

PREFACE

Change has become a staple of the healthcare system. It is omnipresent in our discussions about healthcare: A Google search for “healthcare change” yields more than 17 million results.

In the previous edition of this book, we made the observation that healthcare has undergone major transformations as a result of advances in technology, availability of information, and new forms of organizations and financing mechanisms. To this list we add the emerging impact of globalization not just on healthcare but also on the healthcare workforce, greater awareness of natural and man-made threats, and increased recognition of possible severe labor shortages because of the aging of the population and aging of the healthcare workforce.

An oft-repeated maxim is that “change creates opportunity.” In the present healthcare environment, change inspires feelings of uncertainty. However, it does offer opportunities for honest people who seek solutions to healthcare problems, some of which have little precedent in terms of type or scope. This environment also creates opportunities for opportunists who, like snake-oil salesmen of days past, tempt us with quick fixes. Some of these fixes are merely repackaged and relabeled old strategies that are marketed effectively to a public desperate for new answers. Many of these fixes have little or no empirical support, but they are strongly promoted by “heroes of management.” Simply turn your attention to the business section of any bookstore to see the array of fixes for sale.

Pfeffer and Sutton’s (2006) book, *Hard Facts, Dangerous Half-Truths, and Total Nonsense*, provides an enlightening and amusing picture of the frivolous, trendy nature of the management book market. Even the titles of these books read like fads, even contradictory: *Love Is the Killer App: How to Win Business and Influence Friends* and *Business Is Combat: A Fighter Pilot’s Guide to Winning in Modern Business Warfare*. With a few exceptions, the half-life of this genre of management “literature” is overall short but sufficiently long for its authors and publishers to reap a handsome profit and for business followers to jump on the next “revolutionary” method.

This new edition of *Human Resources in Healthcare* takes the approach supported by Pfeffer and Sutton and by responsible leaders in the healthcare industry who advocate the use of evidence in management and clinical work. In a recent *JAMA* article, Shortell, Rundall, and Hsu make an eloquent case for linking evidence-based medicine (EBM) and evidence-based management (EBMgt) to improve quality of care:

Until both components are in place—identifying the best content (i.e., EBM) and applying it within effective organizational contexts (i.e., EBMgt)—consistent, sustainable improvement in the quality of care received by US residents is unlikely to occur (Shortell, Rundall, and Hsu 2007, 673).

Evidence-based management practices do not always have the shelf appeal of popular business methods contained in books sold at mall shops. However, such practices are robust and long-standing, owing to the fact that they have empirical support, have led to a sustained record of success, and have been designated as best practices. This edition, like the last two editions, is filled with concepts and strategies that have, over the years, been repeatedly tested and refined by practicing leaders and managers in actual organizations.

A word about the general concept of management is in order, however. The success of management practices is considerably less certain than, for example, the well-proven effectiveness of the measles vaccine. After all, clinical trials are hard to come by in management. What works in management and human resources management often depends on a myriad of factors, codified in organizational contingency theories. This fact does not make our management theories, research findings, and practices invalid, however. In medicine, we know that patients with the same disease respond very differently to the same medication, but we do not yet fully understand why that is the case and we cannot yet personalize medications to the unique characteristics of the individual. The same idea applies to management.

In light of this, our humble advice is for managers at all organizational levels to be aware of the unique contingent factors that may have an impact on the effectiveness of any recommended practice or strategy. We accept the fact that many people in our impatient society will be less than satisfied with strategies that do not work in every circumstance, every time. But then again, those people are more likely to purchase books at their local mall.

While we hope that this book imparts evidence-based knowledge, we also realize that having this knowledge alone does not guarantee that even the most studious reader will become an effective manager. We certainly would not expect someone who only carefully read and absorbed medical textbooks, but who never actually performed the procedures and obtained feedback, to perform any type of surgery, let alone a successful one. The point is that effectiveness takes a considerable amount of learning, practice, and time. Being an expert manager means getting to the point where book

knowledge becomes intuitive and decisions are guided by this intuition. It is no wonder that the archetype of the wise old man or woman can be found across cultures.

Having said this, we encourage readers to supplement the empirical strategies and tools presented in this book with competency-building activities.

Book Overview

We have substantially revised the content of this book in our continuing efforts to impart, and keep up with, the knowledge base required to be competent in healthcare human resources management. This edition includes three new chapters:

- Chapter 3
- Chapter 9
- Chapter 12

In addition, the book contains three extensive cases that emphasize that human resources management goes beyond its own function and extends to other aspects of the organization.

Without exception, all other chapters have been expanded, updated, and improved. The new authors and coauthors in this edition not only further enrich the content but also add to the healthy mix of educators and practitioners who contributed to this book.

Chapters

Chapter 1, by Myron Fottler, explores strategic human resources management. For many years, the human resources function was synonymous with handling “personnel” and had a reputation for being passive and at times obstructionist in its relationship with internal customers. This chapter presents a progressive approach to human resources management that links human resources practices with organizational mission, strategies, and goals.

Chapter 2, by Tom Ricketts, offers an overview of human resources planning from a societal or national perspective. The chapter provides the reader with an appreciation of the regional, national, and global context of human resources planning and management.

Chapter 3, by Leah Masselink, discusses the increasing global mobility of healthcare professionals and its effects on the workforce and healthcare quality in this country and abroad. The chapter helps the reader consider the logistical and ethical challenges of this issue.

Chapter 4, by Kenneth White, Dolores Clement, and Kristie Stover, takes the reader through the world of various healthcare professions. This chapter lays out the functions, educational preparation, licensure requirements,

changing roles, and management implications of those who directly provide and those who support the delivery of healthcare.

Chapter 5, by Beverly Rubin and Bruce Fried, is a guide in the vast legal environment surrounding healthcare human resources. Among other topics, the chapter addresses employee rights, discipline and privacy, sexual harassment, and equal employment opportunity.

Chapter 6, by Rupert Evans, focuses on the subject of societal and workforce diversity. This chapter gives a much-needed clarification on the meaning and application of diversity in healthcare organizations, pointing out that the term involves considerably more than a person's race and ethnicity.

Chapter 7, by Myron Fottler, brings us into, perhaps, the most critical foundational concept in human resources management: job analysis. The chapter explains the processes of and useful approaches to conducting a job analysis, creating job descriptions, and writing job specifications. Fottler contends that the deliberate structuring of work can lead to improved individual, group, and organizational performance.

Chapter 8, by Bruce Fried and Michael Gates, deals with recruitment, selection, and retention. In this edition, the chapter expands its coverage of retention, presenting recent evidence on the effectiveness of alternative retention strategies and discussing the costs of turnover.

Chapter 9, by Rita Quinton, offers useful, practical advice on designing and evaluating employee-training activities. The chapter is a comprehensive treatment of the many aspects of developing a training program that works.

Chapter 10, by Bruce Fried, describes a variety of approaches for managing employee performance, including providing feedback and building strategies for improvement. Fried emphasizes that for performance management to be effective, it needs to be viewed as positive rather than punitive and likely requires a change in organizational mind-set.

Chapter 11, by Howard Smith, Bruce Fried, Derek van Amerongen, and John Laughlin, is a comprehensive treatment of the issue of compensation, including balancing internal equity and external competitiveness and the conflicts that can arise within different compensation models.

Chapter 12, by Dolores Clement, Maria Curran, and Sharon Jahn, attends to a critical topic that was sorely missing in earlier editions: employee benefits. In this chapter, the authors dissect the aspects of employee benefits, including the history, current practices and challenges, budgetary implications, and benefits administration.

Chapter 13, by William Gentry, explores the issues of health and safety in the healthcare workplace. This chapter has been expanded to include disaster preparedness and disaster management.

Chapter 14, by Donna Malvey, covers labor relations and unionization. The chapter presents new information, including recent rulings that

have direct relevance to healthcare. Malvey notes that the healthcare field and the public sector remain the two major targets for unionization in the United States.

Chapter 15, by Cheryl Jones and George Pink, is a broad discussion of nurse workload and measurement. The chapter addresses topics such as patient classification systems, evidence on the relationship between nurse workload and the quality of care, and nurse workload and nurse shortages. New exercises are included as well to stimulate thinking and discussion.

Chapter 16, by Eileen Hamby, concentrates on human resources budgeting and employee productivity. This chapter is particularly relevant today given the increased attention to using metrics in human resources management. Elements of a labor budget are described, and the controversial question of outsourcing is broken down and analyzed.

Chapter 17, by Myron Fottler and Robert Ford, emphasizes customer focus and the role of human resources in creating and maintaining a customer-focused organization. The chapter defines practical strategies to more closely align human resources systems with a customer-focused vision.

Chapter 18, by Bruce Fried and Myron Fottler, examines current and future societal and healthcare trends that have (and will have) implications for the healthcare workforce and human resources management. The authors posit that, in the face of challenges, human resources managers will need not only to play an active role as a strategic partner to the organization but also to be inquisitive, creative, and communicative about how human resources can best respond to these issues.

Cases

This edition also includes three integrative cases. Taking the perspective that human resources management is not confined to the “human resources silo,” these cases challenge the reader to consider the larger environment of the organization when addressing human resources issues. Based on real situations, these cases analyze three different levels: the organization, the department, and the individual.

Case 1, by Sarah Huth and Sara Hofstetter, surrounds a downsizing effort at a VA facility and raises important questions about the many pitfalls of organizational reorganization.

Case 2, by Andy Garrard and Heather Grant, discusses a radiology department’s struggle with its customer service role. The case involves the complex interplay among organizational trust, process improvement, organizational conflict, and technological change.

Case 3, by Lee Ellis, Dawn Morrow, and Adia Bradley, addresses the complex process of performance feedback and the difficult human issues that arise in providing feedback to employees.

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Myron Fottler

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