MONTANA HEALTHCARE WORKFORCE ASSESSMENT

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AHEC MONTANA
AREA HEALTH EDUCATION CENTER

MHA
MONTANA HOSPITAL ASSOCIATION
Advancing Health in Montana

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EXECUTIVE SUMMARY

Montana Area Health Education Centers (AHEC) with the support of JG Research and Evaluation (JG) conducted the Montana Healthcare Workforce Assessment. Findings from the assessment will be used to inform the updated Montana Healthcare Workforce Strategic Plan as well as provide information to AHEC to improve their programming.

After completing interviews, focus groups and a survey, the following key findings were identified.

KEY FINDINGS

- Successes related to recruitment and retention such as cross training staff and the utilization of "grow your own" and pipeline programs were identified by focus groups and interview participants.

- Pay/salary, housing, and lack of candidates to fill roles were identified as the top three recruitment challenges administrative and executive staff are facing in recruiting the healthcare workforce. For survey participants that complete exit interviews, housing challenges (cost of living, housing crisis, and relocation) and pay were identified the top two reasons for employees leaving the workplace.

- Although participants had some dissatisfaction with pay and benefits, participants did report the strongest satisfaction with interpersonal and scheduling factors to improve retention within their workplace.

- Hard-to-fill positions identified were positions primarily within the medical professions and allied health fields. Additionally, most participants reported access to higher education institutes that provide the relevant degree or certificate programs, though fewer than half had engaged directly with them to address high-demand healthcare roles.

RECOMMENDATIONS

- Healthcare workplaces should continue to invest in "grow your own" strategies and pipeline programs as successful ways to boost recruitment and help with retention.

- Housing and pay were identified as challenges related to recruitment and retention of healthcare workers. Healthcare workplaces should continue to explore recruitment and retention strategies aimed at addressing both of these challenges.

- Healthcare workplaces should continue to explore retention strategies focused on creating and maintaining a strong internal culture and exploring retention strategies related to scheduling to maximize work life balance for employees.

- Based on the findings from this survey, there are several high-demand healthcare roles that remain unfilled. Healthcare workplaces should connect with AHEC to leverage AHEC's relationship with post-secondary education partners to strength relationships between healthcare facilities and higher education institutions.

BACKGROUND

In the past ten years, two projects were completed that focused on strengthening the healthcare workforce in Montana. In 2017, the Montana Healthcare Workforce Statewide Strategic Plan was developed. The strategic plan was written and developed by the Montana Office of Rural Health and Area Health Education Center (MORH/AHEC) with guidance from the Montana Healthcare Workforce Advisory Committee (MHWAC) and contains overviews of individual professions or sectors of the Montana healthcare workforce, along with priority areas and strategies related to the healthcare workforce.

In 2021, Montana Hospital Association (MHA) developed and distributed a survey for their members focused on understanding the workforce demands within hospitals. This survey was organized around five categories: recruitment, retention, reimagine, reward, and recreate. The survey was directed at leadership within hospitals and one representative from each hospital was asked to complete the survey.

This report outlines a third effort to strategically support efforts to ensure a strong healthcare workforce in the state. In 2025, AHEC created a plan to update the Montana Healthcare Workforce Statewide Strategic Plan. A contract was established with the Montana Public Health Institute (MTPHI) to lead the development of the strategic plan. MTPHI collaborated with JG Research and Evaluation (JG) to lead the development and implementation of a healthcare workforce assessment to provide key insights to inform the updated Montana Healthcare Workforce Statewide Strategic Plan.

METHODS

JG was contracted to develop a workforce assessment of MHA members and their employees. The goal of the workforce assessment was to provide feedback from MHA members to guide the development of the strategic plan. To complete the Montana Healthcare Workforce Assessment, the project utilized a mixed methods approach to data collection which included interviews, focus groups, and a survey. Figure 1 outlines the timeline for the Montana Healthcare Workforce Assessment.

FIGURE 1: TIMELINE FOR MONTANA HEALTHCARE WORKFORCE ASSESSMENT

1 STAGE 1
ASSESSMENT AND PLANNING
(MAY-JUNE 2025)

2 STAGE 2
DATA COLLECTION
(JUNE-AUGUST 2025)

3 STAGE 3
DATA ANALYSIS AND REPORT WRITING
(JULY-SEPTEMBER 2025)

DATA COLLECTION INSTRUMENT DEVELOPMENT AND ANALYSIS PROCESSES

INSTRUMENT DEVELOPMENT: INTERVIEWS & FOCUS GROUPS

JG staff worked with AHEC project staff and MHA staff to identify five MHA members to interview who could help to determine the workforce categories that would be addressed in the workforce assessment survey. The information gathered from the interviews was used to develop the draft of the focus group guide for the next step of stakeholder engagement.

All members invited by MHA staff chose to participate in the interview. Interviews were 30-45 minutes long and took place over zoom. The interview participants represented three Prospective Payment System (PPS) hospitals and two Critical Access Hospital (CAH) hospitals. MHA staff selected interview participants based on their location throughout the state and knowledge and engagement with workforce development within their organization and through MHA.

Two focus groups were facilitated by JG staff using a semi-structured focus group guide that was based upon the MHA member interviews. A total of 15 MHA members participated in the two focus groups (9 participants in the first and 6 in the second).

All interviews and focus groups were audio recorded and transcribed verbatim. The transcripts were coded for emergent themes and patterns within the key study topic areas. Key findings from the focus group were used to finalize the workforce categories to be included in the Montana Healthcare Workforce Assessment Survey.

All data collection instruments were reviewed by AHEC staff and feedback was incorporated into the final versions of each instrument. Following the interviews and focus groups, the workforce categories for the assessment were selected. Those categories included: recruitment, retention, reimagine, and employee satisfaction. However, many of the other workforce categories were incorporated into the categories selected, representing the feedback from MHA members who participated in the interviews and focus groups.

Interview and focus group participants highlighted similar successes and challenges related to recruitment and retention of the healthcare workforce. Table 1 below highlights some of the shared successes and challenges shared by both groups.

TABLE 1: WORKFORCE SUCCESSES AND CHALLENGES SHARED BY KEY STAKEHOLDERS

Successes related to recruitment and retention

- Cross training staff
- Utilization of "grow your own" and pipeline programs
- Emphasis on supporting staff and building a strong culture

Challenges related to recruitment and retention

- Sign on bonuses may not be effective as a blanket approach for recruitment
- Overtime bonuses may not be effective as a blanket approach for retention
- Affordable and available housing has been identified as a challenge for recruitment and retention, however employee sponsored housing has not always been well utilized by employees
- There are some professions that are much harder to recruit than others

SURVEY DEVELOPMENT AND RESPONSE RATE

Following the completion of the interviews and focus groups, key topics and considerations were integrated into a survey for all MHA member organizations. A web-based survey was used to collect survey data. The Montana Healthcare Workforce Assessment Survey received 258 responses total; after applying exclusion criteria, 230 remained (153 complete and 77 partial). Partial responses were retained because they contained substantial content despite not being fully completed.

The Montana Healthcare Workforce Assessment Survey was open from August 8th-September 2nd, 2025 and sent directly to MHA members from MHA staff. Specific demographics for survey respondents can be found in Appendix Table 3.

Most survey participants belong to a Critical Access Hospital (CAH) (52.6%), specialty hospital (6.8%), and Prospective Payment System (PPS) (5.8%)

- Survey participants were asked to share which generation they belong to. Nearly half indicated Gen X (46.1%), followed by Millennial (37.7%), Baby Boomer (11.5%), and Gen Z (4.7%).
- Participants were asked to indicate the length of time they have been employed at their current workplace. Participants indicated "under 1 year" (11%), "1-5 years" (35.6%), "6-10 years" (25.7%), "11-20 years" (15.2%), "21-30 years" (9.4%), and "31+ years" (3.1%).

For the Montana Healthcare Workforce Assessment Survey, healthcare professions were categorized into five employee types. Table 2 provides a description of the employee types and examples of professions used in survey.

TABLE 2: EMPLOYEE CATEGORY AND RELATED PROFESSIONS

Employee Category*	Examples of professions*
Medical Professionals	Physician, Physician Assistant, Nurse Practitioner, Registered Nurse, Pharmacist, Clinical Lab Scientist, Physical Therapist, Occupational Therapist, Speech Pathologist, Registered Dietitian
Allied health	Respiratory Therapist, Radiology Technician, Medical Assistant, Certified Nurse Assistant, Licensed Practical Nurse, Laboratory Technician, Surgical Technician, Anesthesia Technician, Emergency Care Provider - EMT, Paramedic, Pharmacy Technician, Ultrasound Technician
Support staff	Housekeeping, Laundry, Receptionist, Billing, Coder
Administrative staff	Staff who handle clerical, scheduling, or other operational functions.
Executive staff	Leadership or senior management responsible for strategic planning and oversight.

*This is not an exhaustive list of healthcare professions in Montana. This list was used to provide examples of healthcare professions for the Montana Healthcare Workforce Survey. Input for this list was provided by AHEC staff.

Participants were asked to categorize their role within the workplace.

- Participants indicated executive staff (20.9%) and administrative staff (24.6%) for a total of 45.5% of all survey participants (n = 87). Participants also indicated medical professional (27.7%), allied health (13.1%), and supportive staff (13.6%) for a total of 54.4% of all survey participants (n= 104).

Individuals who selected executive staff or administrative staff were directed to the rest of the survey. It is important to note that these individuals took a more specific version of the survey, where they were able to reflect on retention, recruitment, and other factors related to their entire workplace.

Individuals who selected medical professional, allied health, or supportive staff were redirected to a more generalized version of the survey, where they could reflect on recruitment, retention, and other factors specific to their experiences. Therefore, from this point onward, the findings will be separated into "admin/executive staff" and "medical professional, allied health, and supportive staff".

SURVEY RESULTS

RECRUITMENT SUCCESSES

The following findings about recruitment success compare the answers of admin/executive staff to medical professions, allied health, and supportive staff.

Participants were asked which of the recruitment practices worked well when recruiting new employees. Participants could select up to 5 responses, so percentages will exceed 100. The most selected recruitment practices were:

TABLE 3: SUCCESSFUL RECRUITMENT STRATEGIES

Administrative and Executive Staff responses	Medical Professionals, Allied Health, and Supportive Staff responses
• "Internal recruitment: retention bonuses, internal promotions, employee referral bonuses" (58.8%, n = 50) • "Flexible schedules" (56.5%, n = 48) • "Quality of benefits: insurance, PTO, retirement" (52.9%, n = 45)	• Quality of benefits: insurance, PTO, retirement (46.3%, n = 44) • Internal recruitment: retention bonuses, internal promotions, employee referral bonuses (43.2%, n = 41) • Flexible schedules/robust onboarding (41.1%, n = 39)

Both admin/executive staff and medical professionals, allied health, and supportive staff selected the same three recruitment strategies that worked well for recruiting new employees. This question helps demonstrate alignment within the different employee categories about what recruitment strategies are successful.

The cost and availability of affordable housing was identified as a recruitment challenge for a number of key stakeholders. The survey asked about the effectiveness of recruitment strategies related to housing. Participants were asked about what recruitment practices were offered at their organization and what strategies worked well. Interestingly, 50.6% of admin/executive staff indicated the use of the recruitment practice "housing assistance including short-term housing assistance" at their hospital, but only 31.8% indicated that this practice is effective.

Medical professional, allied health, and supportive staff were also asked about the effectiveness of "housing assistance including short-term housing assistance." Only 24.2% of this group of respondents indicated this as an effective recruitment practice, even less so than admin/executive staff.

RECRUITMENT CHALLENGES

ADMINISTRATIVE/EXECUTIVE STAFF

Administrative and executive staff were asked additional questions about recruitment challenges their workplace has experienced in the past 3 years. Participants could select all responses that apply, so percentages will exceed 100. Figure 2 highlights the recruitment challenges identified by administrative and executive staff.

FIGURE 2: RECRUITMENT CHALLENGES
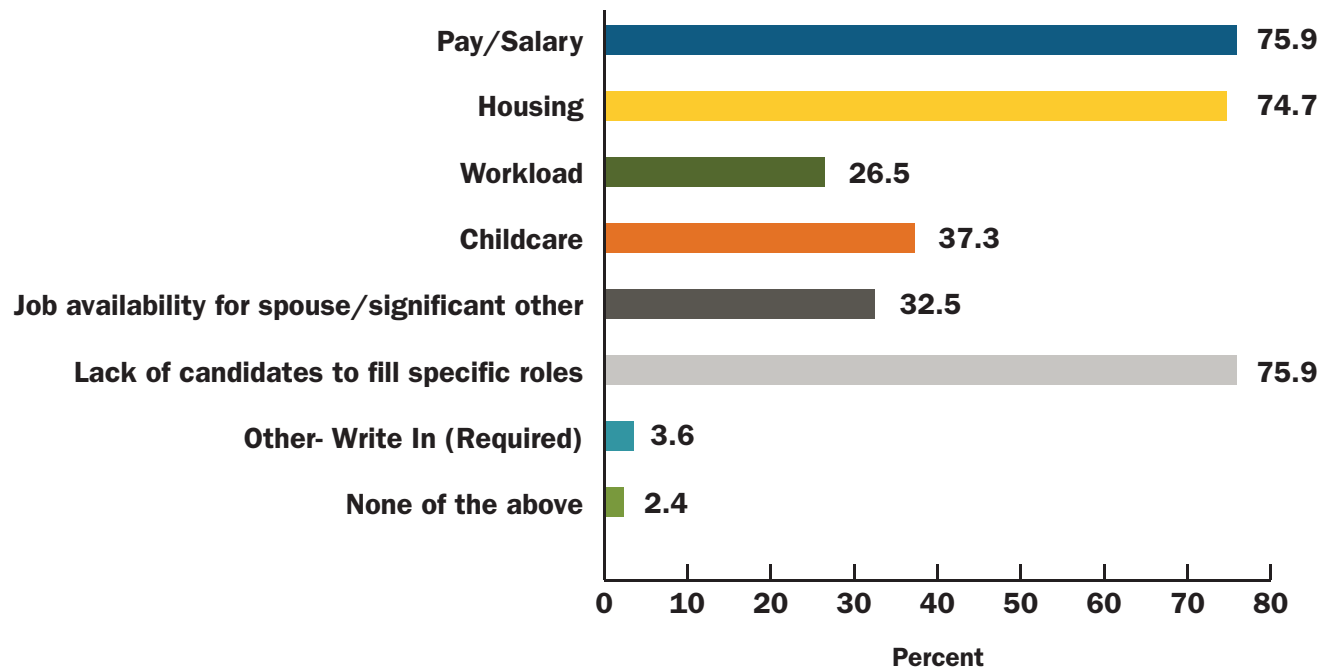
The top three recruitment challenges indicated by participants were pay/salary (75.9%, n = 63), lack of candidates to fill specific roles (75.9%, n = 63), and housing (74.7%, n = 62). Responses did not differ greatly by hospital designation, which suggests that hospitals of all types are struggling with recruitment due to pay/salary, lack of candidates, and housing.

If survey respondents selected "pay/salary", they were asked a follow up question to identify the specific pay/salary challenges relative to recruitment. Most participants indicated the following response options:

- Salary expectations: 87.1%, n = 54
- On-call requirements: 29%, n = 18
- Incentive plans not available (e.g. weekend bonus/incentives, etc.): 21%, n = 13

If survey respondents selected "housing", they were asked a follow up question to identify the specific housing challenges relative to recruitment. Most participants indicated the following response options:

- Lack of affordable housing (buying and/or renting): 93.5%, n = 58
- Lack of rentals: 72.6%, n = 45
- Quality of affordable housing: 61.3%, n = 38

Findings here suggest that compensation concerns and housing availability intersect to form a larger barrier focused on structural and fiscal support for healthcare workers.

If survey respondents selected "lack of candidates to fill specific roles," or "lack of qualified candidates" they were asked additional follow up questions to identify what employee category types and specific professions are the hardest to fill. The following table (Table 4) identifies which of the employee category types was the hardest to fill due to lack of candidates applying and lack of qualified candidates.

TABLE 4: HARD TO FILL POSITIONS BY EMPLOYEE CATEGORY

Employee category type	Lack of candidates applying % of respondents who reported this	Lack of qualified candidates % of respondents who reported this
Medical professional positions	76%	71.4%
Allied Health positions	60%	78.6%
Supportive staff positions	54%	42.9%
Other	2%	2.4%

Survey respondents indicated that Medical Professionals then Allied Health workers were the hardest positions to fill due to the lack of candidates applying, whereas Allied Health then Medical Professions were the hardest positions to fill due to the lack of qualified candidates.

Participants were then directed to indicate the hard-to-fill positions for medical professionals, allied health, and supportive staff. Table 5 highlights the selected hard to fill positions. The table is organized by employee category with information about "lack of qualified candidates" and "lack of candidates applying".

TABLE 5: HARD-TO-FILL POSITIONS BECAUSE OF THE "LACK OF CANDIDATES" AND "LACK OF QUALIFIED CANDIDATES" APPLYING

Employee category type	"Lack of candidates applying"	% of respondents who reported this	"Lack of qualified candidates"	% of respondents who reported this
Medical professional positions	Registered nurse:	85.7%	Registered nurse:	79.3%
	Physicians	57.1%	Physicians	55.2%
	Physical therapists	54.3%	Physical therapists	55.2%
Allied Health positions	Radiology technician	67.9%	Radiology technician	53.1%
	Certified nurse assistant	53.6%	Certified nurse assistant	53.1%
	Surgical technician	42.9%	Surgical technician	53.1%

SECTION SUMMARY

Both administrative and executive staff and medical professionals, allied health, and supportive staff reported that quality of benefits, internal recruitment, and flexible schedules were the most effective strategies to fill positions.

Administrative and executive staff cited pay, housing, and a lack of qualified candidates as barriers for recruitment. Additionally, they reported medical professions and allied health candidates, specifically registered nurses, physicians, physical therapists, radiology technicians, certified nursing assistants, and surgical technicians as the hardest to fill positions due to the lack of candidates applying and the lack of qualified candidates.
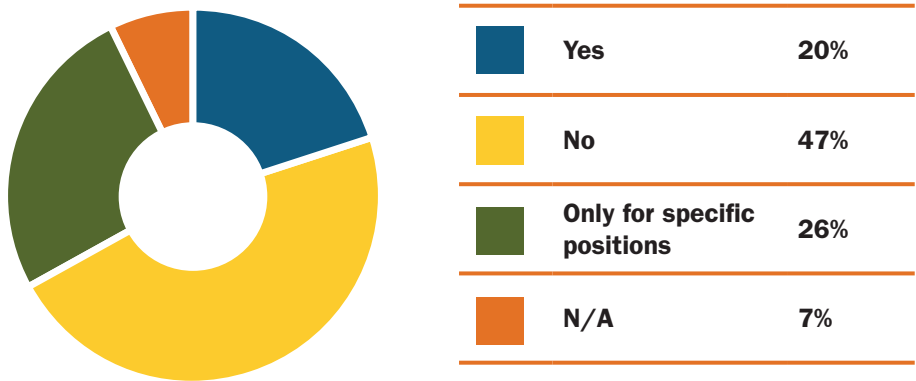
RETENTION

Administrative and executive staff were asked about their workplace's retention efforts. Survey participants were asked if their workplace provides opportunities for internal promotion or the opportunity to upskill; 67.9% of participants (n = 57) indicated "yes", 27.4% (n = 23) indicated "depends on the position", and 3.6% (n = 3) indicated "no".

When asked why their use of specific retention strategies is working for retention, most participants indicated the following response options:

- People feel supported in their learning and development, personal growth: 74.7%, n = 56
- Increased job satisfaction, workforce culture: 60%, n = 45
- Increased engagement: 57.3%, n = 43

The survey asked if participants' workplaces provide retention bonuses. See Figure 3 below.

FIGURE 3: RETENTION BONUSES IN THE WORKPLACE

■	Yes	20%
■	No	47%
■	Only for specific positions	26%
■	N/A	7%

- 100% of participants in skilled nursing facilities and assisted living facilities indicated that their workplace does not provide retention bonuses.
- Most CAH (51.1%, n = 23), PPS (85.7%, n = 6), home health/hospice (50%, n = 1) and specialty hospitals (50%, n =3) indicated "yes" to the statement.

Participants were asked if their workplace conducts exit interviews. Over half of participants indicated "yes" (69%, n = 58), compared to "no" (13.1%, n = 11) and "I don't know" (17.9%, n = 15).

Additionally, the participants who indicated "yes" to this question were asked a follow-up question. These participants were asked what the most common reasons for employees to leave is at their workplace and could select up to five answers most commonly associated with employees leaving, so percents will exceed 100.

The top five reasons for employees leaving their workplace, as reported by survey participants are:

- Cost of living, housing crisis, relocation: 61.8%, n = 34
- Pay: 49.1%, n = 27
- Better job opportunities: sign on bonuses, travel positions, benefits: 40%, n = 22
- Childcare (lack or cost): 32.7%, n = 18
- Burnout: 27.3%, n = 15

SECTION SUMMARY

Overall, administrative and executive staff reported that retention efforts are most effective when tied to opportunities for growth, such as tuition assistance, skills training, and promotions, which were also linked to higher job satisfaction and engagement in focus groups. However, retention bonuses were less common, and exit interview findings revealed that housing costs, pay, and childcare remain significant drivers of employee turnover.

CONNECTION WITH HIGHER EDUCATION AND THE WORKPLACE

ADMINISTRATIVE AND EXECUTIVE STAFF

Survey participants were asked if they have a higher education institute in their county or nearby counties. 82.7% of participants indicated "yes" (n = 67) and 17.3% indicated "no". Participants that responded yes were asked if the higher education institute provides degree or certificate programs to meet the potential needs at their workplace. Most participants indicated "yes" (69.2%, n = 45), followed by "sometimes" (26.2%, n = 17) and only 3.1% (n = 2) participants indicated "no". These two participants belonged to Critical Access Hospitals (6.5% of all CAH responses).

Additionally, participants who indicated they have a higher education institute nearby were asked if they had met with them to discuss developing underrecognized healthcare roles in high demand. Close to half of participants (46%, n = 29) indicated "yes", compared to "no" (36.5%, n = 23) and "not applicable" (17.5%, n = 11). Participants who responded no to this question were asked why, and they could select all that apply so percentages will exceed 100. The reasons participants selected are as follows:

- "Too busy": 22.2%, n = 6
- "We don't have contacts": 18.5%, n = 5
- "Tried in the past and it was unsuccessful": 7.4%, n = 2
- "Turnover at the higher education workplaces": 7.4%, n = 2

Interestingly, over half of survey participants that answered this question provided a write-in response. Written responses are shown below:

- "Degree is not offered at neighboring colleges"
- "Do not believe it will be effective"
- "The higher education program is a nursing accelerated nursing program"
- "Higher education institute is incapable of providing such educational opportunity due to size"

Overall, most participants reported access to higher education institutes that provide the relevant degree or certificate programs, though fewer than half had engaged directly with them to address high-demand healthcare roles.
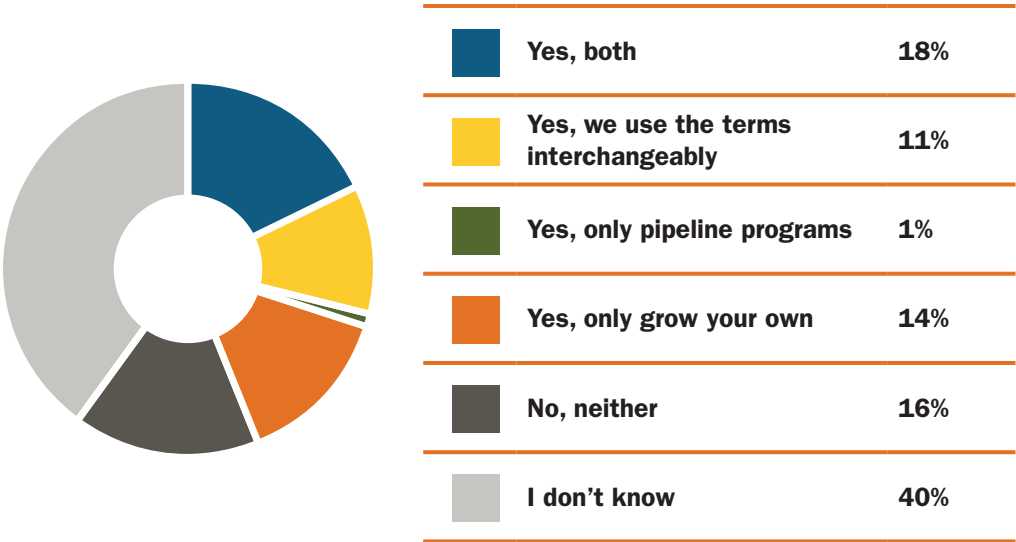
REIMAGINE

Two strategies that were mentioned in the interviews and focus groups were utilizing pipeline or programs and "grow your own" as strategies workplaces have used to recruit and retain their healthcare workforce. For the survey we are defining:

- "Pipeline program" as a structured set of initiatives designed to guide individuals, often from underrepresented groups, through a series of stages or steps towards a specific goal, most commonly in education or careers. The goal is to increase participation and success in fields where certain groups are historically underrepresented.

- "Grow your own" as initiatives where workplaces invest in their local community to develop a sustainable healthcare workforce. This may include providing shadowing or internship opportunities, scholarships or community grants, or other programs to support professionals returning to their home or nearby communities when they are ready to join the workforce.

Survey participants were asked if their workplace has used pipeline programs or grow your own strategies for recruitment. Results are shown in Figure 4 below.

FIGURE 4: GROW YOUR OWN OR PIPELINE PROGRAMS USED IN RECRUITMENT

Yes, both	18%
Yes, we use the terms interchangeably	11%
Yes, only pipeline programs	1%
Yes, only grow your own	14%
No, neither	16%
I don't know	40%

Participants who indicated yes to this question in any way were directed to continue within this section. These participants were asked which pipeline programs their workplace has participated in or developed, and they were able to select all that apply so percentages will exceed 100. The top three pipeline programs participants indicated are:

- High school medical career programs: 66.7%, n = 34
- Staff provides career presentations at local high schools: 66.7%, n = 34
- Facility partners with high schools for CNA training: 54.9%, n = 28

Participants also were given the opportunity to provide write-in responses, including things like "EMT program taught at high school for credit" and "online rad tech programs".

Participants were also asked which grow your own programs their workplace has developed or used, and they were able to select all that apply so percentages will exceed 100. The top three grow your own programs participants indicated are:

- CNA training courses: 60.3%, n = 44
- Staff provides career presentations at local high schools: 57.5%, n = 42
- Internship opportunities: 47.9%, n = 35

Many workplaces reported using pipeline and grow your own strategies like CNA training, high school career programs, and internships to strengthen the healthcare workforce. Job shadowing and clinical experiences were also common and often led to interest in local employment, though factors like housing costs and preferences for larger facilities or urban settings limited long-term commitment.

SECTION SUMMARY

Overall, administrative and executive staff generally viewed their workplaces as competitive, citing wages, benefits, reputation, and work-life balance as strengths. However, participants who reported their workplaces were not competitive most often pointed to wages and limited growth opportunities, with differences across hospital designations suggesting that competitiveness may vary dependent on setting and community context. Overall, medical professionals, allied health, and supportive staff were more divided in their views of workplace competitiveness than administrative or executive staff. Competitive wages were the most common workplace strength identified, while concerns about wages, benefits, and limited resources were highlighted by those who felt their workplaces were not competitive, particularly in rural areas.

EMPLOYEE SATISFACTION

Through our interviews and focus groups, employee satisfaction was identified as a workforce category stakeholders were interested in learning more about. All survey participants completed this section of the survey.

Survey participants were asked to indicate their level of satisfaction with various retention strategies at their workplace. Generally, the majority of responses were in the "satisfied" (37.8%, n = 674) or "very satisfied" (19.7%, n = 351) categories. About a third of responses indicated "not satisfied" (12.6%, n = 224) or "somewhat satisfied" (21.7%, n = 388).

Highest satisfaction items

- Coworkers/people at workplace: 78.5% satisfied or very satisfied

- Flexible schedules: 78.3% satisfied or very satisfied

- Mission-driven work: 68.9% satisfied or very satisfied

Lowest satisfaction items

- Additional employee benefits: only 37.6% satisfied or very satisfied, with 21.5% not satisfied and 14.8% N/A

- Advancement/promotion opportunities: 47.6% satisfied or very satisfied, with 17% not satisfied

Survey participants were asked to indicate their level of satisfaction with their professional quality of life, indicated by various statements surrounding the theme measured from not true to very true.

Highest satisfaction items

- Positive relationship with supervisor/manager: 81% reported true or very true

- Tasks compatible with skills/knowledge: 77% reported true or very true

- Easily create a relaxed environment for clients: 65% reported true or very true

Lowest satisfaction items

- Salary expectations: only 44% true or very true, compared to 23% not true and 32% somewhat true

- Career advancement/upskilling opportunities: 40% true or very true, compared to 19% not true and 38% somewhat true

- Benefits in line with expectations: 54% true or very true, compared to 11% not true and 31.7% somewhat true

Employees reported strong satisfaction with supervisory relationships and alignment of tasks to skills, but compensation and advancement opportunities remain the least satisfactory aspects of professional quality of life for participants.

Survey participants were asked to indicate their level of satisfaction with their workplace experience, indicated by various statements measured from daily to never. Generally, most responses were "daily" (21.8%) and "a few times a week" (19.5%) but negative experiences such as frustration, emotional drain, and thinking about leaving also appeared regularly. "Never" responses were relatively low at 12.6%.

Most positive items

- Support from coworkers: 72% reported feeling supported daily or a few times a week
- Job enjoyment: 79% reported daily or a few times a week
- Energized by work: 61% daily or a few times a week

Most negative items

- Thinking about leaving healthcare field: 67% indicated this a few times a year or more often, with 39% indicating never
- Thinking about finding a new job: 62% reported this a few times a year or more often, with 27.3% indicating never
- Feeling frustrated by job: 45% experienced this a few times a month or more often, with 37% indicating once a month or less to never

Mixed experiences

- Supported by leadership: Only 59% daily or a few times a week, lower than coworker support
- Feeling emotionally drained: 57% reported this a few times a month or more often.

Employees report strong enjoyment of work and support from coworkers, but high proportions of responses also experience job-related frustration, emotional drain, and consideration of leaving their job or even the healthcare field.

Survey participants were asked to indicate their level of satisfaction with their workplace culture, indicated by statements from not true to very true. Generally, most responses were "somewhat true" (44.7%) or "true" (32.4%). Fewer participants indicated "not true" (13%) or "very true" (9.2%).

Most positive items

- Knowing expectations/impact: 59.5% true or very true
- Collaborative work: 53% true or very true
- Valuing unique strengths: 48% true or very true

Most negative items

- Lack interpersonal and technical skills for teamwork: 81% not true or somewhat not true, with only 19% agreeing

- Concerns are heard during change: only 36% true or very true, with 16% not true

- Clear idea of how to proceed during change: 34% true or very true, but 57% only somewhat true

Mixed perceptions of change

- Change is the result of pressures imposed from higher-ups: 46% true or very true

- Change is too quick/disruptive: 29.9% true or very true, but 42% somewhat true

While staff generally support collaboration and clarity of expectations, perceptions around change in the workplace are more negative, with many feeling that concerns are not heard and change is imposed from above or occurs too quickly.

SECTION SUMMARY

Employees reported the strongest satisfaction with interpersonal and scheduling factors, while structural benefits such as advancement opportunities and additional benefits were less positively rated with substantial proportions indicating N/A.

LIMITATIONS

JG identified a number of limitations that influenced the Montana Healthcare Workforce Assessment. The list below highlights a few limitations for this project.

- Project timeline: One of the primary limitations with this project was the expeditated project timeline. The project began in May 2025 and wrapped up in September 2025. Due to the expeditated timeline, there were a few limitations:

  - Potentially lower response rate due to the shorter time-period for data collection.
  - Limited representation of the healthcare facilities and geographic locations that were not represented.

However, one of the strengths of this project was being able to leverage the existing relationships between MHA and their members. The MHA staff helped assist in recruitment for interviews and focus groups as well as promotion of the survey by directly contacting their MHA members. This streamlined approach helped to quickly and effectively recruit survey participants and interviewees.