Faculty Recruitment and Retention PHASE 1 Report

The job market for health professionals in California is robust. This is good news for the economy and the California Community College programs that serve the healthcare sector but it also means that hiring qualified Allied Health and Nursing faculty members has never been more difficult or more important. For that reason, a project was launched in late 2017 to identify and implement new methods for sourcing faculty candidates to support the efforts of all California Community College System's Schools of Allied Health and Nursing in building sufficient faculty resources to meet student demand.

Current State

The first step in this effort was to understand the current state – where Allied Health and Nursing schools currently find nursing and related faculty, why those individuals are attracted to teaching, and why they continue to teach over time. Rather than seek data to support existing views, the idea was to gather actionable data, filtering to focus on the most interesting topics. Through interviews, an online survey, and focus group discussion, information was gathered that points to strong intrinsic motivators to teach, particularly a desire to make a difference in healthcare through teaching and wanting to share knowledge and experience with others. A multiplier effect exists for faculty members. They entered healthcare because of a desire to make a difference and saw the opportunity to teach others their craft as a way to expand their positive impact on the healthcare profession.

Methodology

One-on-one interviews were conducted with key faculty and staff suggested by HWI leadership. Thirty-four (34) individuals were identified and contacted for interviews. Of those, 17 responded and were interviewed (see Appendix A for questions). Just over half (53%) of those interviewed were nurses. The remaining participants represented a wide range of Allied Health careers: radiologic technologists, medical assisting, pharmacy technicians, physical/occupational therapy, respiratory therapy, and health information technology.

In addition, an online survey (see Appendix B for questions) was distributed to all faculty in December 2017. Responses were received from 207 individuals. Sixty-four (64%) of the survey responses were from those teaching in the RN program with the remainder across the spectrum of Allied Health fields. Geographically, the largest number of survey respondents were from Los Angeles and Orange County (50%) with the second largest number from Northern Inland, Northern Coastal, and Greater Sacramento (23%).

The questions asked in the survey and during one-on-one discussions were intended to explore motivations for taking teaching positions and for staying in the role. Responses point to the value that employees find in their job and can be helpful in thinking about how to attract and retain high quality faculty members. The one-on-one interviews and a subsequent focus group provided an opportunity to explore these questions in more detail. The focus group discussion was conducted concurrent with the HWI Innovations in Health Occupations Education Conference in early January 2018. All registered conference attendees were invited to participate with the first ten (10) to express interest joining in the discussion.

Findings
Responses to the interview and survey questions were clear and consistent. Salary was specifically mentioned by numerous individuals as a hurdle to employment. Most students completing an associate’s degree in a healthcare field earn a higher salary than the experienced faculty who instruct them; however, many of those faculty members continue to teach and some do so for decades. When questioned as to why they took teaching positions, knowing the compensation was significant less than in industry, there was a uniform pattern to the rationale that tell a compelling story.

Thinking back to when you first applied for a teaching position in Allied Health & Nursing, what attracted you to the job?

Almost eighty percent (78.74%) of respondents indicated that “making a difference in healthcare through teaching” was a primary attraction to becoming a faculty member. Another seventy percent (70.53%) pursued instructional roles because they desired to share their knowledge and experience with others. Other significant reasons were a desire for a better work schedule (i.e., not wanting to stay full-time at the bedside or work 12-hour shifts, and because of family responsibilities where summers off were beneficial), attraction to interesting work, and an opportunity to give back. Faculty members who have worked for the Community College system for five years or less were more likely to select “opportunity to give back” and “attraction to interesting work” while longer tenured faculty members (>10 years of service) were attracted by the flexible work schedule. This may reflect the reality of new faculty members who lack experience in curriculum development and classroom management, and, as a result, require greater amounts of time for preparation than their more experienced colleagues.

A late-2017 compensation study commissioned by the Chancellor’s office titled “California Salary Survey” appears to dispute the widely-held view that Nursing faculty salaries trail industry levels. While the specific methodology for these conclusions is not set forth in the study, it seems that the comparison does not take into account non-instructional hours. The study may have annualized salaries based on a 32-week work-year, or compared total compensation (i.e., base pay and non-cash benefits including pension). The resulting conclusion appears not to be an “apples to apples” comparison and does not align with current, validated salary survey data for nursing and some medical fields such as technologist. It is worth noting, however, that faculty salaries for other allied health professions (e.g., medical assisting) tend to be more competitive with industry pay.
Now that you are a community college faculty member, how would you describe your job with Allied Health & Nursing to friends and family?²

While slightly more than half of respondents indicated that the work is demanding and they work with “great people,” the vast majority again selected “making a difference in healthcare through teaching” (83.57%) and “enjoy sharing my knowledge and experience with others” (82.61%) as key aspects of the role. Allied Health and Nursing faculty see their positions as an opportunity to give back by bringing their skills as practitioners to the classroom. These responses consistently scored the higher across all lengths of service.

If you were looking for a new healthcare position, whether in an educational or clinical setting, where would you be most likely to look for new opportunities?

Recruiters often speak of the need to go where candidates already are in order to find the best fit for their open positions. It can be useful to colleges to advertise or look for instructors where job-seeking practitioners are already looking. The most common source across responses was networking with hospitals, clinical supervisors, and others in the professional network. Higheredjobs.com, nurse.com, and LinkedIn were also mentioned frequently as websites where practitioners look for work. Finding passive job seekers through postings on these sites may be useful, but given the unique nature of academic instruction compared to the day-to-day work of healthcare practitioners, it should be no surprise that personal contact and observation of coaching and mentoring skills are more typical ways to find good instructors. Most reported that the best source of full time faculty are adjunct instructors, making the care and grooming of adjuncts even more important.

²This question is specifically designed to elicit responses as to how the job is viewed now relative to when the faculty member first began teaching.
What do you most value about your work as a faculty member?

• Representative comments on the value that faculty members place on their work continue to support the themes of making a difference and giving back:
  • “Seeing the outcomes of my efforts as students go on to get jobs, have families, and be successful.”
  • “The opportunity to help shape the future of healthcare.”
  • “Autonomy and schedule.”
  • “Seeing students improve on a weekly basis and feeling part of a team.”
  • “Influencing our future nurses to be safe and skilled? I love observing the students grow and have “light bulb” moments.”
  • “My passion for teaching. I don’t feel that I am working. I am just enjoying it.”
  • “Sharing knowledge with students and increasing their understanding and confidence.”
  • “I like the challenge of the work and accomplishing things that better the program for students.”
  • “Being able to work with students and teach them knowledge and skills. It is a legacy.”
  • “Teaching is the most gratifying job I have had in nursing. I feel like I really make a difference every day.”
  • “I love seeing my students become capable, experienced providers of care.”
  • “I value the freedom to be as creative as I like in the classroom.”

What one thing would you change about your work as a faculty member?

Faculty members in Allied Health and Nursing uniformly expressed pride in the work that they do and the quality of the educational programs offered through the California Community College System. Every job has frustrations of some kind, however. When asked what they would like to see change, respondents mentioned salary most frequently but also administrative support, culture, and mediocrity. Representative comments include:

• “The pay. I make less than my students do upon graduation. This needs to change to keep and attract new faculty.”
• “More paid time to get things done”
• “Support for instruction as a faculty member”
• “More communication with administration”
• “More support, staff, and faculty. We are spread so thin. It’s difficult to invest time and effort into doing great things. We have great ideas that we struggle to bring to fruition.”
• “Less clerical work (and clerical/administrative support!)”
• “Better cohesion between staff and faculty”
• “Decrease the amount of meetings. All faculty should have same work load.”
• “Seeing dysfunction and negative attitude toward students from peers. Many faculty do the least that is required, often cutting corners. I feel this is not fair to the students.”
• “The toxic environment created amongst faculty through over-reaction and making decisions based on who is asking the question rather than the use of logic and effective problem-solving strategies.”
• “Fewer colleagues who game the public employee system, being mediocre (or worse) year after year until they qualify for retirement, while being ignored by administrators who are doing the same thing.”
• “Nothing. If I have to work, I’m happy with this.”
**Actionable Insights from Interviews and Focus Group**

Discussions with current faculty were helpful not only to understand the current state but to begin to identify actions that could address the faculty shortage in both the near- and long-term. While the potential endeavors that follow will likely require further exploration and development, they echo themes from other findings in the current state research that point to actions that could address the faculty shortage.

Boost the Transition from Practitioner to Instructor. Many nurses and other healthcare practitioners already teach patients; therefore, in some ways the transition to instructor is a natural progression. Faculty who have an educational background are perceived as being better in the classroom and likely have a smoother transition to teaching roles, reducing the frustrations that naturally occur when taking on something new. This could result in better retention.

For those who do not have an educational background, and even for those who have experience instructing patients in their care, providing professional development (i.e., curriculum design, classroom management, etc.) to Community College instructors to develop their educational abilities is important. Colleges might consider recruiting pools of potential instructors and requiring them to complete training in course management before putting them in the classroom. This would better equip new instructors to teach and could result in a savings of time and investment in faculty as those who realize that teaching is not for them self-select out of the process.

Some colleges have a “new faculty institute” that new instructors attend weekly or monthly during their first semester. This might include orientation to various processes (i.e., administrative, online management system, physical aspects of campus) as well as knowledge sharing and other development. This is consistent with the orientation mentality of most hospital networks and is often an expectation of faculty coming from practitioner roles. Faculty could also be provided with development requirements and workshops each semester depending on their teaching load. Program directors may want to explore what their campus offers across academic disciplines as they embrace their accountability to get faculty up and running.

Regardless of how long an individual has been doing any job, there are benefits to having time for development and sharing of tips and tricks to keep things fresh and interesting. Experienced faculty can share information on how to deal with student issues (e.g., students who are failing, those not meeting requirements, how to make the call on someone who is unlikely to succeed in the vocation). This knowledge sharing helps faculty to think with their minds as well as their hearts and creates further connection to their work.

**Partner with Organizations to Achieve Mutual Goals.** Those programs that have developed good relationships with local hospitals not only find clinical placements more easily but may be able to negotiate with the hospital to allow staff to alter their schedules in order to teach. This develops leadership and communication skills for hospital staff and provides additional instructors to the colleges, becoming a “win-win” for both the hospital and the Allied Health and Nursing program. Such a development program could also give practitioners an opportunity to teach to see if they like it (and are good at it).

Another potential partnership to increase availability of qualified candidates could be to identify forwarding thinking foundations and other charitable giving organizations that will fund graduate education if the recipient teaches for a period of time afterward. Another partnership in the educational realm might occur if the California Community College System could offer a doctoral fellowship program relationship with the CSU and UC Systems to attract more nurses to teach and provide a source for doctoral research.

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4See “Trends in Employment Development” in Best Practice section.
5As an example, see the Gordon & Betty Moore Foundation’s grant titled “Nursing Educators for Tomorrow: A Teacher Scholar Model” (https://www.moore.org/grant-detail?grantId=GBMF560).
**Think Differently About Compensation.** The level of faculty salaries will continue to put pressure on the ability to hire qualified candidates while industry compensation rises. Though the overall story on quality of life and greater contribution that the Allied Health and Nursing programs can tell is compelling, there may be salary changes that could be accommodated within the California Community College System to recognize differences between these vocational programs and other academic disciplines.

For example, adjunct faculty are not paid for time outside the classroom (e.g., instructional preparation, grading papers). Because adjuncts are often the primary source for filling full-time position, retention of the best part-time instructors is important. Other university systems and private colleges pay a set fee for teaching a class, rather than paying by the hour. This may be worth exploring further. Even when hired as an adjunct, there may not be a commitment by the campus to a specific number of classes. For part-time faculty, getting work schedules to dovetail with course schedules is difficult, particularly for those working 12-hour shifts in hospitals. Recognition of these scheduling challenges is important.

Further, the practice of paying less for labs than classroom instruction could be viewed as an outdated practice. Though an academic discipline may not require as much of an instructor’s time for a lab, active learning and student safety in healthcare (and other vocational programs that deal with public safety) require much more instructor time for small class sizes and hands-on participation with students. This is where students learn the most in the Allied Health and Nursing space and is a regulatory requirement. Though some colleges have addressed this disparity locally through individual contracts, it would be useful to resolve at the State level.

**Address the Non-Salary Aspects of the Job.** All experienced workers understand that daily interactions and the ability to contribute in a meaningful way can make a perceivable difference in engagement. Creating opportunities for new faculty to innovate could be useful for both hiring and retention. The fresh ideas that emerge could create a continuous improvement mindset for Allied Health and Nursing programs. Program directors should be clear about what is required and what is “nice to have” rather than micromanaging adult educators. If colleges are hiring the best candidates and providing them with information and support to be educators, letting them do what they are good at is more likely to result in good outcomes than too much oversight which can reduce their love of teaching and availability to students.

Such an approach aligns with recent research showing that successful leaders engage their people by designing meaningful projects and inviting employees to use their strengths while helping them to move forward at work without taking steps backward at home. Faculty members have already acknowledged that their positions give them greater flexibility to address quality of life issues in many cases. It has long been said that people quit their bosses, not their jobs. While there is some truth to that statement, the ability to contribute to the continued evolution of programs to meet rapidly changing healthcare environments – both through instruction and through sharing of ideas and knowledge – could be a strong draw for individuals motivated to make a difference.

It was also noted that supervision and instruction of students in nursing and other healthcare specialties tends to be very labor intensive. With sufficient instructional headcount, colleges can afford to offer faculty an option to rotate out (unpaid) for a semester so that they do not burn out. This is impossible to do when there are not sufficient faculty members to cover class loads, making staffing at appropriate levels an imperative.

Culture and retention are explored further in the “Best Practices” section of this report.

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**Improve Communication.** How can the Colleges better communicate resources that are available and otherwise support their faculty? What are “burning” issues and how to share the knowledge on how to address those types of issues? There appear to be opportunities for creating knowledge sharing and better communication. This requires planning and foresight on the part of directors within each College’s programs. It is important to communicate changes and give faculty input into where they will be assigned and what they will be doing, including expectations around roles and timelines for course preparation. Though occasional emergency placements occur, planning can help to reduce the fire drills that arise when instructors are assigned new classes with little time to prepare before the semester begins. Better communication on all fronts makes any employee feel that they are part of the team. This helps invest faculty further in positive organizational outcomes.

**Regularly Review Faculty Requirements.** Technology is changing rapidly and those who are only teaching can be passed by because processes and technology are changing. Full-time faculty should be encouraged to interact with practitioner – if they do not in the course of their teaching – to understand current clinical practices and technology. Full-time faculty in nursing programs are required to have recent acute care experience. Case managers and home health workers are in high demand in nursing but those career paths do not meet the requirements. Nursing – and many other aspects of healthcare – has changed since the acute care requirement was put in place. Potential instructors may have strong, relevant experience but nothing recent in acute care, removing them from consideration for full-time positions. Though a long-term effort, the California Community College System may find it fruitful to engage in discussions with the credentialing boards and accrediting agencies to identify a better match between requirements for faculty and the way in which healthcare is practiced in this day and age.

**Next Steps**
Building on the findings from this research, the second phase of this project will develop a strategy for addressing the gap in available talent. This will include develop of a clear employee value proposition and benchmarking from outside the education sector to consider what competitors for healthcare professionals are doing to attract and retain the best and brightest. Next, tools will be developed to address implementation of the recommended approach that flows from the design phase. Guidelines for employment branding and messaging for recruitment will be outlined with specific steps and materials to attract professionals to faculty positions. The recruiting guidelines and other tools can be used to populate an online toolkit for application statewide by Colleges of Allied Health & Nursing.
Appendix A: One-on-One Interview Questions

1. Tell me a little about your position (how long you’ve been teaching, what you teach, etc).
2. Why do you believe skilled practitioners are interested in instructional positions? (What is most compelling to them about the role?)
3. Are you involved in the process of identifying and/or hiring faculty?
4. What do you see as the biggest challenge to filling open faculty positions? (What ideas do you have to overcome that challenge?)
5. Who are your primary competitors for healthcare instructional talent? Do any of them do interesting or innovative things to attract that talent?
6. Based on your experience, where would you look for new faculty? (What has been the best source of faculty members?)
7. What’s been your best moment so far in this role?
8. Any other comments or suggestions?
Appendix B: Online Survey Questions

Demand for programs in the Schools of Allied Health & Nursing continues to be strong. In order to understand why individuals seek teaching positions and why they stay to contribute to the success of our programs, your responses to the following questions would be appreciated. The aggregated data will be shared with all participants. Thank you for your assistance.

1. Thinking back to when you first applied for a teaching position in Allied Health & Nursing, what attracted you to the job? Please select all that apply.

   Stable employment opportunity
   More flexibility/better work schedule
   Opportunity to give back
   Interesting work
   Demanding work
   Great people to work with
   Making a difference in healthcare through teaching
   Saw the need for skilled practitioners to serve as faculty
   Wanted to share my knowledge and experience with others
   It’s a paycheck. For me, that’s about it.
   I didn’t know much about the California Community College System
   Other (please provide)

2. Now that you are a community college faculty member, how would you describe your job with Allied Health & Nursing to friends and family? Please select all that apply.

   Stable employment opportunity
   More flexibility/better work schedule
   Opportunity to give back
   Interesting work
   Demanding work
   Great people to work with
   Making a difference in healthcare through teaching
   Bring skills as a practitioner to the classroom
   Enjoy sharing my knowledge and experience with others
   It’s a paycheck. For me, that’s about it.
   I don’t know much about the California Community College System
   Other (please provide)
3. If you were looking for a new healthcare position, whether as faculty or in a clinical setting, where would you be most likely to look for new opportunities?

Referral from current employee
Healthcare system or campus website
Chronicle of Higher Education
LinkedIn
Twitter
Facebook
Indeed
Simply Hired
Glass Door
Other (please specify)

4. What is the one thing you value most about your work as a faculty member?
Open ended response

5. If you could change one thing about your work as a faculty member, what would it be?
Open ended response

Demographic Data

6. I am (select one):
   Administrator
   Faculty (full time)
   Faculty (part time)
   Staff

For those responding “faculty”....

7. How long have you taught for the California Community College system?
   Drop down list to select from: < 1 year, 1, 2,.....10, >10 years

8. Which Allied Health & Nursing program(s) do you teach in? Please check all that apply.

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<td>Medical Transcriptionist</td>
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<td>Nursing: LVN-RN Step-Up/Career Mobility</td>
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<td>Orthopedic Assistant</td>
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<td>Dietetic Technician</td>
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Disabilities Services
EKG Technician
Electro-Neurodiagnostic (END) technology
Emergency Medical Services
Gerontology
Health Care Management
Health Information Coder
Health Information Technician
Health Unit Coordinator
Healthcare Interpreting
Home Health Aide
Hospital Central Service Technician
Human Services
Licensed Vocational Nurse
Massage Therapist
Medical Assistant
Paramedic
Personal Care Assistant/Caregiver
Pharmacy Technician
Phlebotomist
Physical Therapy Assistant
Physician Assistant
Polysomnography
Psychiatric Technician
Radiation Therapist
Radiologic Technology
Registered Nurse
Respiratory Care Practitioner
School Health Clerk
Speech Language Pathologist
Surgical Technician

9. In which region do you currently work?

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10. Thank you for your participation. If you would like to receive a summary of our findings for this project, please provide your name and email address.
Appendix C: Current State Findings

Phase 1: Current State Findings
From feedback collected in December 2017 and January 2018

Two Pronged Approach to Understanding the Current State

- One-on-one interviews with key faculty and staff
  - 34 individuals were identified and contacted for interviews.
  - 17 responded and were interviewed.
  - 53% of those interviewed were nurses. The remaining participants represented a wide range of Allied Health careers: x-ray/radiology technician, medical assisting, pharmacy tech, physical/occupational therapy, respiratory therapy, and health information technology.

- Online survey distributed to all faculty
  - 207 responses were received to the online survey.
  - 64% of the survey responses were from those teaching in the RN program with the remainder across the spectrum of Allied Health fields.
  - Geographically, the largest number of survey respondents were from LA and Orange County (50%) with the second largest number from Northern Inland, Northern Coastal, and Greater Sacramento (23%).
Employee Value Proposition

- The questions asked in the survey and during one-on-one discussions were intended to explore motivations for taking teaching positions and for staying in the role.
- Responses point to the value that employees find in their job and can be helpful in thinking about how to attract and retain high-quality faculty.
- The one-on-one discussions provided an opportunity to explore these questions in more detail.
- Let’s look first at the survey responses.

Why are practitioners interested in teaching?

Thinking back to when you first applied for a teaching position in Allied Health & Nursing, what attracted you to the job? Please select all that apply.

- Stable employment opportunity: 54.36%
- More flexibility/better schedule: 57.97%
- Opportunity to give back: 50.72%
- Interesting work: 55.52%
- Making a difference in healthcare through teaching: 78.75%
- Saw the need for skilled practitioners to serve as faculty: 70.52%
- Wanted to share my knowledge and experience with others: 28.02%
- It's a paycheck. For me, that's about it: 0.48%
- I didn't know much about the California Community College System: 16.43%
- Other (please specify): 7.25%

* Responses total more than 100% because respondents were invited to “select all that apply.”
Note that while “making a difference in healthcare through teaching” and “wanted to share my knowledge and experience with others” are both highly rated regardless of years of service, there is divergence with “more flexibility” and “interesting work” rated higher by those with more than 10 years of service. The second tier motivators for newer hires (1-5 yrs) are “opportunity to give back” (also highly rated by 5-10 yr veterans) and “interesting work.”
Why do faculty members continue to teach?

Now that you are a community college faculty member, how would you describe your job with Allied Health & Nursing to friends and family? Please select all that apply.

- Stable employment opportunity: 63.29%
- More flexibility/better work schedule: 69.08%
- Opportunity to give back: 53.62%
- Interesting work: 51.69%
- Demanding work: 65.70%
- Making a difference in healthcare through teaching: 89.57%
- Bring skills as a practitioner to the classroom: 82.61%
- Enjoy sharing my knowledge and experience with others: 65.70%
- It’s a paycheck. For me, that’s about it: 0.48%
- I don’t know much about the California Community College System or my campus: 1.93%
- Other (please specify): 9.47%

*Responses total more than 100% because respondents were invited to “select all that apply.”

Responses Based on Years of Service

Many similarities across years of service, though shorter term employees (1-5 yrs of service) focus less on stability of employment than on other aspects of the job.
What do you most value about your work as a faculty member?

What one thing would you change about your work as a faculty member?
Where do instructors look for jobs? Where do we look for instructors?

If you were looking for a new healthcare position, whether in an educational or clinical setting, where would you be most likely to look for new opportunities? Check all that apply.

- Referral from current employee
- Healthcare system or campus website
- Chronicle of Higher Education
- LinkedIn
- Twitter
- Facebook
- Indeed
- Simply Hired
- Glass Door
- Other (please specify) *

* Other includes higheredjobs.com and nurse.com.
**Responses total more than 100% because respondents were invited to “select all that apply.”
Visit Our Website:
www.power-minds.com/online-toolkit