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**Employer Motivations for Participation in Multi-Employer Labor-Management
Health Care Worker Training Programs**

By

Sally Klingel
and
David B. Lipsky

The Martin and Laurie Scheinman Institute on Conflict Resolution
ILR School, Cornell University
Ithaca, New York

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Abstract

Filling vacancies and retaining workers in staffing areas with chronic shortages of qualified applicants such as nursing and other allied health occupations remains a challenge in today's health care industry. At the same time, low-wage workers in the healthcare industry often lack the educational credentials necessary to move into higher-paying occupations. This study examines the role of multi-employer joint labor-management health care worker training funds in meeting the needs of employers for career ladder advancement in their incumbent workforce. In particular, we examine the criteria employers in these funds use to evaluate their participation. The joint labor-management model differs from other models of incumbent workforce training because of its reliance on the labor-management relationship as a central organizing principle for its activities (Marschall and Scully-Ross, 2010). The model directly links workforce education with employment opportunities, through a labor-management partnership. While a number of joint labor-management health care multi-employer training funds exist, there has been little examination of the motivations of health care employers to join or remain in these partnerships.

Methodology

To understand how employers evaluate their participation in the health care labor-management partnership model for training, we examined two multi-employer education and training fund partnerships, one in Seattle, Washington and one based in New York City. The New York fund was selected because of its historical importance as the first, and now largest, multi-employer initiative for health care worker training. Examining the operations and growth trajectory of a fund with more than 40 years of experience provides insight into both how the multi-employer model serves the needs of a broad group of employers in a diverse workforce environment and the benefits of mature and stable relationships with workforce training and education entities for regional health care workforce development.



The Seattle training fund was selected as a representative of a new labor-management partnership and offered the opportunity to examine the motivations and expectations of employers who recently chose to enter into a multi-employer partnership as an alternative to their self-funded incumbent worker training arrangements. By examining both programs, we were able to capture the engagement of employers at two key stages: start up and program maintenance.

In both cases, we reviewed existing documentation on program history, size, scope, structure and operations, and gathered any available studies of fund activities and outcomes. Interviews were conducted with fund administrators and principals from union and management who had insights into the bargaining and the governance of the funds. Interviewees were asked about their definitions of the benefits and costs in participating in the fund, and the critical human resource and labor/management practices necessary for successful fund operation. The experiences of two individual employers in each partnership were also investigated to learn how participation in training and upgrading affects employers and changes over time.

The interviews were used to identify salient outcomes that employer partners in local labor-management funds use to decide to enter into investment in low wage workers and to make decisions about program continuance, form, and emphasis. In all, 10 employer and union representatives were interviewed, along with four fund administrators and staff.

The Joint Labor-Management Partnership Training Model in Health Care

The need for workforce development strategies in the health care industry that address the attraction and retention of entry-level workers and provide career advancement opportunities is well documented (Maguire, Freely, Clymer, and Conway 2009). A variety of approaches exist to providing employer-based workforce development for entry level health care workers, some funded by private or government initiatives, some initiated by labor-market intermediaries, and some the result of long-standing collaborations between multiple stakeholders. Few however are able to extend their approach across employers to create the needed scale for long-term



sustainability and for increased rationalization of training dollars across the patchwork of accreditation and certification standards for health care workers (Wilson 2006).

There is increasing convergence in health care worker education on large, multi-partner initiatives as a strategy to address both facility level and sector level needs. Coalitions of advocacy groups, unions, employers and state agencies are engaged in partnerships to advance regional or occupational training programs, and foundations have sponsored start-up initiatives in varieties of settings (Fitzgerald 2006).

In this mix, labor-management multi-employer joint training partnerships represent a distinct strategy to address career advancement for low wage, incumbent workers. Labor-management multi-employer partnerships have helped to lead the way with often ground-breaking strategies to support the development of entry-level workers and long-term success in sustaining training and education in a changing health care delivery and labor market environment.

The joint labor-management approach differs from other strategies in health care workforce development in that it links health care facilities in a state or region through their shared relationship with a health care union. Rather than being led by a workforce intermediary or a particular employer or educational provider, the union and its employer partners become the drivers for the training initiatives they jointly develop.

This allows them to focus on both the needs of incumbent workers across hospitals and the specific needs of employers in each participating facility with the benefit of an economy of scale that can leverage scarce training dollars into better and more extensive training initiatives than any individual hospital could achieve on its own. The model is dependent on developing deep and long-lasting partnerships with educational providers. These partnerships, in turn, are dependent on the willingness of educational providers to adjust their traditional role as semiautonomous creators and suppliers of quality educational content to undifferentiated individual learners. Educational providers who participate with multi-employer labor-management partnerships also become collaborators in the creation and supply of educational modalities that support the success of particular groups of learners, i.e. incumbent low-wage health care workers.



Another key differentiation of the labor-management multi-employer approach is its reliance on sustained employer-supplied training monies as a basis for leveraging public or foundation support for training and education activities. The contribution of employers to labor-management multi-employer funds are negotiated into individual collective bargaining agreements as a benefit to employees over multiple years and held in a jointly administered trust fund. These agreements sometimes have a companion, separate 501(c)(3) organization to serve broader workforces needs. Participating employers are able to amplify their investment with public or private grants, thus receiving a larger return on their investment than they might otherwise be able to achieve.

A third distinctive aspect of the labor-management multi-employer approach to health care training is the leadership of a single local union that binds multiple employers in one region together in both the initiation of the partnership and its sustained growth. The existence of one union with an interest in maintaining and expanding employer participation in a city or region gives employers some assurance that they will not be subject to the free rider problem should they commit relatively larger resources to a multi-employer endeavor. The union, with members in every participating employer workplace, has a strong interest in ensuring widespread recruitment and outreach to its members that helps to ensure maximum utilization of available training opportunities.

By far the largest and most comprehensive training fund is the first multi-employer training partnership in health care, organized by 1199SEIU and the League of Voluntary Hospitals and Homes in New York City in 1969. Over the past 40 years, the 1199SEIU Training and Upgrading Fund has grown from a single fund devoted to training and upgrading employees in the League of Voluntary Hospitals and Homes facilities to a collection of funds devoted to a variety of needs in the health care industry in the New York City area and across New York State. 1199SEIU Training and Employment Funds in Massachusetts, Maryland, New Jersey, and Washington D.C. are now also included in the 1199SEIU United Healthcare Workers East umbrella of funds. Together, they



cover more than 250,000 workers from more than 600 participating employers, making them the largest training fund in the country.

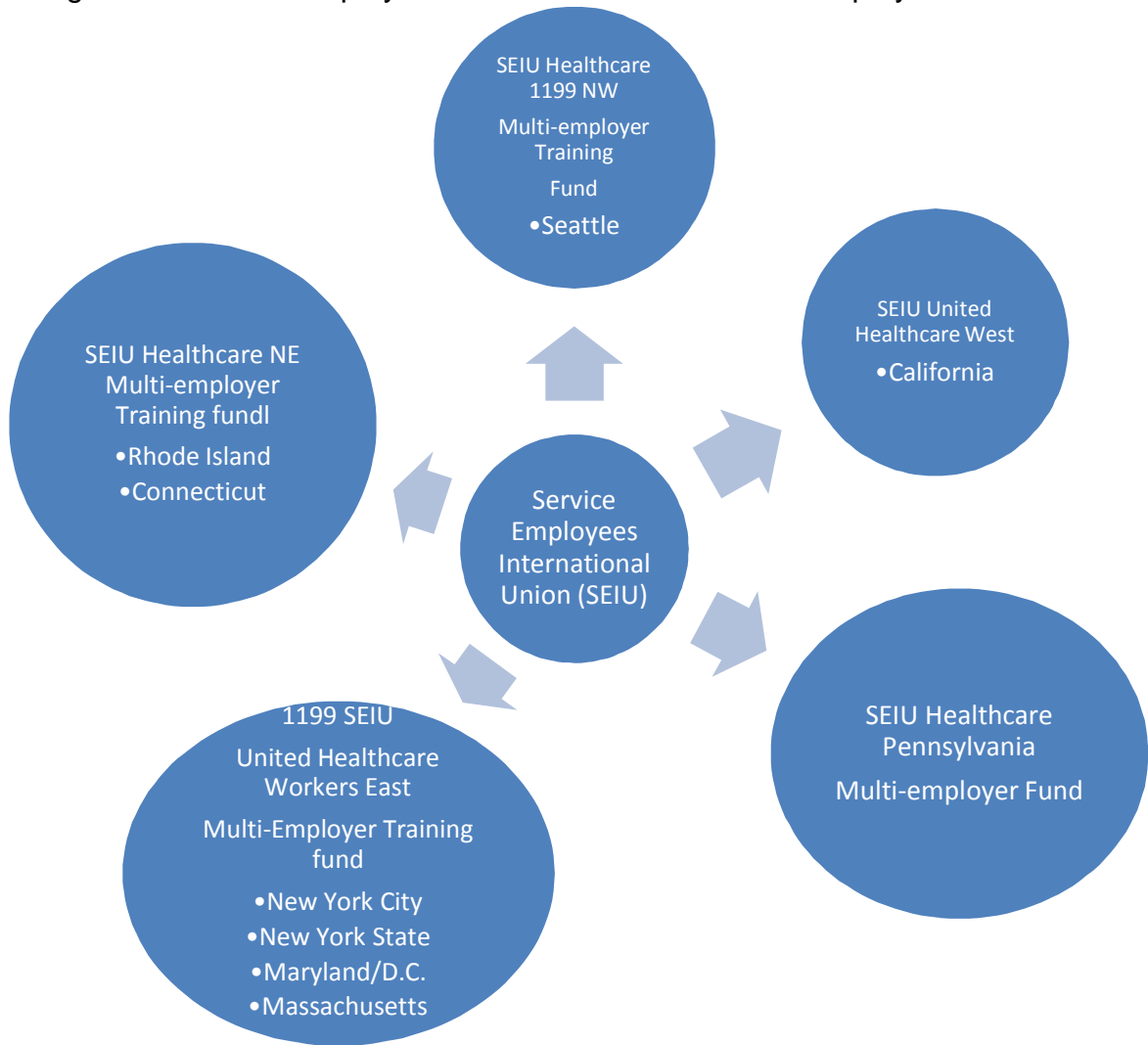
Another early regional sectoral partnership in the health care sector is the AFSCME 1199C Training and Upgrading Fund (TUF), established in 1974 by the union and nine Philadelphia hospitals. Currently, 55 employers participate in the fund and the partnership provides educational benefits to union members and training to both union and community members seeking to enter health care employment through a learning center operated by the training fund. The growth in the 1199C TUF mirrors the growth of collectively bargained multi-employer training and upgrade funds nationally in the health care sector.

New York City's regional, employer-based approach to health care sector training and workplace change has been replicated by other local health care unions and employers. The national Service Employees International Union (SEIU) has regional, state, and local unions that partner with health care employers across the country. Currently, there are five multi-employer funds (including multi-state funds) devoted to training, education, and employment across the U.S. negotiated by SEIU local or regional unions (see Figure 1).

Each fund grows out of local and regional needs and funds vary in their structure, types of training offered, and occupations involved. Although the funds are all devoted to incumbent worker career advancement, the range of assistance offered varies from tuition assistance for accredited degree or certification programs, to specialized employer-specific training, to pre-college and college readiness programs in partnership with local education providers, and career and educational counseling and support.



Figure 1. Service Employees International Union Multi-Employer Funds





Local SEIU unions, rather than employers, have been the primary organizer of these multi-employer funds, building on the basic model established by the first fund in New York, started in 1969. However, each fund is locally constituted and locally governed by employer and union partners. To facilitate collaboration on industry-wide training and education issues, SEIU, along with the New York 1199SEIU training fund, organized the Healthcare Career Advancement Program (H-CAP) a coalition of employers and SEIU locals that are engaged in joint labor-management partnerships for health care worker education and training. A primary purpose of H-CAP is to share information, research, and tools, and to collaborate on working with educational providers to develop incumbent health care worker career ladders, starting in nursing, but recently expanding into other health care occupational careers.

The New York and Seattle Funds

1199SEIU United Healthcare Workers East (1199SEIU UHE) is the dominant health care union in the New York area, representing over 100,000 health care workers in New York City alone. From its formation, the union has championed career advancement for incumbent health care workers, in particular service and maintenance workers, and technical and professional workers who account for the largest percentage of the union's membership. 1199SEIU UHE began as a union by organizing these workers in the City's largest hospitals, which in turn formed the League of Voluntary Hospitals and Homes of New York (the League) to engage in coordinated bargaining with the union. This collective bargaining relationship is the basis for the multi-employer approach to training and education for career advancement that has grown in the City over the past 40 years. Although the League is still the largest acute care employer group with whom 1199SEIU UHE bargains, other hospitals in the region as well as home health care and nursing home employers have been organized over the years, resulting in 1199SEIU UHE bargaining relationships with dozens more employers in the New York City area that also participate in the training fund.



One of the newest SEIU joint training funds, the SEIU Healthcare 1199NW Multi-Employer Training and Education Fund was formed during contract negotiations in April of 2009 when five Seattle area hospitals partnered with SEIU Healthcare 1199NW to form the Seattle Multi-employer Training and Education Fund. The Seattle area is home to nearly 20 hospitals and medical centers, many of them serving small, regional areas. SEIU Healthcare 1199NW, a statewide local of the Service Employees International Union, is the largest health care union in the region. Across Washington State SEIU Healthcare 1199NW represents more than 22,000 service and maintenance workers, technical workers and nurses in acute care hospitals, medical clinics, mental health centers, and state health care facilities.

The hospital partners currently in the fund are both public and private not-for-profit and vary in size from 200 to 1,200 bed medical centers, with a range of SEIU1199 members from approximately 500 to more than 4,000. Combined, over 7,000 union members across the partner hospitals are eligible for training fund benefits. The union hopes to recruit at least two new hospitals to participate in the fund in the next few years.

Investing in a Multi-Employer Partnership Approach

The motivations expressed by employers interviewed in this study either to join or to remain in a joint multi-employer training fund were largely similar. Their reasons were consistent with an internal labor market analysis of organizational behavior, which asserts the importance not only of market forces but also the customs, norms, and power embedded in the employment relationship in determining how a sector or workplace organizes itself and whether it creates internal career ladders to promote tenure and retention (Osterman and Burton, 2006). The multi-employer training partnerships examined in this study represent an intentional strategy on the part of employers to strengthen their internal labor market, rather than the health care %occupational labor market+, though the two may not be mutually exclusive (Tolbert, 1996). Employers interviewed in this study uniformly reported that their investment in the multi-employer fund was not motivated by an interest in improving the regional or



national health care labor market, though they acknowledged this could be a welcome tertiary benefit. Three related factors emerged from the interviews with employers in the study to support this conclusion.

First, employers' primary concerns when considering their training investments in the incumbent work force are the retention of employees and the ability to fill open positions, especially in nursing occupations, in a timely and cost-effective manner. They see career advancement for incumbent workers as an effective strategy to achieve both. Although they maintain an interest in attracting new entrants into health care occupations, they see incumbent workers as a highly desirable pool from which to staff critical shortage areas because of their demonstrated interest in remaining in the health care field.

Second, employers view the multi-employer approach to training investment as a way to maximize their return on investment in training. The multi-employer approach benefits individual employers by providing them with economies of scale, the leveraging of training dollars with outside funders, and the increase in influence they have with educational providers on education modalities and degree articulation.

And third, employers consider the labor-management basis for the multi-employer approach an advantage in institutionalizing practices that will both encourage incumbent employee advancement through education and training and sustain the multi-employer coalition. The collective bargaining process for establishing employer contributions and the joint labor-management governance structure of the training fund institutionalizes both the existence of the multi-employer partnership and its strategies and practices for encouraging worker advancement through education.

Retention and Career Advancement

Strong evidence from studies of voluntary turnover in a variety of industries demonstrates that the existence of internal career ladders are associated with higher employee retention rates. However, employer-provided training absent internal labor market strategies for placement and advancement is associated with higher quit rates



(Haines, Jalette, and Larose, 2010; Batt, Colvin, and Keefe, 2002). Employer investment in training that does not lead to internal career advancement can thus risk that workers will take their enhanced skills elsewhere.

Employers interviewed in this study emphasized that the primary purpose of their investment in the training fund was to promote incumbent worker career advancement through education for internal job placement to fill staffing needs. In particular, employers have a strong interest in whether their training fund investment is filling the needs of institutions and the industry for workers in critical skill shortage areas. They therefore prioritize two outcomes: the ability of the fund to produce nurses from the existing workforce and whether employees are actually placed in upgraded jobs as a result of fund training investments. As evidence of this, the funds studied are organized to prioritize successful training completion and certification for internal job placement, rather than being organized to simply maximize enrollment or training fund utilization. The training funds have developed supportive learning services to enable successful training and education completion with the express purpose of increasing incumbent worker retention and reducing the cost of hiring from the outside. The New York fund has further committed to enhancing retention and employment security by creating the Job Security Fund to share retention benefits between member employers, which in turn builds worker motivation to complete education programs.

Employers also commented that making a commitment to career advancement strategies through the training fund has employer-specific benefits as well, including enhancement of the organization's reputation when attracting new employees, improvement in morale and wages of current employees, and alignment with other organizational initiatives for quality of care and technological change.

The benefit of the training fund investment for maintaining internal career ladders in individual employment institutions can also become a shared benefit in the multi-employer training fund approach. The training fund increases the interactions between employers and colleges, producing a stronger emphasis on developing transferable credits. This interaction of multiple employers with colleges through the training fund in turn may require employers to develop clearer clinical pathways that are less hospital



specific where employees can easily see an entry point and get started with an educational program earlier in their careers. Additional benefits exist in rationalizing the skill and training level of particular positions, for example anesthesia technicians, where employee type and level of training can vary substantially across hospitals. Shortages in these types of critical positions can be exacerbated by these hospital specific requirements. A rationalized program for training that is adopted across hospitals and colleges can greatly ease employee access to training and job placement.

Maximizing the Return on Investment

Employers see both economic and programmatic advantages in a multi-employer approach to funding and developing career advancement strategies. There is a simple financial advantage in combining investments with other employers to fund programs that would be cost prohibitive for individual employers, or for which there would not be sufficient demand. Pooling resources also opens the possibilities for a more robust range of educational strategies to address the barriers that many low income, working adults face to accessing and succeeding in education. For example, the cohort training approach used in both Seattle and New York capitalizes on the multi-employer partnerships economies of scale and has the substantial added benefit of facilitating the use of supportive learning services that would be difficult for individual employers to provide.

The training fund model's ability to leverage the combined resources of the training fund with outside sources of funding is a second financial advantage. The fund is better able to compete for grant-funded training dollars than individual employers by providing economies of scale in both the application process and the administration of training. The training fund's infrastructure provides grant writing, training coordination, and physical space for educational services and relieves employers of the local burden of these tasks. The fund's infrastructure frees up hospital education and organizational development staff time to focus on planning and forecasting training needs and working with individual departments to facilitate education and placement.



A programmatic advantage of the multi-employer approach is the increased influence it provides with educational providers on the development of training content, delivery, standards, and to improve articulation across diverse educational programs. For the Seattle employers who recently made the decision to form a joint training partnership, this was a primary desired benefit and a strong incentive to invest in the training fund approach. Employers in New York, who had already received benefits from the increased rationalization of training and certification the fund has created over 40 years, are more focused on how they can utilize the resources of the training fund for education and assistance customized to their particular needs and challenges.

As an example, Montefiore Hospital's Janett Hunter comments that although participation in multi-employer training offerings provides her facility with a large benefit, the training fund also affords opportunities to customize education to its specific needs. ~~It's~~ really the best of both worlds. We can tell them what we need, and they tell us what they have that we can customize. Or, they help to pay for our specific needs.+ Similarly, the long-term relationships with colleges and training vendors developed by the training fund are not only an advantage for staging large-scale education programs but also are an advantage for individual hospitals such as Montefiore in its negotiations with vendors for customized programs.

Participation in training fund activities is also a means for industry benchmarking and for keeping up with what other hospitals in the region are doing. Although this is useful for employers' institutional learning, it is also a benefit for individual workers when they are faced with changing certification standards and the need to pass new examinations, in some cases with the potential of job loss for failed exams. The fund plays a useful role in accelerating the process of certification because of its ability to design and deliver standard training quickly and broadly. Training with employees from other facilities, workers have the chance to see how the new requirements are transferrable, accepted standards at other hospitals. And, the New York fund demonstrates how extensive counseling and tutoring service can be a valuable benefit to help individual workers overcome anxiety or fear of reaching new standards, services



that individual hospitals would have a difficult time providing. All of these factors contribute to retention and completion of training and education programs which in turn protects the considerable investment that the funds make in each student.

The Labor-Management Advantage

Employers consider the joint labor-management basis for the multi-employer approach to be a distinct advantage in institutionalizing practices that will ensure their desired outcomes. The negotiated nature of the training funds requires union members and employers to find common ground on the priority of training benefits as part of the bargained contract and creates a mechanism for jointly overseeing the training fund initiatives. Employers noted that the contractual nature of the training fund contributions increases the credibility of the commitment that employers are making to career advancement among employees. Union members see it as tangible evidence that the employer is willing to go on record in a way that employer-promulgated policies do not transmit. And, union members may have to trade other employee benefits for the training fund benefits in negotiations, increasing their commitment to career advancement.

In both Seattle's newly formed joint training partnership and New York's mature partnership, employers acknowledged that the union's role in convening the employers was essential to both starting and maintaining the multi-employer approach. Although the same employer motivations for partnering with other employers to promote career advancement for incumbent workers would exist without the presence of a union, the collective bargaining process provided an institutionalized approach for coming to agreement on how to structure and fund a multi-employer partnership. The joint governance structure provided a permanent venue to deal with issues of fairness, size, direction, and other multi-stakeholder concerns.

The union's relationship with its members is also viewed as a vital mechanism for recruiting and supporting eligible employees to enroll in and complete training. Their presence as co-governors of the training funds provides an added measure of



assurance that confidentiality rules will be followed and eases workers' fears that skill and aptitude assessments, counseling, and test scores will not put their jobs or privacy at risk. Within hospitals, labor-management training committees were noted as an especially useful mechanism for determining the particular needs in the facility and maximizing employee participation. Because of their day-to-day relationship with the workforce, union delegates can play a unique role in encouraging enrollment and identifying barriers to completion. Employers in both the newly initiated Seattle Fund and the more mature New York Fund also noted the value of the effect of labor-management collaboration on training and education for other collaborative efforts for organizational change and improvement.

Additional Employer Concerns with a Multi-Employer Partnership Model

In any multi-party coalition, there is often a concern on the part of smaller partners that the larger partners will dominate the agenda and smaller partners' needs will not be met. On the other hand, larger partners risk the free rider problem of smaller partners taking a disproportionate share of benefits from the shared funding. The success of the multi-employer approach is dependent on two levels of effort to address this concern and how well they complement each other. At one level is the performance of the fund on behalf of the employer partners. At another level is the commitment and effort of each individual employer partner. The fund itself provides an organization with an overview of hospital and worker needs that can advocate with education institutions for better access and for programs that address hospital needs. The fund can organize employer efforts either to access existing funding sources or to advocate for new funding streams to address employer needs. At the same time, the benefits individual employers obtain from the fund are partially dependent on their own efforts to take advantage of grant funding opportunities and to encourage their employees to utilize training benefits. Local union delegates can also be influential in this effort. Labor-management training and education committees that operate at health care facilities can provide an effective organizing structure at the institutional level.



However, it is an institution's own strategy and commitment that ultimately determines the value that can be leveraged from its participation in a multi-employer effort.

One of our interviewees, Bruce McIver, president of the Voluntary League of Hospitals in New York City, reports that this has not been a problem for the League over the years regarding the training fund. Larger institutions in the fund do not necessarily believe they are subsidizing the smaller institutions, as they receive their full share of the monies and are able to amplify them with their own training funds. And smaller or struggling hospitals often get a larger share of the monies through their participation in the training fund and its wide array of programs than they would otherwise be able to invest on their own.

Member institutions of the League can vary substantially in size, population served, financial stability, and care delivery systems. Their responsiveness to participation in the training fund also varies. Some institutions are much more active in encouraging and supporting employee use of the fund's assistance or in working with the fund to develop customized programs. Although a variety of factors may influence usage differences between hospitals, McIver has observed over the years that hospitals with more traditional, arms-length relationships with unions are less likely to fully utilize training fund benefits. Our interviewees believe the ability of the partnership between 1199SEIU and the League to represent the parties' health care sector needs with policy makers and legislators has grown significantly over time, and that factor has resulted in fewer traditional relationships in League hospitals. McIver, commenting on the League's relationship with 1199SEIU, noted that at this point we have about as good a relationship with a union as is possible.

Conclusion

Employers' success in filling key skill areas with incumbent workers in health care relies on at least two interrelated factors. First, an individual employer must have the ability to build and maintain strong internal labor markets by encouraging employee education and providing advancement opportunities. However, a strong internal labor



market will be underutilized if employees have difficulty obtaining appropriate training from educational providers. Therefore, employers' combined ability to influence the occupational labor market by pushing for rationalization of the patchwork of educational and certification standards in their region or state are critical factors in their individual ability to retain and advance incumbent workers. From this perspective, the joint labor-management multi-employer approach has a distinct advantage in that it brings the two most influential stakeholders in health care workplace change--employers and health care worker unions--into a collaborative structure that allows them to effectively partner with other health care industry stakeholders for occupational certification and educational modality change.

Although third-party workforce intermediaries can and do organize health care sector training initiatives with multiple participating partners, it can be difficult to retain multi-employer participation in repeat or extended initiatives. The long-term maintenance of these types of sectoral partnerships is dependent on the ability of the third-party intermediary to successfully identify and satisfy the needs of employer institutions, and to sustain funding (Maguire, Freely, Clymer and Conway, 2009). This can be difficult to do as an external intermediary.

Embedding the basis of a multi-employer partnership in the employment relationship through a union, rather than through external intermediaries, can provide a number of advantages to health care employers. The employment relationship provides a permanent vehicle for sustaining activity. As demonstrated in other sectors and occupations, joint union-management initiation of a training partnership provides for high levels of participation by stakeholders in determining program direction and content. And joint governance and joint funding helps to ensure that the needs of all partners are met on an on-going basis. Agreements with government and educational institutions made through partnership structures tend to be stronger than those made by employers or unions separately. Finally, joint programs tend to be more durable than unilateral programs, which can be more easily dissolved (Ferman et al., 1991, Marschall, Scully-Ross, 2010).



Employers interviewed in this study do not expect a direct relationship between their joint training partnership contributions and activities on operational measures such as quality of care. Nor are they trying to directly affect or improve the regional labor pool of health care workers, though they do express a strong general interest in providing opportunities for low-wage health care workers to advance to better paying jobs through education and skill development.

Rather, employers understand that retention and advancement of incumbent workers, especially entry-level workers, is an important factor in their ability to staff for the future. However, success in increasing employee retention in health care organizations relies on each employer's ability to build strong internal labor markets by encouraging employee education and providing advancement opportunities. At the same time, employers recognize that their employees' success in accessing and completing education for advancement is hampered by the patchwork of educational and certification standards in health care at the regional and state level along with the barriers that low-income workers face in pursuing education. An individual employer's ability to influence the occupational labor market by pushing for rationalization of standards and delivery of education and certification processes can be limited. From the employer's perspective the joint labor-management multi-employer approach has a distinct advantage because it combines the two most influential stakeholders in health care workplace staffing issues. This approach can deal with broader changes in occupational and educational needs through an effective collaborative structure for partnering with external health care industry stakeholders.

As sector initiatives and multi-partner collaborations gain more prominence in a changing U.S. labor market, the model studied here is one that employers appear to find both attractive and durable in promoting their expressed interest in filling staffing needs and providing opportunities for low-wage workers to advance to better paying jobs through education and skill development. It leverages the employment relationship to address both the critical needs of the health care sector and the potential of existing health care workers to fulfill those needs. As a sector strategy, the labor-management multi-employer approach offers an effective means for the industry to partner with



education and other sector stakeholders to shape the future of health care career ladders.

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