The New Health Care Workplace

Health Care Reform and Younger Generations

By Kevin Haeberle

The forward movement of time does funny things to our perspective of work and the people around us. A few years ago, those of us who looked at the future of health care organizations began discussing the impending changes that would be caused by the X and Y generation of employees entering the workplace. These younger employees bring different ideas about work and relationships than the current baby-boomer created culture holds.

In the early 2000s, the idea that fundamental shifts in management style and approach would be needed was greeted by denial and skepticism. The baby-boomer dominated leadership thought that the new generation of employees would surely mold into the culture of the workplace as it existed at that time. The idea of changing fundamental management systems and programs that had been in place and successful for years was simply too difficult for those leaders to grasp.

Around the same time, some health care organizations started noticing that their current workplace approach was starting to impact the recruitment of younger employees. Senior leaders started thinking that maybe they *did* have a potential issue and needed to make changes. As this awareness level started to gain traction, the recession hit and the focus on recruitment needs was replaced by wage freezes, layoffs, and high unemployment. The concerns about generational changes and related workplace changes were relegated to a low priority level. The perception was that the problem had gone away since employees of all ages could be heard saying, "I am just happy to have a job."

Unfortunately, the need to change the workplace did not go away. In fact, time marched on and the workplace generational change was moving forward at an accelerated pace, with little reaction from leaders. Like a weak dam holding back a flooded river, the pressure continued to build, and an impending flood was inevitable.

Over 10 years have passed since the "early adopters" began speaking of the impending impact from the generational change in the workplace. And the change is here – whether we are ready or not. The majority of employees in the workplace are no longer baby boomers. The X Generation employees are beginning to supplant the long-tenured and firmly entrenched baby boomer leaders. The Y Generation, the largest population group ever, is now reaching their 30s and tired of waiting for organizations to make changes – they are now demanding them.

In addition, the first Y Generation physicians are just now making their mark on their profession as they come out of residency programs with fundamentally different ideas than their well-established colleagues on the areas of employment and workload. These different attitudes will fuel the fast-accelerating trend of physician employment by hospitals, foundations, or even insurance providers. As the Y Generation physicians replace the retiring baby-boomer dominated medical field, the long-established models of physician relations will simply no longer be effective.

And Now Comes Health Care Reform

As the first X Generation president was elected, change was the theme of the day, with health care reform being first on the list. Health care organizations now face two compelling pressures – the first, a need to develop new management systems to better motivate and engage the next generation of employee, leaders, and physicians; and the second, a fundamental shift in the delivery of care due to dramatic payment reductions and outcome accountability.

These two tectonic shifts in health care – occurring essentially at the same time – will cause the foundation of management approach and the providing of patient care to crumble if not shored up and strengthened while there is still time.

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Many hospitals in California have spent hundreds of millions of dollars to implement earthquake-resistant retrofits to their buildings. Health care organizations across the nation face the same need to retrofit their organizations to meet the two challenges of a changing employee population, and then need to squeeze the highest amount of efficiency out of an inherently inefficient health care delivery model.

Construction Plans

Almost all health care organizations are developing – and even implementing – "construction" plans. Some are simple remodeling plans and others are major tear downs. The common themes among the more innovative plans are as follows:

Developing More Flexible Workplace and Management Systems

This includes new compensation models that focus more on skills and knowledge than experience and longevity; more flexible time-off programs where employees can trade wage increases for time off; health insurance plans that reward lifestyle – not just health; and part-time leadership positions. Traditional structured "shift" scheduling is being replaced by aligning the workload needs with employee wants, resulting in employees working a few hours, then attending to personal needs, and returning to complete a shift.

Using New Technology to Communicate and Inform

Some hospitals are now providing an iPad to all employees with apps specifically designed to communicate key information in a new and robust manner, as well as provide continual contact and collaboration among employees, leaders, and physicians. The days of classrooms, formal memos, and PowerPoint presentations are being replaced with interactive graphic programs, where the written word is supported by images and even music. Group texting instead of conference calls; immediately updated electronic libraries and policy manuals; and work occurring anywhere – home, overseas, or on the boat – are just a few of the new activities some cutting-edge hospitals are exploring.

Not Just Looking at Cutting Costs, but Fundamental Changes to the Delivery of Care

The delivery of care is an inefficient business. When people are involved on both ends of the activity – the delivery and the receiving – the human element requires flexibility and fights uniformity. Add to the mix that the consumer of the service is disconnected from the payment for the service, it is amazing that our health care delivery system has reached such a high level of efficiency and effectiveness.

We Are Our Own Worst Enemy

To reach the next level required by health care reform and the significant reductions in payment, health care providers are looking at challenging some of the long held patient care delivery beliefs. One of those beliefs is that the more people (especially professionals), the better the care. Historically this may have been true, but the new challenge is to provide high levels of care with fewer people or at least fewer higher-priced professionals. One plan is to have fewer registered nurses but focus on the "thought" side of nursing and less on the "do" side. This is similar to the model that now exists in many primary care offices, where physicians maximize their knowledge and skill by using nurse practitioners and other support staff to handle some tasks.

The other long-held belief is that health care needs to be "community based," which has led to health care being one of the last "cottage" industries in the nation. As patients and their families have more and more quality and outcome information to make decisions as to the best place to receive care, local hospitals and physicians are finding their captive community market is shopping elsewhere.

This trend will result in high quality and superior outcome health care providers, regardless of where they are located, siphoning off a portion of the local health care market. To compete, local health care providers will need to duplicate the higher performing environments either by establishing the same methods and protocols, by buying those services, or in some cases, being bought. In either case, uniformity will explode throughout health care resulting in improved efficiency but at the cost of community-led and focused health care. This same trend occurred in retail during the last 20 years, with the community-based pharmacy or hardware store being replaced by national models that provided more inventory at a lower cost because of uniformity and the capability of implementing a best practice over a large base.

The Good Old Days

During the next five years, two phrases will likely be heard regularly in hospitals, physician offices, and even union meetings.

One phrase will be, "Remember the good old days?" When there was structure and people had commitment and always put the patient first. When community leaders helped direct the health care being provided, and physicians regularly sacrificed their personal needs for the greater good. When the personal touch of a nurse or physician was the key, not a machine.

The other phrase will be, "Isn't this a great time to be in health care?" Where we now provide best practices to patients across the nation. Where communication and education efforts take advantage of all the current technology. Where the workplace is flexible enough for employees, physicians, and leaders to lead a fulfilling personal life and still meet the needs of the organization. Where patients and their families control the delivery of care through self-serve technologies. Where the cost of health care is manageable so that more people can access care. Finally, where health, not sickness, is the focus of our national health care system.

Preparing for the second phrase will be the new challenge for all health care HR leaders. ■

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