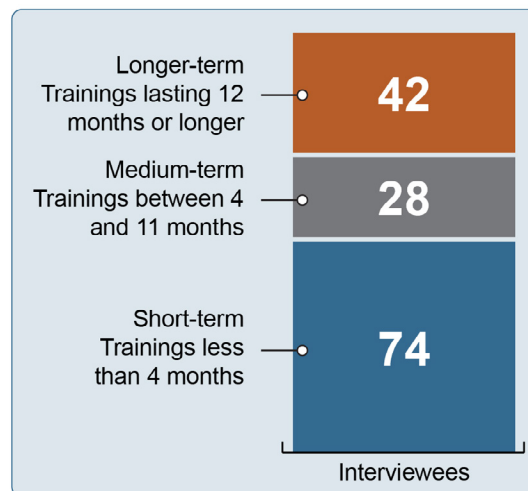
Of 153 interviewees, about half were enrolled in or had completed HPOG-supported short-term trainings of less than 4 months (n=74); about one in five (n=28) were enrolled in medium-term trainings lasting between 4 and 11 months; and almost one in three were enrolled in longer-term trainings (n=42) lasting 12 months or longer.⁷ **Figure 2** shows these patterns for each type of training. Compared to the overall HPOG 2.0 study population, our sample had a greater share of participants in longer-term trainings.⁸

Following patterns seen in national HPOG 2.0 enrollment data, the most popular short-term training among interviewees (n=43) was Certified Nursing Assistant (CNA). CNAs do a variety of support tasks, such as bathing and cleaning patients, assisting patients with using the bathroom, and assisting nurses with administering medicine. CNA is typically an entry-level nursing occupation—training takes between 75 and 120 hours, depending on the state⁹ and is usually completed in about six weeks. Pay is low; the national median hourly wage in 2020 was \$14.82.

Patient Care Technician (PCT) and Pharmacy Technician were the most common medium-term trainings (n=7 each).¹⁰ PCTs do similar work to CNAs but are also able to draw blood and read some medical equipment without supervision from a senior nurse or doctor. PCT certification takes 20 to 27 weeks of training. The median hourly wage in 2020 was \$17.23.¹¹ Pharmacy technicians assist pharmacists to provide medication directly to consumers or to other medical professionals. A certificate program typically takes two semesters. The median hourly wage in 2020 was \$16.87.¹²

Registered Nurse (RN) (n=20) was the most popular long-term HPOG training among the interviewees.¹³ To enter an RN program, students must complete a rigorous set of prerequisites and then complete coursework associated with an associate's or bachelor's degree. The RN degree is a higher-level training requiring a significant investment of time to complete—usually at least four years including prerequisites. The median hourly wage in 2020 for RNs was \$36.22.¹⁴ By comparison, Licensed Practical Nurse (LPN) is a medium length training with fewer prerequisites¹⁵ but pays less. The median hourly wage in 2020 for LPNs was \$23.47.¹⁶

Figure 2: Share of interviewees in short-term, medium-term, and long-term trainings



Findings

This findings section is organized to explore two aspects of occupational choice. First, it explores **factors influencing initial occupational choices** to understand the framework participants operated in at the point they chose an occupational training in HPOG. These choices were about how and whether to enter the healthcare field from another sector or how to progress within the healthcare field if already working within it.

Second, the brief explores how participants **navigated the process of “career crafting”**, or the ongoing evolution of occupational choice. At the time of the interviews, HPOG 2.0 participants reported navigating several different factors in choosing their occupation—aligning occupational desires with the reality of their lives and the choices available to them.

Multiple Factors Influenced Occupational Choice

Interviewees described being motivated to work in healthcare from a desire to care for others. Improving aspects of job quality was a consideration for many interviewees, and physical considerations about the job played an important role for some.

Interviewees’ motivations to work in healthcare stemmed from experiences with healthcare workers, their interest in science, or a desire to care for others.

Slightly more than half of interview respondents (n=81) clearly articulated their motivations for choosing the healthcare field. For some, healthcare was an opportunity to take care of people and be in a service role. Others were extremely interested in anatomy and the human body. A smaller number wanted to take care of a specific population (e.g., seniors).



Emmie Atwater¹⁷ described how in eighth grade a nurse had come in to present at career day. She described how the nurse showed the students her “anatomy stuff.” Emmie said, “I was the only one that thought it was cool. Everyone else at the station thought it was boring.”

Direct experience with healthcare workers caring for a sick family member often inspired interviewees towards this caring work. These experiences drove participant interest in working in healthcare. Sometimes their own experiences caring for a family member piqued their interest in the field.



Angela Barry’s father had passed away. She said, “It was after my father became ill and I became his caretaker that I was interested in how to best provide care for him. Since then, my interest has only grown in the field of healthcare.”

Personal healthcare experiences also created interest in certain occupations.



At the time of the interview, Gail Arnold was considering which nursing occupation to pursue. She wanted to become a nurse midwife after the experience of giving birth to her first child. And then her brother died of a drug overdose a few months before the interview. She described how these experiences opened up the idea of becoming a substance use counselor, although she hadn't looked into the requirements further. She said: "When I had my daughter and those nurses there, that's when I realized that's what I wanna do.... So psychology was always my second choice. And I still might go that route, because it's more towards, like, substance abuse, alcoholism. I wanna work with people that are going through that. My brother, my oldest brother, has had a really big addiction problem. And I might start crying here because he died in July... from a drug overdose. So I might try to go that route, too, because it actually means something to me."

Interviewees often selected an occupation for financial reasons.

Figure 3 shows the job quality and financial factors that participants considered in choosing their occupation. Each word represents a category participants considered. The larger words are categories that were more frequently mentioned. Interviewees most frequently said they chose their healthcare occupation to increase their wages. Nearly two fifths of interviewees (n=60) explicitly talked about choosing their occupation to increase their wages.

Figure 3: Job quality and financial considerations



Antoinette Simpson said, "I was doing home care for a long time, so with my CNA certification, I get paid a little more now and that's the first step. The second step was doing phlebotomy and [electrocardiography] to be a PCT...and you get paid a little more."

Some of these interviewees were starting to see a difference in their wages after the HPOG training.



Anika Pierce explained, "There's definitely a pay difference.... Phlebotomy is \$4 [an hour] more than a CNA. So the pay is really encouraging."

Interviewees did not always see their current occupation as their stopping point. Instead, they saw the training as a “stepping-stone” to earning more money.



Caitlin Vance described how she made her choice to complete a Phlebotomy training through HPOG initially so she could quickly increase her income. She was in a tough financial situation at that time. Despite a longer-term goal to become a medical assistant, she signed up for Phlebotomy as a way to shore herself up financially. Once she had completed Phlebotomy training, she enrolled in the Medical Assistant program. She is now working as a medical assistant. She explained her newfound financial security: “For the first time in 15 or 16 years, I’ve got a bank account. It’s just amazing. I don’t worry about running out of gas when I go shopping or bring the kids to school, or even when I go to work. I feel more confident about doing things, and even buying myself something like a scrub top. I can. It feels so good to not worry about where the next dollar is going to come from. I’ve spent too much of my life doing that—sacrificing to make sure things happen and going without.”

Many interviewees chose a healthcare occupation to improve their job quality.

Two fifths of interview respondents (n=63) reported being motivated to choose their occupation and training to improve their job quality. Moving forward in their careers was in large part about earning higher wages, but was also about increased autonomy, respect, and flexibility in their schedule. Additionally, interviewees’ understanding of “job quality” incorporated improved benefits, opportunities for advancement and fulfilling work, and stability in providing for their families.

When children or family were present, they strongly influenced participants’ desire to improve job quality and therefore to enroll in additional training (n=22). Beyond seeking higher wages, many of these participants wanted more job flexibility and/or economic predictability for their families (n=10). They expected that a professional job would have the flexibility to let them spend more time at home. For some, that meant being able to help family members to manage their own health (n=5).



Tabatha Spear had twin 10-year-old sons who struggled with some learning difficulties. She described choosing to join HPOG and pursue a nursing career in order to be financially stable for her kids. She said, “It made me want to get in it basically for my boys, because I didn’t know what road their health was going to take. I just wanted to be able to take care of them.”

Schedule considerations figured frequently in how interviewees decided to take on a particular occupation. For example, working as a CNA offered some people the option to work for three long days a week (e.g., 12-hour shifts) and then have the rest of the week off to take care of children.

Interviewees’ desire for autonomy in work incorporated several different components: ability to have some control over their schedule and to choose different kinds of nursing work.



Aria Duke talked about several different components of job autonomy. Talking about choices she had while working in long-term care as a CNA, she said: “You make more money, and you get to pick and choose your own schedule. I want to do that the rest of this year, because I want holidays with my children.” She wanted to get her RN so that she could have more choice in the kinds of nursing work that she was able to do. “I don’t have to be stuck in long-term care or stuck in med/surg. I can have an office job, or I can do home health and hospice. I can do any unit I want to at the hospital.”

Autonomy also included the ability to have more determination over the work conducted. Several interviewees were motivated to take additional training by their desire to do more patient procedures on their own, without having to ask for help from someone else.



Chanelle Tobin described aiming towards Physician Assistant training. Among several other reasons, such as the increase in pay and the ability to move outside of long-term care, she was motivated because “physician assistants can do more.”

Some factors dissuaded interviewees from particular healthcare occupations. For example, some participants talked about how death and sickness of their patients influenced their decisions to remain in a particular occupation after their training. Particularly for home health aides and CNAs, the emotional toll of a client’s death can deeply affect their desire to continue taking care of anyone elderly or medically frail. A client’s death motivated them to look for additional training or for a different healthcare occupation.



Annika Pierce described the challenges of working as a CNA, and her concern about working in the medical field. “So far, I’ve had two people that have passed away on me. In the medical field they tell you, “Don’t get attached.” Treat them like, just act like it’s your job. And it’s hard because you see them every day like they’re family. And you take care of them like they’re your family. So for them to pass, it’s like losing a family member. It’s hard.” The emotional toll was part of what she weighed in thinking about further training in the medical field. She had yet to make a decision about further training.

Lack of respect and appreciation for the work they did came up among interviewees who worked as CNAs or in some non-healthcare workplaces. It motivated them to look for additional training for a position where they could get greater respect and recognition. For some interviewees, having kind and respectful colleagues was important to their feeling respected; for others, pay raises contributed.



Evangelina Copeland had worked for six years in a factory as an office assistant. She retrained as a pharmacy technician, looking to gain more recognition and respect. She described her sense of achievement: “I’m very proud of the things I accomplished. Even in the three months I’ve been working [at the hospital]...they recently recognized me, even though I entered with a low pay rate. After three months, they raised [her pay rate] at least 30 cents.... That’s the recognition I wanted to feel.”

Physical requirements of the occupation affected interviewees' occupational decision-making.

Interviewees talked about the importance of an occupation's physical elements in their choice (n=29).



Desiree Gil knew she wanted to work in the medical field, but struggled to get there after having her first child. Watching her sister enroll in HPOG, Desiree was motivated to enroll in the Medical Administrative program at her local HPOG program. She explained how her aversion to some of the physical elements of nursing work influenced her occupation choice: "I've always liked the medical field, but I'm just not the type of person, like, with the needles and all that stuff. So the administrative position has always been my goal. I still like helping people out, just not in that kind of area." After completing her HPOG training, she went through a Pharmacy Technician training and hoped to complete a Medical Billing and Coding training to progress further along the Medical Administrative career pathway.

Older interviewees sometimes worked in jobs they found physically difficult. Switching to healthcare provided options less physically demanding.



Carol Kim, at 61 years old, was no longer able to work in the food service industry; her legs and feet were too tired at the end of a shift. She said: "It was getting really, really hard physically. 'Cause I'd been doing it forever and it was just like, being older and...we have health issues. It's part of getting older. It was just getting physically way too hard to do." She enrolled in HPOG to learn Medical Billing and Coding. She could work remotely, and the work would be less physically draining. While enrolled in the training she sustained a serious injury and had to take a break. She remained interested in pursuing coding. She said: "I'm still interested in the coding just because it would be awesome to be able to work remotely."

Age was not always the factor that influenced these physical considerations. Some interviewees had health issues that limited their ability to take on occupations that required physical work.



Juliette Stuart worked as a CNA. She explained: "You don't make very much, and it's a lot of grueling physical work. I'm 27 with back problems. I wanted to progress further in the nursing career where I'm not so physically exerting myself... intellectually challenging instead of physically challenging." Juliette had decided to pursue an LPN degree, despite the significant financial investment required.

A few other interviewees worried about sensory experiences they found overwhelming and offensive in taking care of patients, such as changing diapers or dressing infected wounds. For some interviewees, these concerns led them to choose Medical Office career pathways.



Desiree Gill wanted to help people and work in the medical field. But she didn't want to have to deal with her disgust at some of the tasks involved. She explained: "I've always liked the medical field, but I'm just not the type of person...with the needles and all that stuff. So the administrative position has always been my goal. I still like helping people out, just not in that kind of area."

Occupational Choice Is an Ongoing Process (Career Crafting)

HPOG 2.0 participants reported that occupational choice was not one, single moment of decision, but instead an ongoing navigation of life context, work experience, goals, and opportunities.

Some interviewees adjusted their occupational choice after observing or working in an occupation, or based on other life events.

Direct experience or observation of others' experiences influenced interviewees' occupational choices. Among interviewees, 25 had experience working in the healthcare field when they came into the HPOG training. Sometimes interviewees working as CNAs observed what other healthcare workers such as LPNs and RNs did; interviewees described how this motivated them to want to get additional training for such work.



Audrey Robertson started by getting her CNA certificate. She did her CNA program clinicals in a nursing home. She quickly realized that it was work that she didn't enjoy. She described the problem: "I didn't realize I wanted to be an RN until I started working in a hospital. I was thinking, 'I wish I could do so much more for you. Let me get your nurse.' ... this was just recently, you know, ever since I started [the CNA program]... 'Let me get your nurse.' Everything is directed to the nurse—she's the main provider for the patient." Knowing that she didn't like working as a CNA, she enrolled in the Emergency Medical Technician program while she worked on her prerequisites for the RN program.

Sometimes family members influenced interviewees' occupational choices (n=11). Occasionally family members are working in healthcare themselves, offering a window into such careers.



Anita Gardner grew up wanting to be a nurse. She said, "My mom is a nurse, a lot of my family members are nurses. That's what I see." She had a clear understanding of what was involved in becoming and working in nursing generally, which helped her understand how to choose the specific occupation of medical assistant.

Sometimes interviewees had to adjust their career pathway in response to life events (n=24). For example, poor health prompted some interviewees to reorient their occupational choice, by choosing a different occupation within healthcare or exiting the HPOG training and their chosen occupational pathway altogether.



With her ultimate goal being to complete an LPN certificate, Raquel Rodgers was working towards CNA certification when she was diagnosed with congestive heart failure. She explained: "God had other plans for me." Her doctor told her she couldn't physically continue with the Nursing program. She hoped to enroll in the Medical Coding program, which wouldn't take a physical toll on her. Explaining her decision, she said: "It doesn't look like I'll be able to do a job... where I can do a lot of physical activity."

The HPOG program financial assistance provided an opportunity by removing some financial barriers to realizing occupational goals.

Interviewees who wanted to care for others often chose a healthcare pathway because HPOG paid for the training, thus removing a major barrier to participation. Of the respondents who chose the HPOG program for financial reasons (n=61), more than half (n=36) were influenced by the tuition or other financial assistance (e.g., for books or equipment, transportation, or childcare) available from HPOG.¹⁸ Several interviewees reported that without the HPOG program, they would not have otherwise had funds to pay for the additional training or to cover living expenses while in the training.¹⁹



Flossy Robles explained how other financial commitments typically took precedence over continuing her education. She mused, “Can I go to school or work to pay a bill? It becomes a battle. A lot of the time, working wins out.”

Two fifths of interviewees said they sought out more information about HPOG when they learned the program could offer financial support for training. For many, the financial assistance provided by HPOG helped to cement their decision to pursue the opportunity.



Aria Duke had an LPN and had been working in long-term care for 16 years. She saw an ad on Facebook for the HPOG program and decided to apply. She knew she wanted a change in the work she was doing. But she explained: “I would not have gone back to school to bridge over [to RN] if it wasn’t for the grant. I would have chosen something else. I don’t know what, but it would have been something else.” At the time of the interview she had just finished her associate’s RN.

Interviewees’ occupational choices were closely intertwined with program availability and offerings; interviewees reported that HPOG influenced specific occupational choices.

Others had not yet chosen an occupation when they enrolled in HPOG, but the local HPOG program staff helped to direct them to one of the program’s trainings (n=19). Sometimes interviewees maintained their longer-term goals for a different occupation, even while getting training that would lead to immediate employment in a less-preferred one.²⁰



Adrienne Benson was enrolled in a GED program when she first went to talk with local HPOG program staff. At that time, she was interested in the Surgical Technician program. But when she discovered that she could enroll in the Medical Assistant program without a GED, she decided to move forward with that training immediately so she could begin contributing to her household financially. She explained: “I wanted to be a medical assistant, but now that I’m in the program actually, I’ve been learning what other options we have, as well. I’m more interested now in being a surgical assistance technician. That’s my goal for now. I’m going to finish Medical Assistant [training] because we’re more than halfway, and then I’m going to continue [onto Surgical Assistance Technician training].” Her HPOG program anticipated bringing in a surgical technician to talk with students about training for that occupation. She was excited to find out more and pursue her goal.

Meeting financial obligations often meant interviewees needed to work while in the training.



Juliette Stuart liked that the HPOG program allowed her to work while getting training. She noted that “being a single mom working full-time with the demand of a full-time program like that, I was just not having it. I had to work. And so I figured out... you have to do step by step anyway. But that way I get experience while I’m working towards my [Certified Registered Nurse Anesthetist credential].”

For others, enrolling in shorter programs meant being able to enter the workforce quickly while they were on the waitlist for a longer-term training. Interviewees used this approach to establish work experience prior to enrolling in a longer-term program. Some interviewees used the short-term training to gain better-paying employment and meet financial needs²¹ while completing prerequisite courses for a longer training.



Tamara Matthews wanted to get her RN. But the waiting list for the program was two years. So in the meantime, she decided to move forward with a Medical Assistant program so she could start working. She explained: “I was trying to do something that could give me experience in the healthcare field while trying to get into Nursing. That’s why I chose Medical Assistant.... [Nursing] was so time-consuming, whereas this was a lot less, time-wise.” After getting pregnant, Tamara wasn’t sure she would end up having the time and energy to enter the RN program. Meanwhile, she felt happy working as a medical assistant.

Some interviewees described the importance of HPOG case managers and staff in influencing their occupational choice. Case managers helped interviewees with goal setting and breaking those goals down into achievable steps. Case managers sometimes also helped interviewees to think about the different options available to them.



Caitlin Vance described how her case manager helped her in her decision to do Phlebotomy and then move onto Medical Assistant training. “We talked about different things I put out there. She had mentioned what classes and what schools I would be going to. We looked into the pay—how much each area paid for. I looked at doing CNA again, which probably wouldn’t have been the best for me. We found phlebotomy and blood collection, even if it was just through Quest Diagnostics or something.

Then when I took the Phlebotomy course, I realized that I wanted to do a blood bank. I want to be a small part of saving people’s lives every day. That gave me something to look forward to, going to work. I’m doing a small part of something huge. When I decided that, that would go good. She told me Medical Assistant also has a lot to do with parts of Phlebotomy, but it extends it a little further. That also helped. It was a very beneficial class to take, and a lot harder. It helped me a lot.”

Implications for Policy and Programs

Better understanding how participants and potential participants make occupational choices matters: It can help improve policy, program design, and practice to better meet the needs of program participants and strengthen program effects. It could also lead to solutions that improve healthcare jobs more broadly.

Incorporate Program Participants' Occupational Motivations into Training, Goal-Setting, and Coaching

Participants often entered HPOG programs with clear occupational preferences motivated by a desire to care for others or a strong interest in science. Participants also were motivated by a desire to improve their financial well-being and job quality. HPOG and other workforce programs might consider ways to ensure that participants' occupational motivations—whether financial or non-financial job quality—are fully incorporated into goal-setting and ongoing coaching to support progress towards achieving occupational goals. Non-financial job quality factors include greater autonomy, schedule flexibility, and respect. Previous interview research with workforce development programs has identified the importance of program participants' motivation in predicting their success (Weigensberg et al. 2012). This suggests participant motivations should be at the center of occupational training choice—goal-setting and ongoing coaching—in order to maximize program success.

Career crafting is ongoing, which suggests the need for ongoing career support beyond entry-level employment placement by workforce programs.

Interviewees described an ongoing process of adjusting their occupational aspirations as they gained work experience or in response to life events such as the birth of a child, a sick parent, or their own health challenges. Understanding occupational choice and aspirations as evolving throughout a career pathways journey highlights the value of ongoing case management and career navigation support for healthcare workers as they adjust their goals. Interviewees who were in HPOG when they needed to make a career decision described the value of feeling emotionally supported by their case manager.

The concept of career crafting provides a framework to think about the specific skills that program participants need for navigating their aspirations and needs and adjusting their occupational choices (De Vos, Akkermans, and Van der Heijden 2019). Entry-level healthcare workers served by HPOG or similar programs likely could benefit from support to build career crafting skills—for example, social networking, ongoing career reflection, and communication with employers about shifting or changing occupational goals. Support staff such as coaches, case managers, and navigators, should be skilled at coaching participants through the “career crafting process.” Their knowledge of the participant's circumstances, career pathways, and the labor market can help support staff to map a plan that works within the constraints of the participant's life circumstances and meets their short and long-term training and employment goals.

Workforce development programs might align their employment placement and measurement goals better with participant occupational aspirations by emphasizing job quality more.

Workforce development programs usually design their trainings to meet the needs of employers. As a result, measures of program success focus on employer needs—such as development of workers' basic or academic skills—and on increasing participants' income. The usual participant-focused goal of workforce programs is to help participants increase their earnings.

Yet earnings are only one of the job quality considerations that interviewees described as influencing their occupational choice. Other job quality characteristics that influenced interviewees' occupational choice included job satisfaction and enjoyment, flexibility of work schedule, and an ability to balance work with other primary obligations (e.g., caretaking).

Workforce development programs could examine ways to work with employers to improve the structure of jobs and incorporate more of the non-wage characteristics that participants articulate in their definitions of job quality. Addressing participants' job quality goals could help reduce some of the pain points that healthcare employers experience, such as attracting qualified workers, reducing employee turnover, and diversifying their workforce to better meet the needs of patients. Employers that already partner with workforce development programs offer an excellent opportunity to shift the conversation about job quality towards inclusion of non-wage characteristics that participants said were important to them.

Additionally, programs could look at how to incorporate participants' job quality goals into program measures to assess progress towards these goals through the program. Individual data about participants' goals would allow workforce development programs to more effectively match participants with both an appropriate occupational training and suitable employment after training. Aggregate data on participants' aspirations and job quality goals would allow workforce program staff to explore with employers how to create work environments that better meet participants' needs and as a result address employer costs from employee turnover and the like.

Policy makers could incorporate program participants' insights into efforts to improve working conditions in the healthcare labor market more broadly.

Career pathways and job training programs usually engage employers in program design, with the goal of ensuring that program participants are trained to meet employers' workforce needs. Programs have also given some attention to incorporating participant perspectives in designing job training or career pathways programs.

This brief has focused on what HPOG can do. Many of the challenges of the healthcare workforce—in particular, low wages—are more systemic. Substantially raising wages and improving working conditions would likely require systemic changes. Such systemic changes are beyond the scope of this effort, but could include working with policymakers, employers, and accrediting agencies to improve the structure of employment opportunities and the terms of work.²² Ideas might include efforts to increase Medicaid and Medicare reimbursement, especially for services provided by healthcare workers in occupations requiring less than a four-year degree. Alternatively, policymakers might consider policies that incentivize employers to improve job quality as program participants define it—greater flexibility in schedules, higher pay, more respect and autonomy, and some consideration of physical demands.

Endnotes

- ¹ Examples of offensive sensory experiences that interviewees described include unpleasant smells experienced when taking care of patients or visual experiences from wounds or surgical procedures which create a visceral response from the trainee.
- ² HPOG was authorized by the Affordable Care Act (ACA), Public Law 111-148, 124 Stat. 119, March 23, 2010, sect. 5507(a), “Demonstration Projects to Provide Low-Income Individuals with Opportunities for Education, Training, and Career Advancement to Address Health Professions Workforce Needs,” adding sect. 2008(a) to the Social Security Act, 42 U.S.C. 1397g(a). The second round of grant awards was extended until September 29, 2021.
- ³ Grantees represented a mixture of community colleges, community-based organizations, and workforce development agencies.
- ⁴ Grantees were selected for diversity in region of the United States and whether they were rural/suburban/urban. All sites were in different states.
- ⁵ The recruited sample included participants who at the time of the interview had completed only a first training (40 percent), were still in a first training (26 percent), had completed a first training and were taking a second training (21 percent), and had dropped out without completing any occupational training (10 percent).
- ⁶ There were likely unobservable differences between program participants who consented to and completed interviews versus refusals, unreachables, and no-shows/cancellations. As of May 24, 2019, when the sample for the participant interviews was drawn, the demographic breakdown for all HPOG 2.0 treatment group participants was White, 24.2%; African American, 46.8%; Hispanic, 21.8%; mixed Hispanic and Native American, 1%; Native American, 2.1%; non-Hispanic other (including Asian-American), 4.1%; Women, 91.4%; median age, 30 years. Treatment group members received support services and were enrolled in basic skills training at the same rates as those in the 14 programs overall.
- ⁷ Training length definitions correspond to those used in the HPOG brief *Employment and Earnings Outcomes by Length and Occupation of Healthcare Training: Results from the Health Profession Opportunity Grants (HPOG) Program* (Sick and Loprest, forthcoming).
- ⁸ Our methods selected a sample of people who were in training at a point in time. That sample was length-biased; that is, people with longer time in training were more likely to be among those selected (see Porta, 2016). Thus, relative to everyone who starts training, the interview data substantially underrepresents short-term training participants. This may bias our results. In particular, students with weaker financial resources may be more likely to take up shorter trainings or to leave longer trainings early and without completing. As a result, our findings likely overemphasize the experiences of less financially strained participants.
- ⁹ See for example: <https://www.bls.gov/ooh/healthcare/registered-nurses.htm#tab-4>. All cited times to complete a training are based on Bureau of Labor Statistics (BLS) data.

- ¹⁰ Among all HPOG 2.0 participants the most popular medium-term training was Medical Assistant.
- ¹¹ See for example, the BLS data for medical assistant, a wage level similar to PCT: Medical Assistants: Occupational Outlook Handbook: U.S. Bureau of Labor Statistics (bls.gov)
- ¹² See for example: [Pharmacy Technicians: Occupational Outlook Handbook: U.S. Bureau of Labor Statistics \(bls.gov\)](https://www.bls.gov/occupational-outlook-handbook/2019/04/2019-04-15-pharmacy-technicians-occupational-outlook-handbook).
- ¹³ Among all HPOG 2.0 participants the most popular long-term training was Registered Nurse.
- ¹⁴ See [Registered Nurses: Occupational Outlook Handbook: U.S. Bureau of Labor Statistics \(bls.gov\)](https://www.bls.gov/occupational-outlook-handbook/2019/04/2019-04-15-registered-nurses-occupational-outlook-handbook).
- ¹⁵ Pre-requisites vary by program but usually include a minimum high school or GED grade.
- ¹⁶ See [Licensed Practical Nurses: Occupational Outlook Handbook: U.S. Bureau of Labor Statistics \(bls.gov\)](https://www.bls.gov/occupational-outlook-handbook/2019/04/2019-04-15-licensed-practical-nurses-occupational-outlook-handbook).
- ¹⁷ All participant names in this brief are pseudonyms. Names help the reader to relate to the participants and to keep track when we mention the same participant multiple times.
- ¹⁸ The others were influenced by the anticipation of increased wages and improved financial situation for their household.
- ¹⁹ The next brief in this HPOG 2.0 Participant Perspectives series examines how interviewees managed training and taking care of family financial responsibilities. <https://www.acf.hhs.gov/opre/project/national-evaluation-2nd-generation-health-profession-opportunity-grants-hpog-20>
- ²⁰ The first brief in this series, One Step at a Time: Participant Perspectives on Career Pathways, provides more detail on the role of HPOG program staff in influencing and guiding occupational choice and career pathways. <https://www.acf.hhs.gov/opre/project/national-evaluation-2nd-generation-health-profession-opportunity-grants-hpog-20>
- ²¹ The third brief in this series reviews how families manage caring for their families while participating in healthcare training. To read other briefs in this series, please visit the HPOG 2.0 national evaluation web page: <https://www.acf.hhs.gov/opre/project/national-evaluation-2nd-generation-health-profession-opportunity-grants-hpog-20>
- ²² For example see: <https://www.brookings.edu/research/essential-but-undervalued-millions-of-health-care-workers-arent-getting-the-pay-or-respect-they-deserve-in-the-covid-19-pandemic/>.

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About This Series

This is one in a series of briefs that describe lessons from in-depth interviews with HPOG 2.0 participants. The goal of this sub-study is to gain a more comprehensive understanding of study participants' motivations for enrolling in a career pathways program; how they manage a work, training, and life balance; and support services that facilitate success in the program. The briefs focus on participants' experience in the program; some participants were currently enrolled in training, whereas others had completed training and were in the workforce at the time of interview.

To read other briefs in this series, please visit the HPOG 2.0 national evaluation web page: <https://www.acf.hhs.gov/opre/project/national-evaluation-2nd-generation-health-profession-opportunity-grants-hpog-20>

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