"I Can Make My Own Schedule": A Mixed Methods Analysis of the Impact of the Health Profession Opportunity Grant Program on Workplace Flexibility

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Abstract

Background: Policymakers are increasingly focused on promoting job quality as a means to enhance financial stability and well-being through employment. Thus, evaluations of public workforce inventions are adding employment outcome measures that go beyond wages in order to assess job quality more broadly. **Objective:** This study employs a mixed methods design to understand what aspects of job quality, beyond wages and benefits, are valued by most participants of a federally funded sectoral job training program and then assess the impact of the program using these grounded insights. **Methods:** We use secondary data from a randomized control trial of the Health Profession Opportunity Grant (HPOG) for our analyses. Themes from a qualitative analysis of 153 participant interviews informed the selection of three flexibility-related outcome measures for quantitative analysis using experimental survey data. Intention-to-treat estimates were generated using linear regression and ordered logit models, with subgroup analyses examining race/ethnicity, nativity, parental status, and education. **Results:** Workplace flexibility emerged as a widely valued aspect of job quality, with participants emphasizing scheduling choice as a strategy to achieve work-life balance. Statistical models demonstrate that the program facilitates access to jobs with greater workplace flexibility. Heterogeneity analysis reveals differential impacts by ethnicity and education level, and notable positive results for

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individuals with children, a group more likely to value and benefit from flexibility. **Conclusion:** HPOG improved access to jobs offering workplace flexibility—an aspect of job quality prioritized by participants. Findings underscore the importance of incorporating nonwage metrics, especially work-life balance, in workforce program evaluations.

Introduction

Job quality is an important but complex measure in programs supporting human capital development. While many public workforce programs are required to report outcomes related to job placement and, in some cases, earnings, fewer require reporting outcomes such as employment retention, growth, predictable scheduling, and benefit availability. Further, studies differ on what should be included when discussing job quality. This complexity partially arises from the vastness of the concept and different disciplinary perspectives on what should be measured. While there is growing consensus that job quality is a multifaceted concept that should be measured with multiple measures, disciplinary perspectives differ on whether job quality should be measured objectively or subjectively, measuring the characteristics of jobs or preferences of workers (Steffen et al., 2020; Muñoz de Bustillo et al., 2011; Warhurst et al., 2017). The conceptualization and measurement of job quality are challenged by the fact that workers may value different aspects of the job depending on their life circumstances and perception of what makes a good job. Despite, or perhaps because, of the complexity of the concept of job quality, expanding performance metrics related to public workforce interventions is a critical policy task.

Our research adds to this important policy discussion with a specific focus on workplace flexibility as it relates to work-life balance, a key dimension of job quality in recently developed

measures (Warhurst et al., 2025; Young & Tong, 2025). To examine the application of job quality measures to potential new employment-related performance metrics, this study explores experimental program data from the Health Profession Opportunity Grants (HPOG) program, funded by the United States Department of Health and Human Services, Administration for Children and Families (HHS ACF), which provided grants to organizations to deliver education and training for occupations in the healthcare field to low-income individuals, primarily recipients of the U.S. cash benefits program, Temporary Assistance for Needy Families (TANF). Research on HPOG to date demonstrated that while the program increased employment, it had no impact on earnings (Peck et al., 2019). Further analyses indicated a favorable impact of the program on obtaining a job with favorable characteristics as measured with survey data on flexibility, supportiveness, benefits, and advancement (Peck et al., 2019).

This article extends these findings by expanding the focus on workplace flexibility to integrate a qualitatively grounded approach to choosing job quality indicators. We ask two research questions. First, what non-wage aspects of healthcare jobs, including workplace flexibility, do participants most value? And, second, what impact does HPOG participation have on obtaining employment with job quality indicators grounded in participant preferences? Our inquiry is guided by two inter-related theories, the job demands-resources model and spillover theory. Our investigation into non-wage job quality preferences assumes, based on the job demands-resources model, that individuals are motivated to find employment that, on balance, offers resources that outweigh the demands of the job (Bakker & Demerouti, 2007). Secondly, spillover theory, when applied to work and life domains, states that experiences in one domain can spillover into the other in both positive and negative ways (Staines, 1980). We thus further

assume that job seekers are looking for employment with resources that allow for positive spillovers and minimize negative spillovers between work and family life.

To answer our two questions, we employ a mixed methods approach to evaluate the impact of the HPOG on measures of non-monetary aspects of job quality that are valued by participants.

Our findings contribute to the interdisciplinary literature on job quality and highlight the importance of work-life balance as a critical component of job quality frameworks, a topic of growing interest to policymakers and researchers. By using survey questions and constructing a thematic index that reflects participant voice and diverse aspects of workplace flexibility, we capture individuals' perceptions of their jobs. Using the experimental setting of the HPOG program, we provide causal evidence on workplace flexibility outcomes. Unlike prior studies that focus on measuring job quality conceptually, our study applies these measures within a public program context, offering a practical framework for policy-relevant evaluations.

BACKGROUND

Conceptualizing and measuring job quality

Job quality is a multifaceted concept that is understood and defined differently depending on disciplinary perspectives. Economists, sociologists, and psychologists each focus on different dimensions - pay, job autonomy, and job satisfaction, respectively (Clark, 2005; Gallie, 2007; Holman, 2010). A formal, and more inter-disciplinary, definition of job quality is provided by the International Labor Organization through its concept of "decent work," which encompasses key components such as productive work opportunities, adequate earnings, stability and security of work, work-life balance, and fair treatment in a safe work environment (Ghai, 2003). The

European Commission identifies a number of components of job quality, including skills development, gender equality, health and safety at work, flexibility and security, and work-life balance (European Commission, 2001). Both frameworks emphasize that job quality is not only about economic compensation but also about broader aspects of working conditions, personal development, and overall well-being, which may vary with individual needs and life situations.

Given the multifaceted nature of job quality, it is logical to develop a measure that incorporates multiple indicators (Clark, 2005). As Findlay, Kalleberg, and Warhurst (2013) argue, no single measure can fully capture the complexities of job quality, as individual preferences vary significantly based on personal circumstances and societal norms. In fact, there is increasing support for adopting a multi-dimensional job quality measure. Grounded in multi-disciplinary job quality literature, the Chartered Institute of Personnel and Development (CIPD) developed a six-dimension model for measuring job quality: pay and other rewards; intrinsic characteristics of work; terms of employment; health and safety; work-life balance; and representation and voice (Warhurst et al., 2017). Later, the Measuring Job Quality Working Group proposed that the UK government adopt a national, multi-dimensional set of job quality metrics, aligned with the CIPD dimensions (Irvine et al., 2018). The CIPD approach to conceptualizing a job quality measure has since been replicated and validated, providing additional support for measuring multiple dimensions of job quality (Warhurst et al., 2025). In an extensive effort to develop a standard measure, Warhurst and colleagues (2025) conducted an extensive replication study review of 75 empirical job quality studies and concluded with a standard measure comprised of six dimensions, spanning pay and other rewards to representation and voice.

Despite support for measuring multiple indicators and dimensions of job quality, this approach raises the challenge of how to weigh these indicators. For instance, should pay and benefits be prioritized over job autonomy and job satisfaction, or vice versa? The complexity of job quality is further compounded by its implications for policy and social well-being. Policymakers recognize that improving job quality is essential for enhancing individual well-being and promoting sustainable economic growth. For instance, the Organization for Economic Cooperation and Development and the European Union emphasize the need for not just more jobs, but better jobs that support long-term economic stability. In this sense, improving job quality involves addressing multiple dimensions of employment, from wages and benefits to work-life balance and workplace flexibility.

Workplace flexibility as a key dimension of job quality

Workplace flexibility can be understood from two distinct perspectives: the organizational perspective and the worker perspective. From the organizational perspective, workplace flexibility serves as a strategic tool to address business needs, such as implementing staffing models and work schedules that prioritize organizational goals over employee preferences. In contrast, the worker perspective, the focus of our analyses, emphasizes the needs and preferences of employees. This view conceptualizes workplace flexibility as the degree to which workers can arrange core aspects of their professional lives, particularly when, where, and for how long they work, and as such, has clear connections with the concept of job quality. Flexibility in this context is designed to help workers meet their personal, family, and community obligations. Studies suggest that when employees are granted flexibility, they can balance personal and professional responsibilities more effectively, leading to greater job

satisfaction, increased motivation, better engagement, and improved retention and productivity (Boot & Van Ours, 2008; Golden et al., 2013; Lee et al., 2024; Ray & Pana-Cryan, 2021).

Hill and colleagues (2008, p.152) define workplace flexibility as "the ability of workers to make choices influencing when, where, and for how long they engage in work-related tasks." Their conceptualization draws on ecological systems theory, which posits individuals are best understood through their interactions with various environmental systems, such as home, workplace, and community. From this perspective, workplace flexibility functions as a social or contextual attribute that facilitates complex person-environment interactions, contributing to positive outcomes. Hill and colleagues distinguish between structural factors, such as policies and job characteristics, and interactional factors, like organizational culture and trust, situating workplace flexibility as both a mechanism for balancing competing demands and a driver of mutual benefits for employees and employers alike.

The job demands-resources model posits that individuals are motivated to find employment that, on balance, offers resources that outweigh the demands of the job (Bakker & Demerouti, 2007). One such resource, valued by workers, is workplace flexibility. Women, especially those with children, are willing to forgo a portion of their wages to avoid schedules set by their employers on short notice (Mas & Pallais, 2017). Older workers also value workplace flexibility as it can help them continue to work as they age (Bal & Jansen, 2016). Traditional economic theory suggests that flexible arrangements may result in lower wages as a compensating differential (Golden et al., 2013; Mas & Pallais, 2017). Workplace flexibility also plays a key role in mitigating work-family conflict and promoting work-life balance. Flexible work schedules, remote work options, work schedule control, and family-related benefits—such as paid leave or health insurance—can reduce stress and help employees manage their dual

responsibilities more effectively (Beutell, 2010; Fenwick & Tausig, 2004; Hill et al., 2004). This close relationship between flexibility and work-life balance is evident in newer job quality frameworks, which consistently include work-life balance as a key dimension of job quality (Warhurst et al., 2025; Young & Tong, 2025). For example, Warhurst and colleagues (2025) describe work-life balance as a dimension that includes objective measures related to work hours such as scheduling and flexibility and subjective measures such as perceived fit between work and personal lives.

Although flexible work schedules can be beneficial, not all workers place the same value on workplace flexibility. Spillover theory, when applied to work and life domains, states that experiences in one domain can spillover into the other in both positive and negative ways (Staines, 1980). As such, spillover theory would indicate that parents would value flexibility more than non-parents (Hokke et al., 2024). Given that mothers often take on a greater amount of caregiving responsibilities for children than fathers (Schmidt et al., 2023), workplace flexibility can be particularly important for mothers. While women with young children are willing to pay more for flexibility than women without young children, men with young children are not willing to pay more than other men to have flexible schedules (Mas & Pallais, 2017). Preferences, however, do not always translate into reality, and research indicates that certain groups of workers, including women, non-white, and non-citizen workers, are less likely to have access to flexible work schedules (Bal & Jansen, 2016; Kim et al., 2019; Quiros & Biswas, 2025).

Job quality in the healthcare sector

The context of various job sectors or industries adds challenges to understanding job quality and workplace flexibility, with the healthcare sector providing an especially complex

case. Job quality in healthcare includes unique factors tied to the nature of the work and the populations served. Healthcare occupations often demand irregular hours, limited autonomy, and high physical and emotional input, translating to high burnout rates among healthcare workers (Levins, 2023). Dissatisfaction with a job, and poor work conditions have alarming implications on patients' outcome. Thus, providing decent working conditions have become essential. The American Nurses Association underscores the importance of positive work environments that offer flexible schedules, opportunities for career advancement and growth, and safe conditions to reduce stress and minimize accidents (ANA Nursing Resources Hub, 2024).

Workplace flexibility is also inherently shaped by constraints such as industry-specific job characteristics, organizational needs, and technological availability. As such, work schedule flexibility, a critical aspect of job quality, is uniquely shaped by the nature of the work and patient care requirements in the healthcare sector. Healthcare workers often work schedules outside the standard Monday through Friday, 9-to-5. On one hand, non-standard work schedules can disrupt workers' social and family life, increasing work-family conflict and decreasing time spent with children (Bech-Wysocka et al., 2024; Bolino et al., 2021). On the other hand, the non-standard nature of healthcare work schedules also results in distinct forms of flexibility compared to other sectors. Healthcare workers, for instance, may have flexibility in shift scheduling, allowing them to align work hours with personal and family needs. Alternatively, longer shifts may enable workers to have more days off, while part-time opportunities provide a means for individuals to balance caregiving or other responsibilities. Flexibility is so valued in healthcare that many workers rank it as the second most important reason for entering the profession (Howes, 2008).

Research on nursing staff underscores this emphasis on flexibility in healthcare, particularly in terms of flexible scheduling, which gives nurses control over their working hours (Alsayed, 2018). Nurses like having control over their work schedule to meet their family's needs, regardless of their work shifts (Ruggierio & Pezzino, 2006). Nurses indicate that flexibility is more important than benefits or monetary rewards and are often more likely to negotiate control over their schedules compared to workers in other occupations (Crocker & Clawson, 2012; Dickerson et al., 2007). Research suggests that workplace flexibility may mitigate the negative effects of burnout among nursing staff, including nursing support staff such as patient care associates (Maglalang et al., 2021). Despite research indicating that women and non-white workers are generally less likely to have access to flexible work schedules (Kim et al., 2019; Quiros & Biswas, 2025), we could not find healthcare focused studies exploring gender and race/ethnicity differences. Our study aims to address this gap by examining the impact of HPOG participation on obtaining employment offering workplace flexibility across participant subgroups.

Understanding job quality for HPOG participants

As an employment training program focused specifically on healthcare professions, HPOG provides an opportunity to expand knowledge on job quality in healthcare and gain valuable insights into understanding the experiences of low-income job seekers interested in that sector. The HPOG program was targeted towards TANF and TANF-eligible individuals, the majority of whom are single mothers, in need of new training, preparing them for work in a sector that is perceived to be growing and that also has job openings at various entry levels.[3]

[3] TANF (Temporary Assistance for Needy Families) is a federal assistance program that provides time-limited cash support and work-related services to low-income families with children, aiming to promote self-sufficiency through employment.

HPOG, thus, allows for an investigation into job quality for job seekers who are struggling with low income and financial security and likely balancing childcare responsibilities.

The HPOG program was implemented in two rounds: HPOG 1.0 (2010-2015) and HPOG 2.0 (2015-2021), with evaluations including 15-month follow-up, 3-year follow-up, and 6-year follow-up surveys. HPOG 1.0, with data collection from all follow-up waves completed, has been evaluated extensively. The program increased employment and healthcare employment, educational attainment, and postsecondary credentials while decreasing material hardship and perceived stress three years post-randomization (Peck et al., 2019). However, no significant impacts on earnings, one of the most common measures of job quality, were found in either the short or intermediate terms (Peck et al., 2019). Heterogeneity analyses detected earning improvements among participants with postsecondary education experience three years after the program (Juras & Buron, 2021; Peck et al., 2019). Additionally, participants with greater credentialling benefited most from training (Litwok et al., 2023). Further, Litwok (2023) examined the role of emergency financial assistance within HPOG 1.0 and found no statistically significant impact on participants' educational progress.

The HPOG studies also examined some non-wage job quality outcomes. In the short-term impact study conducted 15 months after randomization, HPOG was found to increase access to jobs offering employer-sponsored health insurance by 4%, an indicator of job quality (Peck et al. 2018). The positive impact was also observed in the intermediate term (Harvill et al., 2021). The three-year impact study expanded on this by analyzing the impact of HPOG on having a job with favorable characteristics (Peck et al. 2019). This measure integrates four dimensions of job quality: flexibility, supportiveness, benefits, and advancement. The findings suggest that HPOG participants experienced meaningful improvements in job quality, with 5% to 9% more

individuals in the treatment group reporting greater overall job satisfaction, driven by enhanced flexibility, support, benefits, and advancement opportunities. However, the short-term assessment of HPOG 2.0 found no detectable impact on regular schedules, paid sick leave, or family-friendly policies, indicating that longer durations may be necessary for more comprehensive benefits (Judkin et al., 2021).

In the context of the HPOG program, workplace flexibility becomes a relevant lens through which to assess job quality and participant outcomes and further research in this field. Previous research, focused on low-income workers, indicates that non-standard schedules are more common among low-income workers and low-income workers are more likely to be employed in service industries such as hospitality and healthcare (Acs & Nichols, 2007; Enchautegui, 2013). Evidence is mixed, however, on whether such arrangements are out of necessity or preference. Research indicates that low-income workers, such as those served by the HPOG program, value flexibility but rank it lower than other non-wage employment benefits including health benefits and retirement (Danis et al., 2007).

METHODS

Our Study's Contribution

We employ a mixed methods approach, first qualitatively exploring the aspects of job quality that HPOG participants find important. Workplace flexibility emerged as a key theme, which then guided our quantitative analysis, where we examined survey measures of workplace flexibility informed by the qualitative findings. Our study, like Peck et al. (2019), measures flexibility using a subjective approach, relying on self-reported job satisfaction responses provided by participants. This perspective captures how participants perceive their ability to

manage their work schedules, adapt to unexpected demands, and achieve work-life balance within the healthcare industry. Unlike prior research examining HPOG participant outcomes, we enhance our understanding of workplace flexibility by integrating a qualitative analysis on participant perspectives on quality jobs. As healthcare jobs may be appealing to low-income job seekers for the potential of higher wages, benefits, or other job aspects, in addition to or perhaps instead of flexibility, a grounding in participant voice is a critical contribution of our research. Our research also extends the current understanding of healthcare sector jobs, specifically HPOG program impacts on workplace flexibility, through a heterogeneity analysis, including a look at the outcomes of participants with children.

Program Context and Data: The Health Profession Opportunity Grant Program

In 2010, the U.S. Department of Health and Human Services Administration for Children and Families awarded initial HPOG 1.0 grants to 32 grantees across 23 states. The HPOG program was designed to offer training and supportive services to TANF and other low-income individuals, focusing on preparing individuals for well-paying jobs in healthcare industry. In 2015, the second round of grants (HPOG 2.0) was awarded to 32 grantees in 21 states. The grantees, in both rounds, include government agencies, community-based organizations, postsecondary educational institutions, and tribal-affiliated organizations.

A core component to both HPOG 1.0 and HPOG 2.0 is the integration of a robust program evaluation component. The evaluations of HPOG1.0 employed an experimental design, wherein eligible applicants were randomly assigned to either a treatment group that had access to the HPOG program or a control group that did not. Randomization of HPOG 1.0-only program followed a 2:1 ratio (treatment to control). Random assignment began approximately 2.5 years into grant period, after grantees had established that their programs were operating as designed.

The 2:1 design intended to balance statistical power and reduce the need for programs over-recruit.

To evaluate the effectiveness of the HPOG 1.0 program, participant data were collected through short-term, intermediate-follow-up, and long-term surveys. Table 1 summarizes sample sizes for randomization and three-year follow-up survey for HPOG 1.0 study; the focus of this study on the outcomes collected at the three-year follow-up survey. As Table 1 shows, 10,693 individuals were randomized, with 76 individuals subsequently withdrawing from the study, leaving a total of 10,617 individuals. A total of 8,091 individuals responded to the follow-up survey. From the 32 HPOG 1.0 grantees, 20 were selected for the HPOG-only Impact Study to evaluate the overall effectiveness of the program. Together, these 20 grantees operated 36 programs in 86 locations, referred to as "administrative divisions."

HPOG 2.0 program was similar in design, including the target population, and evaluation. However, in addition, HPOG 2.0 included in-depth interviews with participants to gather qualitative insights. These interviews aimed to explore the motivations, decision-making processes, expectations, and experiences of individuals involved in the HPOG 2.0 program. The sample consisted of 153 participants from 14 local HPOG 2.0 programs. Conducted in a semi-structured format, the interviews addressed a range of common topics, including career pathways, employment and education backgrounds, experiences with HPOG 2.0 training, and the balancing act of managing work, family, and training, as well as financial considerations.

Qualitative Data and Analysis

Sample

To understand perceptions of job quality and inform the quantitative analysis, we examined 153 HPOG 2.0 participant interviews, which were completed between October 2019

and January 2020. The evaluators employed a purposive sampling technique to identify 14 HPOG programs that reflected diversity in grantee characteristics including organization type, geography, and prior HPOG grant experience (Thomas & Jefferson, 2022). Purposive sampling was again employed to recruit interviewees who "reflect[ed] each local program population in demographic and socioeconomic characteristics, levels of healthcare training (entry, mid-, or high-level), and variation in progress through training" (Thomas, 2022, p. 4). A greater proportion of interviewees identified as White and/or women compared to all HPOG 2.0 participants across the selected 14 programs (Thomas, 2022). In addition, 58% of HPOG 2.0 participant interviewees worked while participating in the program, and nearly half cared for children, older relatives, or other family members (Thomas & Jefferson, 2022, p. 1).

Analytical Approach

Guided by a reflexive thematic analytical approach (Byrne, 2021), we first familiarized ourselves with the HPOG 2.0 participant interviews by reviewing a random sample of 20 transcripts. During this initial review, we took an inductive approach to identifying aspects of employment that were discussed by interviewees. Guided by our first research question, this in-depth and reflexive engagement with the interview data allowed for a thorough review of the words and language used by participants to discuss what job aspects were most valued by them in searching for employment in the healthcare sector. While familiarizing ourselves with the interview data, we noted words interviewees commonly used when discussing each job aspect. Most participants, for example, used words such as "dayshift," "nightshift," "graveyard," and "twelve(s)" when describing their work shifts. We then compiled the list of keywords for each code.

Using the keyword search and auto-coding features in MAXQDA and grounded in the preliminary insights gained from the thematic analysis of 20 transcripts, we then searched for these keywords in the full sample of 153 transcripts to identify and auto-code passages where these job aspects were discussed in interviews. We examined each auto-coded segment manually, reviewing nearby passages for potential inclusion, and removing the selected passage if it did not align with the parameters of the code. For instance, the keyword "hours" was auto-coded but later removed from the *number of hours* code if discussed outside of the context of work and hours worked. Many participants discussed hours spent participating in HPOG class. These passages were excluded from our analysis. Through the manual review of each auto-coded segment, we gained a deeper understanding of the experiences and opinions of the full group of interviewees and how the original list of codes related to each other. Based on this comprehensive review and in-depth research team discussions, we conducted a thematic analysis of the identified data passages in their entirety, focusing on the aspects that were most commonly discussed by participants: work-life balance, numbers of hours worked, shift options, and predictability of schedule.

Quantitative Data and Analysis

Sample

The quantitative analysis leverages data from the HPOG 1.0 survey. To examine the effect of the HPOG training program on job quality outcomes, we merged the Performance Reporting System (PRS) dataset with the three-year follow-up survey data files. The PRS data contains baseline characteristics of individuals prior to randomization. The three-year follow-up survey was collected approximately three years after randomization and asked respondents to

report their intermediate outcomes related to education, labor market experiences, perceptions about their jobs, participation at public assistance programs, and others.

Table 2 presents summary statistics for individuals registered to HPOG 1.0 program by treatment status. HPOG 1.0 registrants represent a diverse demographic background, whose characteristics reflect the low-income population that HPOG was designed to target. The majority are female (90%) with dependent children (62%), and over 60% had never been married. Racial distribution is similar between groups: 38% Black, 2% Asian, 40% White, and 17% of HPOG participants versus 16% of control participants were Hispanic. The average age is 32 years. Participants come from diverse educational backgrounds, with 20% completed postsecondary education, and the larger majority has only a high school diploma or obtained a GED (42% of the treatment group and 41% of the control group), and 18% hold occupational licenses. About 10% received TANF at enrollment, and 45% of HPOG participants and 44% of the control group applicants were enrolled in WIC or SNAP at randomization. While this profile does not match the general U.S. population or the characteristics of those employed in healthcare, it is very representative of individuals receiving or at risk of receiving public cash benefits, the HPOG target population. Overall, baseline covariates show zero to minimal differences between groups, none of which are statistically significant. Table 2 also shows that most variables have missing values, with the highest number of missingness observed for employment. Focusing on variables with lowest number of missingness (excluding employment), the sample size for demographic characteristics drops to 9,317 observations.

Job Quality Outcome Variables

To answer our second research question about the impact of HPOG participation on obtaining employment that reflected participant preferences regarding non-wage job quality, we

chose outcome variables that matched with the thematic findings from our qualitative analysis. Specifically, we examine job quality outcomes of HPOG 1.0 using questions from the three-year follow up survey that aligned with findings from our analysis of HPOG 2.0 participant interviews. Results of the qualitative analyses indicate that participants want to be able to balance their work and personal obligations, and from their perspective, a quality job is one that offers them flexibility to choose when and how long they work. These themes strongly reflect aspects of work-life balance, a key dimension included in other job quality frameworks (Irvine et al., 2018; Warhurst et al., 2025; Young & Tong, 2025).

We read through the entirety of the three-year follow-up survey for questions that related to work-life balance, numbers of hours worked, shift options, and predictability of schedule. We found three closely related questions: (1) I am/was able to balance work and family responsibilities, (2) I have/had some choice of setting my regular work hours to meet my needs, and (3) if I have/had a family emergency, such as a sick child, my employer will/ allowed me to take time off or change my schedule. Responses to each question were originally coded as 1 "strongly agree", 2 "somewhat agree", 3 "somewhat disagree", and 4 "strongly disagree". To ensure that higher values consistently reflect greater workplace flexibility, we reverse coded the answers. We then constructed an index variable by taking the average of the three items to capture overall workplace flexibility and reflect the equal weighting of these flexibility measures as expressed in the interviews. Using the mean, instead of the sum, also aids with comparability and ease of interpreting the results of the three related survey questions. Considering that the scale was comprised of only three items, which impacts the measure calculation, the scale demonstrated adequate internal consistency with a Cronbach's alpha of 0.59 (Tavakol & Dennick, 2011).

When examining these three questions from the three-year follow-up survey, missing data become a concern. The survey data contains both unit non-response (individuals who did not complete the survey) and item non-response (respondents who skipped certain questions, particularly those related to employment and barriers to work or study). We addressed the issue of non-response through weighting and multiple imputation (the details are discussed in Appendix A). After addressing an issue of non-response, we estimated summary statistics for the individual variables and the composite job quality indexes (Table 3).

Table 3 shows that the differences between the treatment and control groups are generally small across most outcomes. For instance, both groups report similar perceptions of work-life balance, with mean scores 3.486 vs 3.541, respectively. Similarly, perceptions of the ability to change work schedule are close, with mean scores 3.473 for treatment group and 3.509 for the control group. However, a slightly larger difference is observed for the control group in the "choice of setting work hours" (3.136 vs 3.042). On the overall workplace flexibility index, the control group also reports a slightly higher mean score (3.395 compared to 3.334 in the treatment group). These bivariate comparisons indicate that participation in HPOG 1.0 did not lead to a job with greater flexibility. However, participant and program-level characteristics may complicate program experiences and outcomes, and thus we completed additional analysis as described in the next section.

Analytical Approach

To investigate whether or not participation in the HPOG program had an impact on obtaining employment with flexibility, we estimate the intention-to-treat effect (ITT) of being randomly assigned to the HPOG 1.0 program on the four outcomes of interest. From a policy perspective, the ITT is the most relevant parameter because, as with most workforce programs,

individuals can be offered participation in HPOG but cannot be forced to participate or complete the program. Thus, ITT should be interpreted as the effect of making the program available to eligible individuals, regardless of their actual participation.

We do not estimate the treatment on treated (TOT)- that is the effect on those who actually received the program - as our focus on the broader question of program availability. From a policy perspective, understanding impact of program assignment, rather than completion, is a more conservative and appropriate measure, as compliance cannot be guaranteed. Moreover, in this case, program participation was relatively high: at the time of three-year follow-up, 75% of the HPOG participants had completed training, and some were still enrolled, indicating meaningful exposure to training among those who were offered it (Peck et al., 2019).

To quantify the impact of HPOG on workplace flexibility, we estimate two types of models. For our analysis of program impact on the workplace flexibility index, constructed as the average responses to three questions on flexibility, we employ a linear regression model. For the three individual outcomes - work-life balance, choice of setting work hours, and ability changing work schedule – we use ordered logit regression. The ordered logit model accounts for the ordinal nature of these outcomes, where responses are coded as 4 “strongly agree”, 3 “somewhat agree”, 2 “somewhat disagree”, and 1 “strongly disagree”. We estimate the following model specification:

$$Y_{ipd}=\beta_1 Treated_i+ \beta_2 X_i+\mu_{pd}+\varepsilon_{ipd} \qquad (1)$$

where Y_{ipd} represents the outcome of interest for individual i, in program p, and division d. $Treated_i$ is a binary indicator equal to 1 if individual i was randomly assigned to the treatment group. We control for baseline demographic characteristics X_i including age, age squared, Hispanic, Black, post-secondary degree, occupational license, married, presence of dependent

children, whether an individual was born outside the U.S., obtained an occupational license, English proficiency, and whether they were a recipient of WIC, SNAP, or TANF benefits.

The coefficient of interest is β_1. In the linear regression model for the workplace flexibility index, β_1 represents the average treatment effect of HPOG on the workplace flexibility index. In the ordered logit models for individual outcomes, β_1 captures the effect of treatment on the log-odds of reporting a higher level of agreement (e.g., moving from "somewhat disagree" to "somewhat agree" or higher) for each outcome.

We also include μ_{pd}, program-by-division fixed effects, to account for observable and unobservable time-invariant location-program specific factors that could impact job quality outcomes. For example, certain divisions may have stronger labor markets or more robust local support networks, and programs may offer varying level of resources that could influence employment outcomes but are not observable or not measured in the dataset. We also cluster standard errors at program-by-division level to account for potential correlation in the error terms among individuals within the same program-division pair. Finally, ε_{ipd} is a random error term, and regressions are weighted using inverse probability weights as described in Appendix A. As a test of robustness, we also ran our models without imputations and weights. These results are similar with no changes in the direction and sign of the coefficients and minimal differences in the magnitude.

To understand the differential impact of access to HPOG across demographic groups, we then conduct a heterogeneity analysis. Specifically, we examine whether the program's effects varied by race, ethnicity, nativity, education level, and parental status in order to answer a critical program evaluation question of whether or not the program had similar impacts across identity groups (Supplee et al., 2013). These subgroups are relevant because prior research shows that

Black non-Hispanic workers are overrepresented in lower-wage healthcare occupations and report lower workplace flexibility (Dill and Duffy, 2022; Rothwell and Crabtree, 2019; Petrie and Roman, 2004), while Hispanic workers face persistent wage gaps compared to non-Hispanics in healthcare (Frogner and Schwartz, 2021). We also study differential impact on participants with children. Parents, particularly mothers, tend to prioritize flexible work arrangements (Lim, 2018; Kleven, Landais, and Søgaard, 2019), and less-educated workers are more likely to hold jobs with limited schedule control (Golden, 2001; Mas and Pallais, 2020). This choice of subgroups aligns with prior HPOG studies. The 3- and 6-year HPOG 1.0 impact study reports also examined differential impacts by these and other subgroups, primarily focusing on employment, earnings, and educational credentials (Peck et al., 2019, 2022). In contrast, we examine whether HPOG had differential effects on workplace flexibility.

We analyze the effect of race, ethnicity, and nativity by adding interaction terms to the original model (Kontopantelis et al., 2018). For education level and parental status, we restrict the sample to participants with those characteristics to avoid potential selection bias and employ our original models, both the linear regression model for the index measure and the ordered logits for the scales, with these restricted samples.

QUALITATIVE FINDINGS

To inform the choice of job quality measures for the quantitative impact analysis of the HPOG program, we first completed the qualitative thematic analysis of interviews with 153 HPOG 2.0 participants, from now on referred to as participants. Our analysis of these coded passages revealed that participants want jobs that allow them to work and give adequate attention and time to their personal lives and obligations. In other words, participants want jobs that

facilitate their work-life balance. A quality job, from the perspective of HPOG participants, is one that provides *workplace flexibility* and allows them to make scheduling choices to pursue work-life balance. In our coding and analysis of transcripts, *workplace flexibility* emerged as an important component of job quality for about nine out of every 10 participants, the vast majority. We base our understanding of *workplace flexibility* on the definition provided by Hill and colleagues who defined *workplace flexibility* as "the ability of workers to make choices influencing when, where, and for how long they engage in work-related tasks" (Hill et al., 2008, p. 152).

Workplace flexibility and work-life balance

Our analysis of participant interviews reveals that participants want to be able to work and give adequate attention and time to their personal lives and obligations. For them, work-life balance means effectively managing different priorities, which sometimes conflict. A good job, in their view, is one that allows them to adapt their work schedules to suit their needs, enhancing their sense of work-life balance.

Participants emphasized their desire for jobs that contribute to work-life balance because the consequences of lacking work-life balance can be significant. One participant described the effects of their work-life *imbalance*:

> I missed every one of my kids' ballgames for the last two years ... I needed to work part-time during this process to maintain health insurance for my family ... It's not uncommon for me to go two or three days without getting the opportunity to sleep.

Both their time with their children and their well-being were negatively impacted by their work-life imbalance. Many participants similarly articulated their desire for jobs that offer workplace

flexibility because the ability to choose their work schedules helps them to find balance between their many priorities including their work, their families, and their own well-being.

Why do participants want scheduling autonomy?

Participants articulated two ways they wanted to be able to choose and adapt their work schedules; they wanted to be able to decide the number of hours they worked each week and when they worked those hours. Many participants wanted to work full-time hours for the income. They had families to provide for and support. One parent explained, "I have children at home. I have to supply a roof over their heads and clothes." Participants also sought full-time employment for the benefits, chiefly health insurance, offered by employers to full-time employees. While many participants expressed a desire for full-time employment, several said that employers did not always offer full-time positions or, in the case of healthcare staffing agencies, enough shifts for an employee to work full-time hours. One said, "[Employers] can't always give you forty hours of [work] a week." Several participants worked for multiple employers and explained that this strategy allowed them to create full-time schedules for themselves when one employer has limited shifts. A participant explained, "I love what I do, but I still need to pay my bills. Eighteen to twenty hours can't do nothing after tax. That's why you have to float between two agencies." Participants who want to work full-time hours, but whose ability to work full-time hours is limited by the availability of hours, valued the flexibility to work for multiple employers.

Not all participants wanted to work full-time hours. Several sought part-time employment because the hours would better suit their circumstances. One participant, for example, shared how their disability and receipt of social security disability insurance would impact the number of hours they could work after completing their HPOG training: "Eventually, it looks like I'm

going to have to go on disability. As long as I can work a certain number of hours and maintain my life, I'll be ecstatic." They hoped to be able to work part-time to earn income to support their life without impacting their benefits or straining themselves physically. Another participant discussed the challenges of working while receiving assistance:

> [It's] been hard to navigate … the fine line between being able to make money, but not making so much that we no longer qualify for [assistance] … I could get another job working part-time, but, unfortunately, if we no longer qualify for [assistance], I wouldn't be making enough money to afford [healthcare].

Participants who receive public assistance want to work part-time hours to better manage the delicate balance of earning an income but not earning so much that they lose the benefits on which they rely.

Participants also want to choose when they work to balance their work with their other responsibilities better. Nearly half of the participants were responsible for caring for another individual (Thomas & Jefferson, 2022). Several described the challenges and stress of "juggling" work and their care responsibilities. They wanted to choose when and how often they worked to manage these priorities. Participants with children, for instance, wanted to work fewer days per week so they could be home with their children more often. One participant wanted to work weekends to spend more time with their children, "I would really like to go back to [working twenty-four to thirty hours a weekend] because I can be home with the kids Monday through Friday." Another participant also wanted to choose how many days they worked per week. They explained their motivation for choosing to work different shifts, "I recently switched to a twelve-hour shift. Before that, I was on the eight-hour shift. I was there pretty much every day of the week. Now I switched … I get more days at home." These participants view the variety of shifts

in healthcare and the flexibility to choose when they work as factors that help them balance their work and personal lives.

What scheduling choices do participants want to be able to make?

Participants have different scheduling preferences; the choices that improve work-life balance for one participant may worsen it for another. While differences existed among participants in the options they preferred, similarities emerged in the types of choices participants wanted control over, including hours (part-time or full-time) preferred shifts, and the predictability or flexibility of their schedules.

Participants want to determine the number of hours they work. Personal factors, such as financial and care responsibilities, medical issues and disability status, and time constraints, like those imposed by the HPOG program, impact how many hours participants can work. Employer factors, including the number of hours and types of shifts available, can limit the ability for participants to choose when and how often they can work. Participants desire the flexibility to determine when and how long they work to accommodate their lives and maximize their income. Participants discussed the scheduling choices they want the flexibility to make in their pursuit of work-life balance including which shifts they work and their preference for predictable or flexible work schedules.

Participants varied in their preferences for work shifts. Several described working "three twelves," a common full-time schedule in healthcare where an individual works a full-time schedule by working three twelve-hour shifts. Some participants preferred these shifts because they worked three days per week and could be home more often. Other participants worked weekend shifts, preferring them because they allowed them to spend even more time with their families during the week. Regular weekend shifts had additional benefits. Some employers offer

full-time insurance benefits to individuals who consistently work 24 hours on weekends. A participant explained, “This weekend position that I picked up is full time with benefits even though it's part time hours … Working every weekend is considered full time ... It's the same insurance as if I were working full time.” Many participants desired full-time employment to receive benefits. The few participants who worked 24 hours on weekends experienced the advantages of a part-time schedule and the insurance benefits of a full-time schedule. They could support their families by gaining insurance benefits and being home during the week.

Participants also differed in their preferences for schedule predictability versus flexibility. Some participants preferred to work schedules where they could expect to work the same days and shifts. Several participants with children, for instance, expressed that they wanted to work consistent weekend shifts or three “twelves” to be home more often. Other participants preferred the flexibility to accept or decline work shifts depending on how well they fit into their lives. Several participants gained flexible schedules by working *pro re nata* (PRN) — or, as needed — for hospitals and nursing facilities or by working for nursing agencies. As an employee of a healthcare staffing agency, one participant explained they could be asked to work any day or time, as their employer needed staffing, “I [worked] PRN and fill[ed] in when people needed vacations ... A few days a week I would work from 7:00 to 12:00. Some days I would go there from noon to 11:00.” Participants were not necessarily required to work when their employer called with an open shift. One participant explained, “My schedule’s flexible because it’s an agency ... Usually we get text messages [or phone calls] of jobs that they post ... You can accept or deny it.” Agency employment enabled participants to choose schedules that fit around their personal live, facilitating their work-life balance.

Our analyses also reveal that the aspects of jobs that improve flexibility for some participants constrain flexibility for others. Agency employment, for instance, allowed some participants to choose work schedules that fit their life needs. However, agency employment negatively impacted some participants' work-life balance. A participant with children explained the challenge of unpredictable work schedules as a floating nurse, someone who moves between departments and units:

> I cannot handle the float life it. There's no set schedule. You never know where you're going to go. There are some days where you do know, but even that can be for like a brief time and with having three kids it's not ideal because you can get called in at eight o'clock in the morning and then don't get off until six or seven and that's not really fair to your family.

Participants who worked for healthcare staffing agencies also shared that they have sometimes been "stuck" at a patient's home when they were expecting to be relieved from their home healthcare shift, but their relief never came. Predictable schedules also have drawbacks. One participant said schedules were generally released in six-week blocks, and they could select their workdays and shifts. These schedules were predictable; participants would know which days and shifts they were scheduled to work for the six-week block. However, if their circumstances changed and they could no longer work a particular shift, "[they] would need to maneuver or use vacation and PTO," which could present difficulties.

Participant interviews also suggest that workplace flexibility may hold greater importance for those with children than those without. Many of the participants who discussed work scheduling described how their scheduling choices impact their children and families and how their family responsibilities inform their choices. For example, several participants wanted work

schedules that allowed them to be home more often, and a participant described the unpredictable schedules of agency employment as unfair to their families. Conversely, a participant without children explained they were not concerned with their work-life balance because they had fewer obligations to balance with their work and school, "I'm not a mother and I'm single ... I don't have that many responsibilities other than rent. And I can maintain that."

Why didn't all participants discuss workplace flexibility?

Although most participants discussed workplace flexibility and the scheduling choices they want to make to have better work-life balance, about one out of 10 participants did not discuss any of these topics. We reviewed these transcripts and identified potential reasons why these topics were not present in their interviews. Some participants did not agree to be recorded during the interview. Interviewers took notes of their discussions, but these did not include enough detail to understand the participants' perspectives on workplace flexibility and its impact on their work-life balance. Others had just begun the program at the time of the interview and discussed aspects of their training and how they balanced their training and life instead of work and life. Several participants provided brief responses to interviewer questions and did not elaborate on what they were looking for in jobs.

How did participants relate job quality to the healthcare sector?

Workplace flexibility was discussed as an important component of job quality by the majority of HPOG 2.0 participants. While some participants commented on the workplace flexibility of retail and food service jobs, most participants discussed workplace flexibility within the context of the healthcare sector and healthcare jobs. Although the nature of healthcare work may influence participants' perceptions of job quality, their discussions about workplace flexibility contributes to our understanding of their motivations to enter the sector and thus how

they choose to pursue employment that aligns with their needs. Participants expressed wanting to be able to balance their work with their lives and personal obligations and they consider the ability to choose when and for how long they work as critical in supporting this balance. Participants felt that the range of employment and shift options in healthcare, in particular, allow them to create work schedules that facilitate work-life balances.

QUANTITATIVE FINDINGS

To investigate whether participating in the HPOG training program had an effect on obtaining employment with the type of flexibility HPOG participants value, we turn to our quantitative analysis of HPOG 1.0 survey data. We used our qualitative findings from our analysis of HPOG 2.0 participant interviews to guide these analyses in three important ways. First, the three survey questions were chosen to match the work-life and scheduling choice themes that emerged. Second, the subsequent creation of a workplace flexibility index is also grounded in the qualitative findings, reflecting how participants discussed scheduling choice as a means to pursue work-life balance, not as a separate construct. Finally, our investigation of the impact of parent-participants builds on the unique experiences of caregivers coded in the interview data.

We begin with the results of our analysis of program impact for all participants. Table 4 presents the estimated coefficients of program participation (β_1) from equation (1) for the four measures of workplace flexibility. The outcome variable in the first column is the workplace flexibility index, estimated using a linear regression model, while columns two through four present the results for the individual measures, estimated using ordered logit models. The point estimates in all four columns are positive. The coefficient of the workplace flexibility index is

0.062, indicating that participation in HPOG increases the average index of workplace flexibility by 0.062 points on a 1 to 4 scale, controlling for covariates and location by program fixed effects.

As for the individual measures that comprise the scale, ordinal logit results show the variable measuring choice in setting work hours has largest coefficient and thus in part drives the scale findings. Specifically, the effect of HPOG participation on having a job that offers choice of setting work hours is both large and statistically significant, with a coefficient of 0.161. This indicates that HPOG participants have higher log-odds of reporting a higher level of agreement with this question compared to those in the control group. In contrast, the coefficient on work-life balance is 0.108, indicating a positive relationship, but the effect is not statistically different from zero. Similarly, the coefficient on the ability to change work schedule is positive, but the effect is imprecisely estimated (p-value>0.05).

To aid interpretation, we also estimated predicted probabilities for each response categories for the three ordinal outcomes. For all three variables, the predicted probability of responding "strongly agree" to the question of whether the job characteristic is offered is larger for the group that participated in HPOG compared to those that did not. Those that did not participate are uniformly more likely to disagree with the statement. Again, we see the largest impact for the setting of work hours variable. Specifically, HPOG participants were 3.9 percentage points more likely to "strongly agree" than control group participants (48.5% vs 44.6%). Among HPOG participants, 63.5% responded they "strongly agree" that their job allows for work and life balance, compared to 61% control group participants- a difference of 2.5 percentage points that is statistically significant. Similarly, for the ability to change work

schedule, 67.1% HPOG participants strongly agree, compared to 64.4% participants in the controls group, a 2.7 percentage point difference.

Heterogeneity Analysis

To understand the differential impact of access to HPOG across five demographic groups (ethnicity, race, nativity, education level, and parental status), we conduct a heterogeneity analysis. We begin by analyzing the program's effects on Hispanic participants vs non-Hispanics, and on Black non-Hispanic vs non-Blacks. Black women are overrepresented in low-wage healthcare occupations, which typically offer less workplace flexibility (Dill and Duffy, 2022), and they also report higher dissatisfaction due to lack of schedule control and lower workplace autonomy compared to other racial and gender groups (Rothwell and Crabtree, 2019; Petrie and Roman, 2004) Hispanic workers face persistent wage gaps compared to non-Hispanics in healthcare, suggesting potential disparities in non-monetary benefits such as workplace flexibility (Frogner and Schwartz, 2021). Given that the healthcare sector employs a significant number of immigrants (Kosten, 2021), we also examine outcomes for foreign-born participants compared to their U.S.-born counterparts. To do this, we modify equation (1) by including interaction terms between treatment and indicators for Hispanic ethnicity, Black non-Hispanic identity, and foreign-born status.

Table 5 presents the results from regressions where treatment is interacted with demographic indicators to assess heterogeneity in program impacts. Panel A displays regression results for the reference group non-Hispanics and the interaction of treatment with Hispanic status, showing statistically significant effects of HPOG on the workplace flexibility index and the choice of setting work hours for non-Hispanic participants. However, while there is no additional effect of the program on the workplace flexibility index, work-life balance or the

ability to set work hours for Hispanics, HPOG significantly improves their ability to change work schedules by 0.427 log-odds, an effect not observed for non-Hispanics. Panels B and C, which examine Black identity and foreign-born status, respectively, show no additional significant program impact on job quality measures for Black or foreign-born participants compared to their non-Black and U.S.-born counterparts. However, for the outcome "Can change work schedule," the main treatment effect for HPOG participation becomes statistically significant when including interaction with Black, and also interaction with foreign-born status. This suggests that treatment effect was previously obscured due to unaccounted variability in how the program impacts different demographic groups. The results indicate that HPOG participation improves the ability to change work schedules while having no additional differential impact for Blacks or foreign-born individuals.

Additionally, Table 6 reproduces the results by estimating our model using the sample restricted to individuals without college education. Participants with lower educational attainment may be less prepared to engage with program content or leverage opportunities, potentially influencing outcomes. The HPOG 1.0 3-year report found that participants with at least some postsecondary education had higher employment rates and earnings (Peck et al., 2019). Work conditions in healthcare also vary substantially by education: workers with a college degree or more have a higher probability of having flexible schedules compared to those with high school or less (Mas and Pallais, 2020), and workplace flexibility is generally reduced for less-educated workers (Golden, 2001).

When we estimate the model for individuals without college education, our results demonstrate statistically significant effects of the HPOG impact on the choice of setting hours. However, the composite workplace flexibility index does not show statistical significance at the

conventional 5% level. This suggests while the program may enhance certain aspects of workplace flexibility for this demographic group, the overall impact is limited.

Finally, we investigate job quality outcomes for participants with children, as our qualitative findings indicate that they are more likely to desire flexibility to balance work and family responsibilities. Parenthood, especially motherhood, is associated with substantial career trade-offs, particularly for younger women (Kahn, García-Mangliano, and Bianchi, 2014). Women with children often need to reduce work hours or shift to part-time or self-employment to gain greater schedule flexibility and manage family responsibilities (Lim, 2018; Kleven, Landais, and Søgaard, 2018, 2019), which contributes to a long-run gender gap in earnings, driven by differences in labor force participation and wages (Kleven et al., 2019). Comparing participants with children to those without could introduce selection bias, as individuals with children may naturally seek more flexible jobs. To reduce potential selection bias, we restrict our analysis to individuals with children, comparing workplace flexibility outcomes for HPOG participants with children against a control group of individuals also with children. We re-run the equation 1 for the subset of participants with children to isolate the program's impact within this group.

For the sample restricted to individuals with children, we find that HPOG increases an average agreement of having a job with flexibility by 0.078 units which is a slightly stronger effect compared to the full sample (Table 7). The coefficient of interest is also statistically significant for two outcomes: the ability to set work hours and the ability to change work schedules. Specifically, HPOG participants with children have a 0.172 higher log-odds of reporting to set work hours and 0.165 higher log-odds of ability to change work schedules compared to their counterparts in the control group. In general, this means that HPOG

participants with children report a greater level of agreement that their jobs provide flexibility than control group members with children.

DISCUSSION

This study examines the effectiveness of the HPOG program — a job training initiative designed to equip participants with the skills necessary for healthcare occupations — on participant employment in jobs characterized by qualitative indicators of job quality. We employ a mixed methods approach by qualitatively exploring how participants define job quality and what aspects of job quality are important to them and driving their interest in participating in an HPOG program. We use these qualitative findings to inform our choice of quantitative program outcome measures, and facilitated by the RCT design of the program, assess program impact using the survey data. Taken together, our qualitative and quantitative findings complement each other in that we develop a deeper understanding of job aspects that contribute to job quality and find that HPOG assisted participants, particularly those with children, in securing jobs with flexibility, an important aspect of job quality from the perspective of participants, lending evidence to the jobs demand-resources modelUsing surveys conducted three years post program participation, our quantitative findings indicate HPOG assisted participants in securing jobs that allowed them to balance work and family, exert some control over setting their work schedules, and adjust their schedules if an emergency occurred.

The heterogeneity analysis finds no differential impact on job quality measures for Black non-Hispanics compared to non-Black individuals nor for foreign-born participants compared to those born in the U.S. For Hispanic participants, while no differential impact is observed on the workplace flexibility index, the analysis reveals a differential impact on their ability to change

work schedules. Additionally, we find that the impact of the program, as demonstrated by the coefficients, is slightly stronger for parent-participants, who reported greater gains in securing flexible jobs than parents who did not participate in HPOG.

Among non-college-educated participants, we find that HPOG improves their ability to change their work schedule or take time off in case of emergency, although the overall workplace flexibility index does not show significant effect. The prior HPOG study findings suggest that individuals without postsecondary education derived fewer benefits from the HPOG than those with postsecondary education and greater credentialing (Juras & Buron, 2021; Peck et al., 2019; Litwok et al., 2023). However, our findings indicate that non-college-educated participants experienced gains in jobs flexibility aspects such as having more control over setting their own work hours.

Our qualitative findings reveal that for HPOG 2.0 participants, workplace flexibility is a driving reason for their interest in the healthcare sector, and that they see flexible jobs as those that enable individuals to control when and how often they work. In other words, that workplace flexibility was an important resource that balanced job demands. The quantitative measures available to us align somewhat, but not perfectly, with the preferences expressed by participants. We were able to construct a workplace flexibility index with three survey questions that took into account participants' abilities to balance family and life responsibilities, have some control over setting work hours, and take time-off or change their schedule if an emergency arose. The first question broadly captures participants' discussion of work-family balance, but the other two questions are much narrower than the qualitative findings' themes. Participants expressed the desire to have control over various aspects of scheduling, whereas the matching survey question focused specifically on whether or not respondents had "some choice of setting my regular work

hours to meet my needs." Similarly, the question on changing schedules was framed in terms of a "family emergency" with a sick child given as an example, rather than addressing changing needs or ongoing challenges. In both circumstances, the survey questions covered a more limited scope. Future surveys might ask about sufficient or adequate choice and abilities, not just "some," which may or may not meet employee needs. Further testing and validation of these or similar survey questions could also add insights to broader efforts to develop job quality measures, particularly how to measure the key dimension of work-life balance.

This study has several limitations and offers opportunities for future research directions. The quantitative analysis relies on self-reported perceptions of job quality rather than the direct records provided by an employer. Self-reported data can introduce errors and inaccuracies, potentially affecting the reliability of the findings. Additionally, while the study benefits from low attrition, there were missing data in the three-year follow-up survey that could introduce bias.

The qualitative analysis relied on secondary interview data, which posed limitations related to a different type of missing data. Unlike more traditional qualitative projects in which data collection is an integral part of the research process, we did not conduct the interviews and thus could not follow up with participants to clarify their responses or probe for qualities they look for in jobs. For example, several participants were enrolled in HPOG training at the time of their interviews and discussed their experiences in the program but did not discuss the job aspects we associated with workplace flexibility. It is possible that these participants have a sense of the job qualities they want in future jobs, and their perspectives would further our understanding of job quality, but we were unable to follow up with these participants to ask. Social desirability bias is also of concern. Participants' comments on work-life balance and their

desires for workplace flexibility may reflect what they perceive to be socially acceptable responses, not their true beliefs. Additionally, since participant interviews were conducted as part of an evaluation of the HPOG 2.0 grantees, participants may have felt obligated to portray the program and the outcomes of their participation in a positive light.

Finally, there is a mismatch in data sources between our qualitative and quantitative samples; we employed HPOG 1.0 for the quantitative analysis and HPOG 2.0 for the qualitative analysis due to the richer questions on job quality available in HPOG 1.0 and the smaller sample size in the HPOG 2.0 job quality survey. Though the target populations, program goals, and general design of the program are the same for both HPOG 1.0 and 2.0, it is possible that HPOG 1.0 participants had different motivations and valued different components of job quality as the HPOG 2.0 participants.

Further research could both build on our findings and address some of these limitations in various ways. First, job quality frameworks emphasize that quality is about economic compensation and broader aspects of jobs including working conditions and overall well-being. Our study focused on one non-wage outcome, workplace flexibility. It is unclear how these aspects relate to wages and whether workers would forgo higher wages for increased flexibility and other non-wage benefits. Future research could explore how workers weigh these different job quality aspects. Additionally, our research examined the perspectives and outcomes of low-income individuals pursuing HPOG training programs to enter entry-level healthcare occupations. Participant interviews indicate that the range of healthcare shifts may contribute to workplace flexibility in the sector. Our findings may be specific to the healthcare sector and the healthcare occupations HPOG participants received training to enter. Further research should examine workers perspectives on workplace flexibility in other sectors and across levels of

seniority. Given the stronger program impact for parents, future research on workplace flexibility preferences might explore the needs of parents versus non-parents and program evaluations should consider these differences. Finally, our results indicate that using participant preferences to guide choices and measures of program outcomes is a feasible and likely insightful approach for program evaluation. Future evaluations of HPOG 2.0 outcomes, when those data become available, could build on our findings.

CONCLUSION

The findings of this paper have important implications for future workforce training programs, particularly in the healthcare sector. Our results indicate that the HPOG program facilitated employment in future jobs with flexibility, an aspect of job quality that is important to the participants. Although the magnitude of the impact was not large, it is statistically significant and particularly notable for a long-term outcome of a work training program. Our models are assessing program impact three years post program completion, indicating that participants were able to maintain, not just obtain, such jobs. Moreover, we find that this impact on workplace flexibility is similar for White, Black and Hispanic participants, with a small difference for Hispanic participants who, according to our models, benefited more from program participation in that they were more likely to gain employment in a job with flexibility in changing schedules or taking time off. Similarly, the model focusing solely on those with no college degree indicates positive program impact on the ability to change schedules or take time off, but with insignificant effect of HPOG on the flexibility index. Our examination of parents indicates that participants with children benefited more from the program than non-parents, with statistically significant positive effects on all four measures of workplace flexibility. This suggests that

individuals with children were more likely to secure jobs with these higher-quality indicators, highlighting the potential value of the program for those balancing work and family responsibilities. Overall, differences among groups are small, indicating mostly similar outcomes across groups. At the same time, these small differences lean positive in the sense that they demonstrate the efficacy of program participation among groups who are sometimes at risk of poorer employment outcomes, such as parents and those without a college education.

As the healthcare sector continues to grow, with staffing needs in areas such as home healthcare and physician assistants, our results show that job quality *matters* to participants and underscore the importance of understanding what aspects related to job quality participants find attractive. Participants in this study value workplace flexibility, which affords greater work-life balance, and the healthcare sector offers different employment arrangements and shift options, enabling them to create work schedules that allow them to balance commitments elsewhere. Indeed, many participants shared that this was the primary motivation for pursuing education and employment opportunities in the healthcare sector. Such considerations are important for the healthcare sector, particularly employers, in meeting the growing demand and addressing specific staffing needs.

Finally, our findings have policy implications for current efforts focused on expanding outcome and performance measures for public safety net and workforce programs. As policymakers and program administers consider how to best measure program success, our findings suggest that participant preferences, as well as non-monetary aspects of job quality, are important considerations for understanding program impact. Examining measures of employment characteristics, such as scheduling choices and autonomy, alongside traditional

measures better reflects participant goals and thus allow researchers and policymakers to more accurately gauge program success and identify areas for improvement.

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Tables

Table 1: HPOG 1.0 Sample Size

	Total sample	Treatment	Control
Randomized	10,693	7,140	3,553
Study sample	10,617	7,116	3,501
Survey respondents	8,091	5,566	2,525

Table 2: Summary Statistics of Baseline Variables

	Treated	Control	Difference	Observations
Age	32.02	32.34	0.32	10565
Female	0.90	0.90	-0.01	10616
Has dependent child/children	0.62	0.62	0.01	10210
Postsecondary degree	0.20	0.20	0.00	10616
High School/GED	0.42	0.41	-0.01	10346
Less than high school	0.06	0.06	0.01	10346
Occupational license	0.18	0.18	0.00	10616
Born outside the U.S.	0.14	0.14	-0.00	10162
Limited English	0.01	0.01	-0.00	10172
Married	0.15	0.15	-0.00	10027
Single	0.64	0.63	-0.01	10027
Divorced	0.20	0.21	0.02	10027
Widowed	0.01	0.01	0.00	10027
Hispanic	0.17	0.16	-0.01	10397
White	0.40	0.40	0.00	10397
Black	0.38	0.38	0.00	10397
Asian	0.02	0.02	0.00	10397
Race – Other	0.03	0.03	0.00	10397
WIC/SNAP receipt	0.45	0.44	-0.01	10616
TANF receipt	0.10	0.10	0.00	10616
Barriers	0.41	0.43	0.03	9971
Employed	0.45	0.45	0.00	9825

Notes: HPOG 1.0. PRS and HPOG 1.0 three-year analysis file.

Table 3. Summary Statistics of Outcome Variables

		Treatment		Control	
		Mean	Std dev	Mean	Std dev
Index	Job with flexibility (index)	3.334	0.686	3.395	0.633
Component variables	Able to balance work and life	3.486	0.759	3.541	0.704
	Choice of setting work hours	3.042	1.081	3.136	1.029
	Can change work schedule	3.473	0.843	3.509	0.825
	Observations	6033		2833	

Notes: HPOG 1.0 three-year follow-up survey. The summary statistics are constructed after applying imputation on missing data. The results are weighted using weight as described in Appendix A.

Table 4: Effect on Workplace Flexibility

	Job with flexibility (index)	Work-life balance	Choice setting work hours	Can change work schedule
Treated	0.062***	0.108	0.161***	0.118*
	(0.022)	(0.072)	(0.057)	(0.062)
Observations	8866	8866	8866	8866

Notes: Data from HPOG 1.0 PRS and the three-year follow-up survey. All regressions control for baseline characteristics: age, age squared, marital status, dependent child or children, race/ethnicity, education (college, occupational license), WIC/SNAP recipient, TANF recipient, and include program-by-division fixed effects. Results are weighted using inverse probability weights to adjust for unit non-response, and standard errors are clustered at the program-by-division level. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$

Table 5. Effect on Workplace Flexibility: Heterogeneity Analysis

	Flexible	Work-life balance	Choice setting work hours	Can change work schedule
Treated	0.053**	0.096	0.176***	0.038
	(0.023)	(0.078)	(0.065)	(0.073)
Treated*Hispanic	0.050	0.068	-0.077	0.427**
	(0.046)	(0.189)	(0.129)	(0.176)
Treated	0.062**	0.114	0.116*	0.173**
	(0.027)	(0.095)	(0.070)	(0.081)
Treated*Black	0.000	-0.017	0.132	-0.159
	(0.041)	(0.142)	(0.129)	(0.125)
Treated	0.059**	0.120	0.131**	0.139**
	(0.023)	(0.084)	(0.058)	(0.070)
Treated*Born outside U.S.	0.022	-0.087	0.199	-0.156
	(0.076)	(0.251)	(0.178)	(0.220)
Observations	8866	8866	8866	8866

Notes: Data from HPOG 1.0 PRS and the three-year follow-up survey. All regressions control for baseline characteristics: age, age squared, marital status, dependent child or children, race/ethnicity, education (college, occupational license), WIC/SNAP recipient, TANF recipient, and include program-by-division fixed effects. Results are weighted using inverse probability weights to adjust for unit non-response, and standard errors are clustered at the program-by-division level. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$

Table 6. Effect on Workplace Flexibility: Individuals with No College Degree

	Flexible	Work-life balance	Choice setting work hours	Can change work schedule
Treated	0.046*	0.043	0.148**	0.096
	(0.026)	(0.080)	(0.064)	(0.073)
Observations	7019	7019	7019	7019

Notes: Data from HPOG 1.0 PRS and the three-year follow-up survey. The dependent variables are whether an individual has a job with career advancement (column 1) and job is education related. All regressions control for baseline characteristics: age, age squared, marital status, dependent child or children, race/ethnicity, WIC/SNAP recipient, TANF recipient, and include program-by-division fixed effects. Results are weighted using inverse probability weights to adjust for unit non-response, and standard errors are clustered at the program-by-division level. Standard errors in parentheses.

Standard errors in parentheses * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$

Table 7. Effect on Workplace Flexibility: Individuals with Children

	Flexible	Work-life balance	Choice setting work hours	Can change work schedule
Treated	0.078**	0.0173*	0.172**	0.165**
	(0.028)	(0.095)	(0.079)	(0.080)
Observations	5462	5462	5462	5462

Notes: Data from HPOG 1.0 PRS and the three-year follow-up survey. All regressions control for baseline characteristics: age, age squared, marital status, race/ethnicity, education (college, occupational license), WIC/SNAP recipient, TANF recipient, and include program-by-division fixed effects. Results are weighted using inverse probability weights to adjust for unit non-response, and standard errors are clustered at the program-by-division level. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$

Appendix A. Addressing Unit and Item Non-Response

A total of 8,091 out of 10,616 individuals who were randomized responded to the three-year follow-up survey, resulting in a unit response rate of 76%. While a 76% response rate is relatively high, there may still be concerns about whether individuals who responded to the survey are systematically different from the overall randomized sample. To address the potential issue of nonrandom selection we follow approach described by Harvill and colleagues (2018). Specifically, we estimated the probability of response to the survey using a logistic regression model, where the covariates include key baseline characteristics: age, presence of dependent child or children, possession of post-secondary degree, possession of an occupational license, race, and marital status. We didn't control for employment and barriers as these two variables have high number of missingness. The sample size for logistics regression made up 9,317 observations. Next, we used the predicted probabilities from this model to stratify respondents into 10 bins based on their likelihood of responding, and estimated the inverse probability weights, which was calculated by dividing the overall probability of response by the average predicted probability for each bin. This approach ensures that individuals who were less likely to respond were assigned higher weights. This reweighting approach helps adjust the sample of respondents to better represent the original randomized sample, reducing potential selection bias in the estimates.

In addition to unit nonresponse, approximately 6-7% of respondents skipped individual questions related to employment and education, creating an issue of item nonresponse. To address this, we employed the multiple imputation by chained equations (MICE) method. This method models each variable with missing values as a function of other observed variables, and the imputation was conducted separately for treatment and control groups, following the

procedure outlined by Puma et al. (2009). The imputation model used the same set of covariates as the weighting procedure. The imputation was repeated for 20 cycles to account for uncertainty in the missing data.