Motivating Question and Background

What are the implications of system transformation for the workforce?

How can we avoid the fiasco of 1990s that resulted in massive lay-offs and nurses leaving the field?

What can we learn from how leading health systems with historic commitment to the workforce and LMP are managing change?

What is Workforce Planning and Development (WFPD)? Macro level processes and practices that enable the system to change and adopt new staffing arrangements, and respond with timely and appropriate education, training and certification programs, and attention to working condition, i.e. not simply supply-and-distribution of personnel in different categories.

Theory: Loosely Coupled Systems (LCS) (Weick 2009, for our purposes)

- LCS: Focus on hierarchy and interdependence among elements within and between organizations and subunits, & how this variability enables different operational responses to shifts in the environment.
- Goal: To know how to loosen tightly coupled systems, avoid unnecessary tightening of loose ties, while tightening certain core elements.
- Relevance: As we broaden the continuum of care, new relationships and forms of coupling across once separate organizations are emerging.

Theory: Adaptive WFPD (Rousseau and Dubois 2003; Carson et al. 2010)

- Traditional approach is linear, sequential, and protracted skill formation process through which healthcare providers hand off demand projections to educational institutions and certifying bodies that in turn, supply the requisite workforce.
- Rule-based cognitive processes not equipped to tackle complex problems requiring controlled cognition, slow, deliberative, and explicit thinking, associated with reciprocal interdependence, and changing roles and competencies.
- Situated: More adaptive methods to prepare the healthcare workforce to perform in a more complex system of care, with job tasks, team interactions, and work locations are continuously changing.
- Situated: From predictions based on quantitative measures of the stakeholders to sense making through deep listening, negotiation and accommodation to interests and needs.

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From 5 Themes to 7 Adaptive WFPD Principles

1. Strong Values and Vision
   - XP: Health promotion, healthy workplaces – investment in LMP, vision for innovative company drives current cycle of change – as does new values of consumerism (convenience, affordability, etc.)
   - Montefiore: value for population health – external partnerships including AR, WFPD as a population health strategy.

2. Transparency and early dialogue re: change and change strategy: conditions for shared leadership and investment outcomes
   - XP: Highly integrated system of corporate governance involves labor in strategic decisions – union based teams to national strategy.
   - Montefiore – less labor creativity internally, but strong partnership in external labor market to increase quality through t&d across region.

3. Change emerges from innovations in workplace – unit level which accounts for competing interests – not based on defined jobs and scope of practice
   - XP: Jobs of the future and RAD – design from consumer up.
   - Montefiore: HR 'business partners' and CMD – continuous improvement process – identify optimum work design – build competency map – train as needed.

4. New patterns of coupling – both tightening and loosening – exist within the traditional approach
   - XP: One KP – skill standards, etc. vs. realigning roles and competencies, etc.
   - Montefiore: tightening connections throughout LCS of providers – through traditional CMD improvement strategy – id at work areas, conduct capability audit, redesign for quality, identify roles and competencies, train as necessary.

5. Maturing the WFPD model/intermediary functions
   - XP: show up, establish a presence, aggressive engagement, deep listening, and accommodation – translate the workforce and labor piece of change – core of WFPD.
   - Montefiore: HR bus partners in units - link KP to change in units, CMDs, council and front line facilitators embed training throughout and play a listening function, extensive external structure to embed WFPD in macro structural change on industry level.

6. Change emanates from innovations to workflow
   - Situated: Strategies used to foster new patterns of coupling reflect traditional approaches.
   - Integrated: WFPD seeks to connect and integrate internal and external units to create coherent workflows and communication channels across an expanding continuum of care, as well as across a fragmented skills formation system.

7. Themes & Adaptive WFPD Principles

5. New patterns of coupling
   - Situated: Strategies used to foster new patterns of coupling reflect traditional approaches.
   - Integrated: WFPD seeks to connect and integrate internal and external units to create coherent workflows and communication channels across an expanding continuum of care, as well as across a fragmented skills formation system.

6. Maturing the WFPD model/intermediary functions
   - Consensus: decisions are made by consensus and in order to accommodate the needs, interests, and preferences of participating groups.
   - Continuous: adaptive planning processes allow for mutual adjustments to accommodate population needs as well as changing roles.
   - Generative: results in new resources and capacity for innovation

8. WFPD is Changing...

- From a linear, technocratic, top-down approach to an integrative, boundary spanning, consensus building approach.
- From occupation centric to demand driven, based on data and accommodation to interests and needs.
- From predictions based on quantitative measures of objective structures (jobs, professions, graduation rates, etc.) to sense making through deep listening, negotiation and mutual adjustment along a growing continuum of care.
- From rule based action and thinking to “controlled cognition” that is slow, deliberate and explicit (transparent and warranted).

Conclusion

Systems simultaneously asked to expand coverage and access, while incentivized to extend the continuum of care and the social determinants and care management – significant pressure on traditional care models and staffing arrangements this is leading to new patterns of “coupling”, both within and across health care organizations.

Effectiveness of the transformation may hinge on new, more adaptive methods to prepare the healthcare workforce to perform in a more complex system of care, where job tasks, team interactions, and work locations are continuously changing.

- Theories of LCS and adaptive WFPD helps explain and guide change.

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