

Families and Work Institute  
National Study of the Changing Workforce

**nscw**

# WORKPLACE FLEXIBILITY IN THE HEALTH SERVICES INDUSTRY

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## INTRODUCTION

It has been said that the health services industry is like the canary in the coal mine, facing issues now that other industries will face in the future.

- The health services industry is growing, as need for care in the U.S. increases with the aging population.
- The health services industry is aging and will face shortages in the future.
- This industry is using flexibility more widely than other industries to address these emerging issues of recruitment and retention.

This report offers a unique opportunity to test these assumptions, using data from two comprehensive nationally representative studies of employers and employees conducted by Families and Work Institute: a study of employers with 50 or more employees—the 2008 National Study of Employers<sup>1</sup> and a study of employees—the 2008 National Study of the Changing Workforce.<sup>2</sup> (See Endnotes for technical descriptions of each of these studies and information about how we define the Health Services Industry.<sup>3</sup>)

### QUESTION 1:

**What are the demographics of employees in the health services workforce and how do they compare with the rest of the U.S. workforce? Within the health services workforce, are there differences between those who are managers and professionals (including doctors) versus those who aren't?**

In Table 1, we compare the employee demographics of those in health services with those from other industries.

- The overall participation rate of men and women in the U.S. workforce is nearing parity (51% men vs. 49% women). When we look at the health services industry by itself, however, a striking characteristic is the predominance of women. Three out of every four employees in health services is female (75%). By comparison, women make up less than half (45%) of all employees in other industries.
- Employees in the health services industry are more likely to be managers and professionals (43%) compared with other industries (34%). They are also more highly educated, with 34% having received a 4-year college degree or more compared with 31% of employees in other industries. Given this, it is perhaps surprising that employees in health services are less likely to earn \$65,000 or more (18%) than those in other industries (26%). In addition, employees in the health services industry are less likely to be members of unions (11%) than employees in other industries (21%).

Perhaps surprisingly, there are no differences in age when we compare the overall health services industry with all other industries. However, it is important to note that 62% of health services employees are Baby Boomers or Matures—that is 43 years old and older (in 2008 when the study was conducted). In fact, the average age of those in health services is 46.

**Table 1: Employee Demographics by Industry**

	<b>Total – All Employees (n=2,769)</b>	<b>Employees in the Health Services Industry</b>	<b>Sig.</b>	<b>Employees in Other Industries</b>
<b>Gender</b>		<b>(n=346)</b>		<b>(n=2,423)</b>
Male	<b>51%</b>	<b>25%</b>	<b>***</b>	<b>55%</b>
Female	<b>49</b>	<b>75</b>		<b>45</b>
<b>Occupation</b>		<b>(n=340)</b>		<b>(n=2,379)</b>
Manager/Professional	<b>35%</b>	<b>43%</b>	<b>**</b>	<b>34%</b>
Other	<b>65</b>	<b>57</b>		<b>66</b>
<b>Main Job Considered...</b>		<b>(n=345)</b>		<b>(n=2,417)</b>
Full-Time	<b>83%</b>	80%	ns	84%
Part-Time	<b>17</b>	20		16
<b>Unionized</b>		<b>(n=344)</b>		<b>(n=2,421)</b>
Union	<b>19%</b>	<b>11%</b>	<b>***</b>	<b>21%</b>
Non-Union	<b>81</b>	<b>90</b>		<b>79</b>
<b>Annual Earnings in 2008</b>		<b>(n=332)</b>		<b>(n=2,249)</b>
More than \$65k	<b>25%</b>	<b>18%</b>	<b>**</b>	<b>26%</b>
\$40,000-\$64,999	<b>29</b>	<b>27</b>		<b>29</b>
\$25,000-\$39,999	<b>23</b>	<b>28</b>		<b>22</b>
Less than \$25,000	<b>24</b>	<b>28</b>		<b>23</b>
<b>Parental Status</b>		<b>(n=346)</b>		<b>(n=2,423)</b>
Parent	<b>41%</b>	43%	ns	41%
Non-Parent	<b>59</b>	57		60%
<b>Marital Status</b>		<b>(n=345)</b>		<b>(n=2,417)</b>
Living with a spouse/partner	<b>70%</b>	72%	ns	70%
All other arrangements	<b>30</b>	28		30
<b>Generation</b>		<b>(n=344)</b>		<b>(n=2,392)</b>
Matures	<b>6%</b>	6%	ns	6%
Boomers	<b>52</b>	56		51
Gen-X	<b>30</b>	28		30
Gen-Y	<b>12</b>	10		13
<b>Elder Care Responsibilities</b>		<b>(n=346)</b>		<b>(n=2,423)</b>
Currently providing care	<b>19%</b>	21%	ns	18%
Not currently providing care	<b>82</b>	79		82
<b>Education Level</b>		<b>(n=117)</b>		<b>(n=2,423)</b>
4-year college degree or more	<b>31%</b>	<b>34%</b>	<b>***</b>	<b>31%</b>
Some postsecondary education	<b>29</b>	<b>38</b>		<b>28</b>
High school/GED or less	<b>40</b>	<b>28</b>		<b>42</b>

Source: Families and Work Institute, 2008 National Study of the Changing Workforce  
 \*\*\* = p < .001; ns = not significant

Because we anticipated differences between managers/professionals in health services and other employees, we compare the demographics of these two groups (see Table 2). The differences we find are the following:

- Managers and professionals earn higher salaries compared to other employees in this industry as well as to the population at large: 33% earned more than \$65,000 a year, compared with 7% of other employees in this industry and 25% of the U.S. workforce overall.
- On the other hand, the 57% of employees in the health services industry who are not managers/professionals earn less than the overall U.S. workforce: 78% earn less than \$40,000 a year, with 41% of those earning less than \$25,000. In comparison, 47% of the U.S. workforce overall earn less than \$40,000 a year, with 24% of those earning less than \$25,000.
- Managers and professionals are more likely to be married or living in a committed relationship with a partner (79%) than non-managers/non-professional (66%).
- Managers and professionals are more highly educated than other employees in health services: 59% have a 4-year degree or more compared with 16% of non-managerial/professional employees in health services.

**Table 2: Employee Demographics of Employees in the Health Services Industry by Occupation**

	<b>Total – All Employees (n=2,769)</b>	<b>Managers/ Professionals in the Health Services Industry</b>	<b>Sig.</b>	<b>Other Employees in Health Services Industry</b>
<b>Gender</b>		(n=145)		(n=195)
Male	<b>51%</b>	27%	ns	23%
Female	<b>49</b>	73		77
<b>Main Job Considered...</b>		(n=145)		(n=195)
Full-Time	<b>83%</b>	84%	ns	77%
Part-Time	<b>17</b>	16		23
<b>Unionized</b>		(n=145)		(n=194)
Union	<b>19%</b>	8%	ns	12%
Non-Union	<b>81</b>	92		88
<b>Annual Earnings in 2008</b>		<b>(n=139)</b>		<b>(n=186)</b>
More than \$65k	<b>25%</b>	<b>33%</b>	<b>***</b>	<b>7%</b>
\$40,000-\$64,999	<b>29</b>	<b>43</b>		<b>15</b>
\$25,000-\$39,999	<b>23</b>	<b>15</b>		<b>37</b>
Less than \$25,000	<b>24</b>	<b>9</b>		<b>41</b>
<b>Parental Status</b>		(n=195)		(n=195)
Parent	<b>41%</b>	45%	ns	42%
Non-Parent	<b>59</b>	55		59
<b>Marital Status</b>		<b>(n=144)</b>		<b>(n=196)</b>
Living with a spouse/partner	<b>70%</b>	<b>79%</b>	<b>**</b>	<b>66%</b>
All other arrangements	<b>30</b>	<b>21</b>		<b>34</b>
<b>Generation</b>		(n=144)		(n=194)
Matures	<b>6%</b>	5%	ns	7%
Boomers	<b>52</b>	63		53
Gen-X	<b>30</b>	27		28
Gen-Y	<b>12</b>	6		12
<b>Elder Care Responsibilities</b>		(n=145)		(n=196)
Currently providing care	<b>19%</b>	28%	ns	17%
Not currently providing care	<b>82</b>	72		83
<b>Education Level</b>		<b>(n=144)</b>		<b>(n=196)</b>
4-year college degree or more	<b>31%</b>	<b>59%</b>	<b>***</b>	<b>16%</b>
Some postsecondary education	<b>29</b>	<b>35</b>		<b>41</b>
High school/GED or less	<b>40</b>	<b>6</b>		<b>43</b>

Source: Families and Work Institute, 2008 National Study of the Changing Workforce

\*\* = p < .01; ns = not significant

Overall, these findings reveal that while employees in the health services industry are not older than employees in other industries, they are also not a young population either: their average age is 46 and 62% are Baby Boomers and older. Given the focus on the aging of this workforce that we often hear from employers, the fact that we don't find any differences is surprising. It may be that those in this industry are simply more attuned to aging workforce issues (thus the canary in the coal mine analogy) or that individual employers are facing labor shortages in certain segments of their employee population (such as nurses) which are evident now or appear to be looming in the future, even in this volatile economy.

**QUESTION 2:**

**Are the jobs of those in the health services workforce more overwhelming than others in the U.S. workforce? Are there differences between managers and professionals in health services versus those who are not managers or professionals in how overwhelming their jobs are?**

When we look at how overwhelmed employees feel, we find that employees in health services do, in fact, feel more overwhelmed than employees in other industries:

- 43% of health services employees have felt overwhelmed by how much they had to do in the last three months compared with 35% of other workers.

**Table 3: Job Demands by Industry and Occupation**

	Total – All Employees (n=2,769)	Employees in the Health Services Industry	Sig.	Employees in Other Industries	Managers and Professionals in Health Service Industry	Sig.	Other Employees in Health Service Industry
Often or very often felt overwhelmed by how much had to be done at work in the last three months	36%	43% (n=346)	**	35% (n=2,423)	48% (n=145)	ns	38% (n=196)

Source: Families and Work Institute, 2008 National Study of the Changing Workforce  
 \*\* = p < .01; ns = not significant

**Thus, we find jobs in health services are more overwhelming than jobs in other industries.**

**QUESTION 3:**

**How is the health and well-being of those who provide health services? Are there differences for managers and professional and others?**

Despite the fact that their jobs are more overwhelming, health services employees do not differ from employees in other industries on indicators of their health and well-being.

**Table 4: Health and Well-being Outcomes by Industry and Occupation**

	Total – All Employees (n=2,769)	Employees in the Health Services Industry	Sig.	Employees in Other Industries	Managers and Professionals in Health Service Industry	Sig.	Other Employees in Health Service Industry
<b>Overall Health Ratings</b>							
Rate overall health as good or excellent	<b>80%</b>	80% (n=345)	ns	79% (n=2,418)	80% (n=145)	ns	81% (n=195)
Overall mental health is good	<b>22%</b>	22% (n=341)	ns	26% (n=2,353)	15% (n=143)	ns	28% (n=192)
<b>Frequency of Health Problems</b>							
In the past month, experience minor health problems fairly or very often	<b>21%</b>	21% (n=346)	ns	18% (n=2,422)	25% (n=145)	ns	18% (n=196)
Experience sleep problems fairly or very often	<b>31%</b>	31% (n=345)	ns	32% (n=2,422)	32% (n=145)	ns	30% (n=195)
In the past month, felt nervous or stressed fairly or very often	<b>30%</b>	30% (n=345)	ns	30% (n=2,420)	31% (n=145)	ns	29% (n=195)

Source: Families and Work Institute, 2008 National Study of the Changing Workforce  
 ns = not significant

**Although there are no significant differences between employees in health services and other industries, it is important to note that some of these health and wellness indicators are high for all employees—with two in ten (21%) experiencing minor health problems, and three in ten experiencing sleep problems (31%) and stress (30%) on a regular basis.**

**QUESTION 4:**

**What are the turnover and retirement plans of those in the health services workforce?**

When we examine whether there is more turnover intent in the health services industry than in other industries, we find that there is less: 28% of health services employees expect to make a concerned effort to look for a new job compared with 36% for employees in other industries.

**Table 5: Turnover and Retirement Intentions by Industry and Occupation**

	Total – All Employees (n=2,769)	Employees in the Health Services Industry	Sig.	Employees in Other Industries	Managers and Professionals in Health Service Industry	Sig.	Other Employees in Health Service Industry
Somewhat or very likely to make a genuine effort to find a new job within the next year	35%	28% (n=346)	**	36% (n=2,418)	25% (n=144)	ns	30% (n=195)

Source: Families and Work Institute, 2008 National Study of the Changing Workforce  
 \*\*\* = p < .001; ns = not significant

On average, employees in health services intend to leave their current employer in 12.9 years, compared with 12.8 years for employees in other industries. When we eliminate any employees who gave retirement as their reason for planning to leave their current employer, employees in the health services still average longer expected tenures—6.9 years compared with 6.1 years for other industries.

**Even though employees in health services report being less likely to plan on leaving their jobs than those in other industries, we frequently hear concern from employers in health services about recruiting and retaining employees, leading to our next set of inquiries.**

**QUESTION 5:**

**To what extent are employers in health services having difficulty with recruitment and retention?**

Continuing the analogy of the canary in the coal mine, we turn our focus to employer data to ask:

- Do employers in health services find it easier or more difficult to recruit employees than those in other industries:
- Do employers in the health services find it easier or more difficult to retain employees than those in other industries?

It is important to note that occupations in the field of health services are expected to be at the top of the list for available employment over the next several years,<sup>4</sup>

As shown in Table 6, we find that employers in health services are not finding it as easy as employers in other industries to fill job vacancies for highly skilled positions. Recall from Table 1 that this workforce is more highly educated than the workforce in other sectors so this could be an important challenge:

- 84% of employers in health services say that it is very or somewhat difficult to fill job vacancies in highly skilled positions compared with 67% of employers in other industries.
- There is no difference between employers in health services and other industries on the difficulty of filling entry-level positions or in finding employees with the basic skills and abilities required.

**Table 6: Difficulty in Filling Job Vacancies (Recruitment)**

	Total – All Employers (n=1,100)	Employers With 50 or More Employees in the Health Services Industry	Sig.	Employers with 50 or More Employees in Other Industries
<b><i>Ease in Filling Job Vacancies</i></b>				
Very or somewhat difficult to fill job vacancies in highly skilled positions	<b>69%</b>	<b>84%</b> (n=114)	***	<b>68%</b> (n=971)
Very or somewhat difficult to fill job vacancies in entry-level, hourly positions	<b>39%</b>	40% (n=119)	ns	39% (n=964)
Very or somewhat difficult to find and hire employees with the basic skills and abilities needed	<b>66%</b>	69% (n=119)	ns	66% (n=979)

Source: Families and Work Institute, 2008 National Study of Employers

\*\*\* = p < .001; ns = not significant

Table 7 (below) reveals, however, that employers in health services are no more or less likely as other employers to experience difficulties in retention.

**Table 7: Difficulties in Retention**

	Total – All Employers (n=1,100)	Employers With 50 or More Employees in the Health Services Industry	Sig.	Employers with 50 or More Employees in Other Industries
<b><i>Difficulties in Retention</i></b>				
Somewhat or very difficult to retain employees who have the basic skills, abilities, and personal characteristics needed	<b>49%</b>	54% (n=119)	ns	48% (n=979)
Somewhat or very difficult to deal with the retirement of highly valued employees	<b>38%</b>	39% (n=113)	ns	38% (n=902)

Source: Families and Work Institute, 2008 National Study of Employers

ns = not significant

**The problem among health services employers appears to center primarily on filling skilled jobs, although it is important to note that 54% of employers in health services find it somewhat or very difficult to retain employees who have the basic skills, abilities, and personal characteristics needed and 39% are concerned about the impending retirement of highly valued employees.**

**QUESTION 6:**

**Do employers in health services see flexibility as a business strategy to help recruit and retain employees?**

There are some who argue that flexibility can be a tool to help employers address issues of recruitment and retention, so we wondered how employers in the health services industry see flexibility—is it seen as a perk or a business tool?

Over the past six years, Families and Work Institute, through its *When Work Works* initiative<sup>5</sup>, has been tracking messages in the media on workplace flexibility. During this time, we have seen the general messaging about workplace flexibility shift from being portrayed as a “perk” that some employers grant to a few valued employees, to a business strategy and tool used to meet organizational needs.

- As shown in Table 8, two-thirds of employers see flexibility as a strategy for meeting their organizational goals, but this view is even more pronounced in the health services industry, where three-quarters of employers endorse this point of view.

**Table 8: Employer View of Flexibility – “On balance would you say that the managers in your organization are more likely to see flexibility as a favor for individuals OR as a strategy for meeting organizational goals such as recruiting or retaining employees?”**

	Total – All Employers (n=1,100)	Employers With 50 or More Employees in the Health Services Industry (n=113)	Sig.	Employers with 50 or More Employees in Other Industries (n=918)
<b>Employer View of Flexibility</b>				
A ‘favor’ for individuals	34%	25%		35%
A strategy for meeting organizational goals, such as recruiting or retaining employees	66%	75%	*	65%

Source: Families and Work Institute, 2008 National Study of Employers

\* = p < .01

We then wondered about the reasons that employers have implemented workplace flexibility and other work life initiatives such as child care. For employers with at least eight work life policies and programs in place in their organization (including workplace flexibility, child care, elder care, etc.), we asked them what the main reasons were for implementing these initiatives in the 2008 National Study of Employers. Although many reasons were possible for employers to endorse, here we focus on responses that pertain to recruitment and retention (which were the most frequently mentioned reasons). In Table 9, percentages are shown for employers that answered “yes” to each reason.

Employers in health services are more likely than other employers to cite recruitment in general and retention of their highly skilled workforce as main reasons for implementing family-friendly policies, such as workplace flexibility and caregiving leaves:

- 15% of employers in health services cite the recruitment of employees as a main reason for implementing work-life programs and polices compared with 8% of other industries.

- 10% of health services employers cite the retention of highly skilled employees as a main reason for implementing work-life initiatives compared with 4% of other employers.

**Table 9: (Selected) Main Reasons for Implementing Work Life Policies and Programs.**

	<b>Total – All Employers with 8 or More Work Life Policies and Programs (n=1,077)</b>	<b>Employers With 50 or More Employees in the Health Services Industry</b>	<b>Sig.</b>	<b>Employers with 50 or More Employees in Other Industries</b>
<b>Main Reasons for Implementing Work Life Policies and Programs</b>				
Recruit employees in general	<b>9%</b>	<b>15%</b> (n=117)	<b>**</b>	<b>8%</b> (n=960)
Recruit highly skilled employees	<b>2%</b>	2% (n=117)	ns	2% (n=961)
Retain employees in general	<b>37%</b>	39% (n=117)	ns	37% (n=960)
Retain highly skilled employees	<b>5%</b>	<b>10%</b> (n=116)	<b>**</b>	<b>4%</b> (n=960)

Source: Families and Work Institute, 2008 National Study of Employers

\*\* = p < .01; ns = not significant

**Thus, the canary in the coal mine seems appropriate. Rather than succumbing the problems, the health services industry appears to be proactive in using flexibility and other work-life supports to manage issues of recruitment and retention as demand on their sector increases and as their workforce ages.**

But do they walk the talk? Are employers in health services more likely to provide flexibility than employers in other sectors? In the following sections, we explore this question for each of the five categories of flexibility we study in our nationally representative studies.

**QUESTION 7:**

**Do employers in health services report providing more flexibility than other employers?**

Below we report on employers’ provision of flexibility. We also investigated employee access to each type of flexibility, In some cases, the findings were similar between what employers report providing and what employees report receiving, while in many other cases they were different. It is beyond the scope of this paper to be able to investigate these discrepancies, but in a future report, the Families and Work Institute will do so, using a different dataset that includes employers and employees from the same companies.

**Choices in Managing Time**

A significant proportion of employers in health services report offering more control over shift work than in employers in other industries (Table 10).

- 71% of employers in the health services industry allow their employees to have choices about and control over which shifts they work, compared with 34% of employers in all other industries.

**Table 10: Employer Provision of Choices to Some Employees in Managing Time by Industry**

	<b>Total – All Employers (n=1,100)</b>	<b>Employers With 50 or More Employees in the Health Services Industry</b>	<b>Sig.</b>	<b>Employers with 50 or More Employees in Other Industries</b>
<b>Choices in Managing Time</b>				
Have choices about and control over which shifts to work	<b>38%</b>	<b>71% (n=119)</b>	<b>***</b>	<b>34% (n=962)</b>
Have control over paid and unpaid overtime hours	<b>27%</b>	33% (n=118)	ns	27% (n=977)

Source: Families and Work Institute, 2008 National Study of Employers  
 \*\*\* = p < .001; ns = not significant

**Flex Time and Flex Place**

According to employers (Table 11):

- 91% of employers in health services allow at least some of their employees to periodically change their starting and quitting times within some range of hours (traditional flex time), compared with 77% of employers in other industries.
- 46% of employers in health services allow at least some of their employees to change starting and quitting times on short notice (daily flex time), compared with 31% of other employers.
- There are no differences among employers in the health services industry and employers in other industries in allowing employees to work from home or to work compressed workweeks.
- In contrast, only 10% of employees in health services are able to work some of their regular work hours at home, compared with 17% of employees in other industries.
- Managers and professionals have greater access to these flex time and flex place within the health services industry than do other employees.

**Table 11: Employer Provision of Flex Time and Flex Place to Some Employees by Industry**

	<b>Total – All Employers (n=1,100)</b>	<b>Employers With 50 or More Employees in the Health Services Industry</b>	<b>Sig.</b>	<b>Employers with 50 or More Employees in Other Industries</b>
<b><i>Flex Time and Place</i></b>				
Periodically change starting and quitting times within some range of hours	<b>79%</b>	<b>91%</b> (n=119)	<b>**</b>	<b>77%</b> (n=981)
Change starting and quitting times on a daily basis	<b>32%</b>	<b>46%</b> (n=118)	<b>**</b>	<b>31%</b> (n=980)
Compress workweek by working longer hours on fewer days for at least part of the year	<b>38%</b>	38% (n=118)	ns	38% (n=981)
Work some regular paid hours at home occasionally	<b>50%</b>	50% (n=119)	ns	50% (n=981)
Work some regular paid hours at home on a regular basis	<b>23%</b>	25% (n=119)	ns	22% (n=981)

Source: Families and Work Institute, 2008 National Study of Employers  
 \*\* = p < .01; \*\*\* = p < .001; ns = not significant

**Reduced Time**

In Table 12 below, we look at some of the flexibility associated with reduced schedules, according to employers:

- 64% of health services employers allow at least some of their employees to move from full time to part time and back again while remaining their same position or level compared with 38% of employers in other industries.
- 44% of health services employers allow at least some of their employees to work part year, compared with 25% of other employers.
- More than half of health services employers (52%) allow at least some of their employees to share jobs, compared with 26% of employers from other industries.

**Table 12: Employer Provision of Reduced Time to Some Employees by Industry**

	<b>Total – All Employers (n=1,100)</b>	<b>Employers With 50 or More Employees in the Health Services Industry</b>	<b>Sig.</b>	<b>Employers with 50 or More Employees in Other Industries</b>
<b>Reduced Time</b>				
Move from full time to part time and back again while remaining in the same position or level	<b>41%</b>	<b>64% (n=119)</b>	<b>***</b>	<b>38% (n=978)</b>
Work part year i.e., work reduced time on an annual basis	<b>27%</b>	<b>44% (n=116)</b>	<b>***</b>	<b>25% (n=977)</b>
Share jobs	<b>29%</b>	<b>52% (n=118)</b>	<b>***</b>	<b>26% (n=981)</b>

Source: Families and Work Institute, 2008 National Study of Employers

\*\*\* = p < .001

**Daily Time Off**

We define “Daily Time Off” as time that is either not scheduled in advance or that only involves a portion of the workday instead of a full day. Employers in the health services industry report providing less daily time off flexibility than other employers (Table 13). This could be attributed to the hands-on nature of work in many jobs.

- 65% of employers in health services allow at least some of their employees to take time off during the workday to attend to important family or personal needs without loss of pay, compared with 74% of employers in non-health services industries.
- 31% of employers in health services industries allow at least some of their employees to do volunteer work during regular work hours, compared with 49% of employers in non-health services.

**Table 13: Employer Provision of Daily Time Off to Some Employees by Industry**

	Total – All Employers (n=1,100)	Employers With 50 or More Employees in the Health Services Industry	Sig.	Employers with 50 or More Employees in Other Industries
<b>Daily Time Off</b>				
Take time off during the workday to attend to important family or personal needs without loss of pay	<b>73%</b>	<b>65%</b> (n=118)	*	<b>74%</b> (n=979)
Use a compensatory time-off program	<b>36%</b>	41% (n=119)	ns	36% (n=980)
Do volunteer work during regular work hours	<b>47%</b>	<b>31%</b> (n=119)	***	<b>49%</b> (n=971)

Source: Families and Work Institute, 2008 National Study of Employers  
 \* = p < .05; \*\*\* = p < .001; ns = not significant

**Short-Term Time Off**

In contrast to Daily Time Off, Short-Term Time Off options tend to be slightly more formal or structured. They include vacation time, sick days, and other times allowed for caregiving provided on a short-term basis.

Based on the 2008 National Study of Employers (Table 14), where questions were asked about what employers provide to “most” employees, we find:

- Employers in the health services industry (85%) are more likely to offer paid time off for personal illness to most employees than employers in other industries (70%). This finding may be affected by unionization (where this is a more typical offering), but our sample sizes are too small to test this question.
- Interestingly, employers in health services (39%) are less likely to offer most employees a few days off to care for a mildly ill child without docking an employee’s pay or using up vacation time than employers in other industries (51%). That is a particularly interesting finding: the employees whose jobs involve caring for others when they have health problems are less likely to be able to care for their own sick children.

From the 2008 National Study of the Changing Workforce, we find:

**Table 14: Employer Provision of Short-Term Time Off to Most Employees by Industry**

	<b>Total – All Employers (n=1,100)</b>	<b>Employers With 50 or More Employees in the Health Services Industry</b>	<b>Sig.</b>	<b>Employers with 50 or More Employees in Other Industries</b>
<b>Short-Term Time Off</b>				
Paid vacation days offered to most employees	<b>93%</b>	93% (n=119)	ns	93% (n=981)
Paid time off for personal illness offered to most employees	<b>72%</b>	<b>85% (n=119)</b>	<b>**</b>	<b>70% (n=980)</b>
A few days off to care for a mildly ill child without losing pay or vacation time offered to most employees	<b>49%</b>	<b>39% (n=117)</b>	<b>*</b>	<b>51% (n=963)</b>
A few days off to provide elder care without losing pay or vacation time offered to most employees	<b>46%</b>	39% (n=116)	ns	47% (n=966)

Source: Families and Work Institute, 2008 National Study of Employers  
 \*\*\* = p < .001; ns = not significant

**Caregiving Leave**

According to the 2008 National Study of Employers, employers in the health services industry are more likely to provide longer leaves for caregiving, with the exception of caregiving leave for childbirth. Additionally, these employers are less likely to provide replacement pay during the period of disability for maternity leave. See Table 15 for these findings.

- Only 37% of health services employers provide at least some pay for female employees who give birth during the period of disability, compared with 54% of other employers.
- On average, health services employers provide 15 weeks each for caregiving leave for the adoption of a child or for the care of a seriously ill family member. Employers in other industries provide 12.8 weeks and 13.1 weeks, respectively.
- Health services employers (87%) are more likely to allow at least some employees to return to work gradually after the birth or adoption of a child than are employers in other industries (76%).
- Of those employers who allow at least some employees to return to work gradually after childbirth or adoption, employers in the health service industry (65%) are more likely to provide this flexibility to all or most of their employees than employers in other industries (56%).

**Table 15: Employer Provision of Caregiving Leaves by Industry**

	Total – All Employers (n=1,100)	Employers With 50 or More Employees in the Health Services Industry	Sig.	Employers with 50 or More Employees in Other Industries
<b>Caregiving Leave</b>				
Maximum job-guaranteed leave for women following the birth of a child		(n=104)		(n=834)
Fewer than 12 weeks	<b>15%</b>	9%	ns	16%
12 weeks	<b>63</b>	69		62
More than 12 weeks	<b>22</b>	22		22
Average maximum job-guaranteed leave for women following the birth of a child	<b>14.7</b>	(n=104) 16.0	ns	(n=834) 14.5
Do female employees who give birth receive <u>any</u> pay from any source during the period of their disability?		<b>(n=101)</b>		<b>(n=816)</b>
Yes	<b>52%</b>	<b>37%</b>	**	<b>54%</b>
No	<b>48</b>	<b>63</b>		<b>46</b>
Do employees who receive at least some pay during the period of maternity-related disability receive full or part pay?				
Full pay	<b>16%</b>	---		---
Part pay	<b>70</b>			
Depends on situation	<b>14</b>			
Is disability pay provided as part of a Temporary Disability Insurance benefit?				
Yes	<b>80%</b>	---		---
No	<b>20</b>			
Maximum job-guaranteed leave for men following the birth of a child		(n=98)		(n=783)
Fewer than 12 weeks	<b>24%</b>	14%	ns	25%
12 weeks	<b>63</b>	76		62
More than 12 weeks	<b>13</b>	10		13
Average maximum job-guaranteed leave for men following the birth of a child	<b>12.1</b>	13.1 (n=99)	ns	11.9 (n=783)
Do men receive any paid time off following the birth of their child?		(n=94)		(n=729)
Yes	<b>16%</b>	16%	ns	16%
No	<b>84</b>	84		84

Source: Families and Work Institute, 2008 National Study of Employers

\*\* = p < .01; ns = not significant; --- indicates that sample sizes are under 50 employers and thus too small to analyze

**Table 15 (continued): Employer Provision of Caregiving Leaves by Industry**

	Total – All Employers (n=1,100)	Employers With 50 or More Employees in the Health Services Industry	Sig.	Employers with 50 or More Employees in Other Industries
Maximum job-guaranteed leave for employees following the adoption of a child		(n=103)		(n=772)
Fewer than 12 weeks	<b>19%</b>	12%	ns	20%
12 weeks	<b>67</b>	75		66
More than 12 weeks	<b>14</b>	14		14
Average maximum job-guaranteed leave following the adoption of a child	<b>13.0</b>	15.0 (n=102)	**	12.8 (n=772)
Maximum job-guaranteed leave for employees to care for seriously ill family members		(n=105)		(n=787)
Fewer than 12 weeks	<b>16%</b>	11%	ns	17%
12 weeks	<b>69</b>	75		68
More than 12 weeks	<b>15</b>	14		15
Average maximum job-guaranteed leave for employees to care for seriously ill family members	<b>13.3</b>	15.0 (n=105)	*	13.1 (n=787)
Allow <u>at least some</u> employees to return to work gradually after childbirth or adoption	<b>77%</b>	<b>87%</b> <b>(n=118)</b>	**	<b>76%</b> <b>(n=973)</b>
Allow <u>all or most</u> employees to return to work gradually after childbirth or adoption	<b>57%</b>	<b>65%</b> <b>(n=118)</b>	*	<b>56%</b> <b>(n=975)</b>

Source: Families and Work Institute, 2008 National Study of Employers

\* = p < .05; \*\* = p < .01; ns = not significant; --- indicates that sample sizes are under 50 employers and thus too small to analyze

**Flex Careers**

According to the findings in Table 16, career flexibility is an area where the offerings from employers in the health services industry are significantly better other employers. Perhaps these findings indicate that these employers are focused on their employees for the long term.

- Three-quarters (75%) of employers in health services allow at least some of their employees to phase into retirement, compared with half (50%) of employers in other industries.
- 49% of health service employers allow at least some of their employees to take sabbaticals, compared with 36% of all other employers.
- 91% of health service employers allow at least some of their employees to take paid or unpaid time away from work for education or training, compared with 72% of other employers.

- 83% of employers in medical services allow at least some of their employees to take an extended career break for caregiving or other personal or family responsibilities, compared with 62% of employers in other industries.
- 67% of employers in health services provide at least some of their employees with special consideration when returning to the organization after an extended career break, compared with 42% of employers in other industries.

**Table 16: Employer Provision of Flex Careers by Industry**

	<b>Total – All Employers (n=1,100)</b>	<b>Employers With 50 or More Employees in the Health Services Industry</b>	<b>Sig.</b>	<b>Employers with 50 or More Employees in Other Industries</b>
<b><i>Flex Careers</i></b>				
Phase into retirement by working reduced hours over a period of time prior to full retirement	<b>53%</b>	<b>75% (n=118)</b>	<b>***</b>	<b>50% (n=956)</b>
Take sabbaticals i.e., leaves (paid or unpaid of six months or more) and return to a comparable job	<b>38%</b>	<b>49% (n=119)</b>	<b>**</b>	<b>36% (n=963)</b>
Take paid or unpaid time away from work for education or training to improve job skills	<b>74%</b>	<b>91% (n=119)</b>	<b>***</b>	<b>72% (n=978)</b>
Take extended career breaks for caregiving or other personal or family responsibilities	<b>64%</b>	<b>83% (n=118)</b>	<b>***</b>	<b>62% (n=967)</b>
Receive special consideration when returning to the organization after an extended career break	<b>45%</b>	<b>67% (n=118)</b>	<b>***</b>	<b>42% (n=946)</b>

Source: Families and Work Institute, 2008 National Study of Employers  
 \*\* = p < .05; \*\*\* = p < .001

**Culture of Flexibility**

For these analyses, we look at employee data from the 2008 National Study of the Changing Workforce. We find no significant differences between employees in the health services industry and employees in other industries in terms of their perceptions that they work in a culture where flexibility is supported. These groups of employees are equally likely to disagree that they have to make a choice between advancing in their jobs and focusing on their family or personal lives and equally likely to disagree that there is a penalty attached to asking for flexibility.

**Table 17: Employee Perceptions of a Culture of Flexibility**

	<b>Total – All Wage and Salaried Employees (n=2,769)</b>	<b>Employees in the Health Services Industry</b>	<b>Sig.</b>	<b>Employees in Other Industries</b>	<b>Managers and Professionals in the Health Services Industry</b>	<b>Sig.</b>	<b>Other Employees in the Health Services Industry</b>
<b>Culture of Flexibility</b>							
% strongly/somewhat disagree that they have to choose between advancing in their jobs or devoting attention to their family or personal lives	<b>58%</b>	56% (n=338)	ns	59% (n=2,368)	43% (n=142)	ns	45% (n=190)
% strongly/somewhat disagree that employees who ask for flexibility are less likely to get ahead in their jobs or careers	<b>61%</b>	69% (n=338)	ns	62% (n=2,372)	26% (n=144)	ns	33% (n=189)
Average supervisor support (summary of five questions on a scale from 1=low to 4=high)	<b>3.4</b>	3.4 (n=312)	ns	3.4 (n=2,162)	3.4 (n=139)	ns	3.4 (n=170)

Source: Families and Work Institute, 2008 National Study of the Changing Workforce  
 ns = not significant

**QUESTION 8:**  
**How widespread is the use of flexibility among employees in health services?**

Despite overall changes in workplace flexibility being perceived as a business strategy instead of a “perk” or accommodation (Table 8), there are still employers that are hesitant in implementing flexibility in their workplaces. It’s not uncommon to hear assumptions about abuse of flexibility given as reasons for this hesitancy.

The 2008 *National Study of the Changing Workforce* is one of the first national studies to investigate overall usage. In Table 18, we look at usage of various types of flexibility by industry. We also conducted comparisons between managers and professionals and other employees in the health services industries, but small sample sizes preclude making generalizations so we omit these comparisons.

**Table 18: Employee Access to and Use of Flex Time and Flex Place by Industry**

Access to Flexibility		Total Sample	Employees in the Health Services Industry	Sig.	Employees in Other Industries
	Use of Flexibility Among Those with Access				
	Allowed traditional flex time (can choose own start and end schedules)	45%	43%	ns	45%
	% with access who use traditional flex time	80%	80%	ns	79%
	Allowed daily flex time (able to make short notice schedule changes)	84%	82%	ns	84%
	% with access who use daily flex time...				
	Several times a month to every week or more	11%	11%	ns	11%
	About once a month or less	70	67		70
	Never	19	22		18
	Allowed to work compressed workweek some of the time	36%	46%	***	34%
	% with access who use compressed workweeks sometimes	46%	36%	**	48%
	Allowed to work some regular paid hours at home	16%	10%	**	17%
	% who mainly work at home	3%	2%	ns	3%
	% with access who sometimes work regular paid hours at home	64%	66%	ns	64%
	Could arrange to work part-year	23%	24%	ns	23%
	% who work part year voluntarily	23%	--	--	--
	Able to volunteer during work time without losing pay	32%	24%	ns	23%
	Average number of hours per week spent volunteering (on work time and non-work time)	4.8 hours	4.5 hours	ns	4.9 hours

Access to Flexibility		Total Sample	Employees in the Health Services Industry	Sig.	Employees in Other Industries
	Use of Flexibility Among Those with Access				
	Receive paid vacation time	<b>78%</b>	81%	ns	77%
	Avg # of vacation days received	<b>15.4 days</b>	<b>16.9 days</b>	<b>**</b>	<b>15.2 days</b>
	% who used all accrued vacation days last year	<b>60%</b>	53%	ns	60%
	Avg # of vacation days used last year	<b>12.9 days</b>	13.0 days	ns	12.9 days
	Receive at least 5 paid days off for personal illness / year	<b>62%</b>	<b>70%</b>	<b>**</b>	<b>61%</b>
	Feel they receive enough paid time off for personal illness	<b>89%</b>	90%	ns	89%
	Avg # of work days missed for personal illness in the past three months	<b>1.9 days</b>	2.2 days	ns	1.8 days
	Receive at least 5 paid days off to care for a sick child / year	<b>48%</b>	45%	ns	49%
	Feel they receive enough paid time off to care for a sick child	<b>91%</b>	92%	ns	91%
	Avg # of work days missed to care for a sick child in the past three months	<b>0.9 days</b>	1.1 days	ns	0.9 days

Source: Families and Work Institute, 2008 National Study of the Changing Workforce

\*\* = p < .01; ns = not significant. --- indicates that sample sizes are under 50 employees and thus too small to analyze

**The first thing that is striking about these findings is that employees are much more likely to use ongoing flexible options than to use last minute flexibility. For example, 79% of those with access to traditional flex time (where they select arrival and departure times within a core set of hours and then stick with this arrangement) do use it, compared with only 11% who use short-notice flexibility several times a month or more. In fact, 70% of employees use this about once a month or less and 19% never do.**

**Second, it is striking that there is little difference between those in the health service sector and those in other industries in their usage of flexibility. The only statistically significant difference is in the usage of compressed workweeks between employees in the health services industry and employees in other industries. Employees in other industries (48%) are more likely to use a compressed workweek schedule than employees in the health services industry (36%).**

**QUESTION 9:**

**Among employees in health services without access to flexibility, how many want it—in other words, what is the demand?**

There are very few major differences between employees in the health services and employees in other industries in terms of demand for flex time and flex place.

There is one important difference, however, when it comes to reduced time: full-time employees in health services (80% of this industry work full time) are more likely to want a part-time schedule in their same position (28% versus 19%), whereas part-time employees in other industries are more likely to want full-time positions at their same level than those in health services (39% versus 21%). This interest in reduced hours could be a result of the overwhelming nature of many of these jobs.

Overall, the demand for workplace flexibility that doesn't reduce the employees' earnings is high, ranging from 79% to 50%. The demand for flexibility that does employees' pocketbooks is lower, ranging from 51% to 20%.

**Table 19: Employee Demand for Flex Time and Flex Place by Industry**

	<b>Total – All Wage and Salaried Employees (n=2,769)</b>	<b>Employees in the Health Services Industry</b>	<b>Sig.</b>	<b>Employees in Other Industries</b>
% who want traditional flex time, but don't have access	<b>70%</b>	75% (n=196)	ns	69% (n=1,320)
% who want daily flexibility, but don't have access	<b>79%</b>	84% (n=63)	ns	78% (n=378)
% who want to work compressed week, but don't have access	<b>59%</b>	57% (n=281)	ns	59% (n=1,950)
% who want to work part of their regular paid hours from home, but don't have access	<b>50%</b>	46% (n=316)	ns	51% (n=2,069)
% of full-time employees who would prefer a part-time schedule	<b>20%</b>	<b>28%</b> <b>(n=284)</b>	<b>***</b>	<b>19%</b> <b>(n=1,968)</b>
% of part-time employees who would prefer a full-time schedule	<b>37%</b>	<b>21%</b> <b>(n=67)</b>	<b>**</b>	<b>39%</b> <b>(n=425)</b>
% who want annual unpaid leave/part-year employment	<b>51%</b>	54% (n=346)	ns	50% (n=2,069)

Source: Families and Work Institute, 2008 National Study of the Changing Workforce  
 ns = not significant; --- indicates that sample sizes are under 50 employees and thus too small to analyze

**Overall, the demand for workplace flexibility that doesn't reduce the employees' earnings is high, ranging from 79% to 50%. The demand for flexibility that does employees' pocketbooks is lower, ranging from 51% to 20%.**

**QUESTION 10:**

**Does having access to flexibility affect employees in health services likelihood of retention and recruitment?**

To understand how much employees value workplace flexibility, we asked how important they felt having that flexibility would be if they were looking for a new job.

**Table 20: Importance of Having the Flexibility Needed to Manage Work and Personal or Family Life When Deciding to Take a New Job - by Industry**

	<b>Total – All Wage and Salaried Employees (n=2,769)</b>	<b>Employees in the Health Services Industry (n=352)</b>	<b>Sig.</b>	<b>Employees in Other Industries (n=2,414)</b>
Value of having the flexibility I need to manage my work and personal or family life when deciding to take a new job				
Extremely important	<b>41%</b>	<b>49%</b>	<b>***</b>	<b>39%</b>
Very important	<b>47</b>	<b>42</b>		<b>48</b>
Somewhat important	<b>12</b>	<b>8</b>		<b>13</b>
Not important	<b>1</b>	<b>1</b>		<b>1</b>

Source: Families and Work Institute, 2008 National Study of the Changing Workforce

\*\*\* = p < .001; ns = not significant

**Employees in the health services are more likely to report having the flexibility they need to manage their work and personal or family life to be “extremely important” when deciding to take a new job than employees in other industries.**

**CONCLUSION**

If we consider our analogy of employees in the health services industry being the “canary in the coal mine” warning us of what lies ahead, then Table 20 above may be one of the more telling findings. In order for employers in all industries to recruit and retain the top talent they need to remain competitive, workplace flexibility needs to be included as a business strategy. It appears that employers in the health services are realizing this in larger proportions than employers in other industries.<sup>6</sup>

## ENDNOTES

1 The 2008 National Study of Employers survey questionnaire was administered by means of a telephone interview to a national sample of 1,100 human resource directors (or persons with primary responsibility for human resources) of companies with 50 or more employees in the United States. The interview averaged about 30 minutes in length. Interviewing took place between April 19, 2007 and August 13, 2007. All interviews were conducted by Harris Interactive using computer-assisted telephone interviewing (CATI) technology.

The study also included a telephone re-contact of 300 respondents from the initial 1,100 human resource directors interviewed in order to reconcile differences between the survey instruments of the 2005 and 2008 National Study of Employers. Interviews for the re-contact averaged about 10 minutes in length and were conducted between February 6 and February 14, 2008.

The sample represents a random selection of private for-profit and nonprofit U.S. companies with 50 or more employees drawn from lists maintained by Dun & Bradstreet—excluding government agencies, public schools, public universities and public libraries. Larger companies were over-sampled to achieve sufficient numbers for reliable population estimates. Before data analysis, the sample of companies was weighted to the actual proportion of companies of different sizes in the universe of private U.S. companies. On the basis of empirical computation, the design effect (DEFF) for this sample design was determined to be 1.35 for the company weight. Adjusting for this design effect, the maximum sampling error is estimated to be no more than 2% when generalizing from the total NSE sample to all private companies with 50 or more employees in the United States.

In order to attain the highest possible response rate at reasonable cost, the following incentives were offered to respondents: a summary of the survey results and a \$50 honorarium for themselves or to donate to a specified charity. In addition, very substantial interviewing resources were invested in call-backs and refusal conversion efforts.

Of the 2,571 companies called, interviews were completed for 1,100. The response rate was calculated according to the following formula:

$$\frac{\text{Completes}}{\text{Completes} + \text{Refusals} + \text{Terminations}} = \frac{1,100}{2,571} = 43\%$$

2 The 2008 National Study of the Changing Workforce (NSCW) survey was conducted by Harris Interactive, Inc. (formerly Louis Harris and Associates) using a questionnaire developed by the Families and Work Institute. Coding of open-ended responses was done by interviewers, with the exception of occupation and industry, which were coded by the U.S. Bureau of the Census using 1990 three-digit occupation (SOC) and industry (SIC) classifications. Although interviewing began in 2007, 88% of interviews were completed in 2008. Thus, we refer to this survey as the 2008 NSCW. A total of 3,502 interviews were completed with a nationwide cross-section of employed adults between November 12, 2007 and April 20, 2008. Interviews, which averaged 50 minutes in length (47 minutes for substantive questions and 3 minutes for eligibility screening), were conducted by telephone using a computer-assisted telephone interviewing (CATI) system. Calls were made to a regionally stratified unclustered random probability sample generated by random-digit-dial methods.

Up to 60 calls were made to each telephone number that appeared to represent a potentially eligible household—busy signal, answer by non-eligible with some indication of a potential eligible in household, or answer by a potential eligible who wanted a callback. When eligibles were identified and requested callbacks, additional calls were made. If 25 consecutive calls were made to numbers where there were no answers and no busy signals (and no other dialing outcome), these numbers were considered non-residential, non-working numbers or non-voice communication numbers. Three to five attempts were made to convert each initial refusal. Despite the fact that the level of effort of 2008 interviewers went substantially beyond the efforts made in 2002, 1997 and 1992, the overall response rate was only slightly higher, indicating that it has become significantly more difficult to complete telephone interviews in recent years.

Sample eligibility was limited to people who 1) worked at a paid job or operated an income-producing business, 2) were 18 years or older, 3) were in the civilian labor force, 4) resided in the contiguous 48 states and 5) lived in a non-institutional residence—i.e., household—with a telephone. In households with more than one eligible person, one was randomly selected to be interviewed. Interviewers initially offered cash honoraria of \$25 as incentives. In order to convert refusals, a higher amount (\$50) was offered.

Of the total 42,000 telephone numbers called, 24,115 were found to be non-residential or non-working numbers and 6,970 were determined to be ineligible residences (1,389 because no one spoke English or Spanish well enough to be interviewed). Of the remaining telephone numbers, 3,547 were determined to represent eligible households, and interviews were completed for 3,502 of these—a *completion rate of 99 percent*. Eligibility or ineligibility, however, could not be determined in the remaining 7,368 cases. Among those contacts for which eligibility could be determined, the eligibility ratio was 0.3886 [3547/(3547+5,581)]. Thus, we estimate that potentially 38.86 percent of the 7,368 cases for which eligibility could not be determined—2,863 cases in all—might have been eligible households. Dividing the number of completed interviews (3,502) by the number of known eligibles (3,547) plus the number of estimated eligibles (2,863) yields an *overall response rate of 54.6 percent for potentially eligible households*. [This method of response rate calculation follows the conservative CASRO and AAPOR recommendations.]

All sample weighting was done in relation to the U.S. population using data from the March 2007 Current Population Survey. The sample was first weighted by the number of eligibles in the respondents' households in relation to the percentage of households in the U.S. population with the same number of eligibles (i.e., number of employed persons 18 and older per household with any employed person 18 or older), eligible men and women in the U.S. population and eligibles with different educational levels in the U.S. population. [Other weights were also calculated and can be found in the public-use data files.] The average design effect for the weighted sample is estimated to be 1.359. Applying this Design Effect, the average sampling error for wage and salaried sample statistics (n=2,769) is approximately +/- 1.1 percent versus +/- 1 percent for the unweighted sample.

Of the total sample of 3,502 interviewed, 2,769 are wage and salaried workers who work for someone else, while 733 respondents work for themselves—255 business owners who employ others and 478 independent self-employed workers who do not employ anyone else. In this report, we restrict analyses to those who are wage and salaried employees.

3 For the purposes of this report, we divide the total sample of employers and the total sample of the wage and salaried workforce into two groups, the health services industry and all other industries. Using the 1990 Standard Industry Classification (SIC) codes from the Census Bureau, we narrowed the focus to the following industries providing direct services in the area of health services

- Offices and Clinics of Doctors of Medicine
- Offices and Clinics of Dentists
- Offices and Clinics of Doctors of Osteopathy
- Offices and Clinics of Other Health Practitioners
- Nursing and Personal Care Facilities
- Hospitals
- Home Health Services
- Miscellaneous Health and Allied Services, Not Elsewhere Classified

Assuming there might be differences in experience between the two groups, we also divide our sample of employees even further, into managers/professionals in health services and other health service employees.

4 Barry Bluestone and Mark Melnik, *After the Recover: Help Needed – The Coming Labor Shortage and How People in Encore Careers Can Help Solve It* (Civic Ventures, 2010), 5.

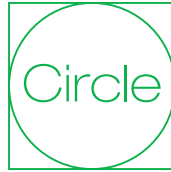
5 When Work Works is a nationwide initiative to bring research on workplace effectiveness and flexibility into community and business practice. It is a project of Families and Work Institute in partnership with the U.S. Chamber of Commerce's Institute for a Competitive Workforce and the Twiga Foundation, with funding from the Alfred P. Sloan Foundation (<http://whenworkworks.org>)

6 Rossi, Kay. iGreat Falls Woman Joins Healthcare Jobs Trend.î 3 KRTV – Great Falls and North Central Montana. 10 February 2011. <http://www.krtv.com/news/great-falls-woman-joins-healthcare-jobs-trend/>

Phelps, Nathan. iHealth Care, Service Jobs Likely Will See Increase.î Green Bay Press Gazette. 30 January 2011. <http://www.greenbaypressgazette.com/article/20110130/GPG03/101300492/Demand-for-health-care-industry-jobs-expected-to-grow>

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