The Human Side of Staffing

Executive Summary

- While the call for data-driven staffing is loud and even overdue, our approach to it must be harmonized with the human side as well.
- Discovering the right combination of hard data and soft data may well be the impetus needed to catapult a shift in how we approach staffing to new levels of effectiveness.
- Nurses should not be apologizing for our focus on quality and the patient experience, but rather leveraging the human understanding that nursing has mastered into our business models, financial plans, and staffing programs.
- The way human beings respond to something, no matter how grounded in scientific facts and evidence, can mean effectiveness or ineffectiveness, success or failure.
- In developing staffing strategies, programs, and practices, it can be helpful to consider the “experience impact” as part of the decision-making process.

Reflection, Insights, Renewed Priorities, and New Commitments are a Nourishing Part of the Transition from One Year to the Next. We are often so busy that much-needed time for quiet reflection and renewal is sacrificed to the day-to-day demands of work, family, and community. However, during the ushering in of a new year there seems to be a natural pause in the chaos of life when we look back and then forward with new eyes. One such moment gave rise to the thought of beginning the new year for “Staffing Unleashed” with a shift away from the urgent pressures of the our times; economic turmoil, health care reform, the latest research findings and their implications, the focus on evidence, and the daily challenges of staffing. The coming year will be rich with further exploration of these demanding issues. (See “A Protocol for Capturing Daily Variability in Nursing Care” in the March/April issue of Nursing Economic$ an in-depth look at solving one of our biggest challenges in evidence-based staffing.) But with the freshness of a new year still lingering, it seems fitting to begin with a thoughtful reflection on the human side of staffing. After all, no matter what directions we choose, problems we solve, or decisions we make, there remains the reality that they will all impact human lives in one way or another.

Some, perhaps many, hold the opinion that the current state of staffing in health care is too heavily focused on the “softer” or more human side of the equation and that the real need is to bring more science, data, and evidence to health care staffing. Looking across the country at staffing strategies, budget processes, practices, and outcome measures, it is hard to argue with this position. However, as we head down the path of applying a more scientific and evidence-based approach to staffing, it seems imperative to remember that the delivery of health care is, at its core, human beings helping other human beings with all of the nuances and complexities that implies. So while the call for data-driven staffing is loud and even overdue, our approach to it must be harmonized with the human side as well. If not, we may find the pendulum swinging to far in the other direction, leaving us once again out of balance and wondering why we are not getting optimal outcomes from our staffing programs.

The Right Combo

Discovering the right combination of hard data and soft data may well be the impetus needed to catapult a shift in how we approach staffing to new levels of effectiveness. This type of breakthrough will require the kind of change that involves the willingness to release comfortable patterns and familiar mental models that drive our thinking. Remembering the tried and true Ladder of Inference from Peter Senge (1994) can be useful in shaking things up and making room for discovery and innovation. The Ladder of Inference has six rungs from the top to the bottom:

1. Mental models
2. Beliefs/Generalizations
3. Drawing conclusions
4. Add meaning
5. Data selected
6. Observable data

The premise is we often function at the top levels of the ladder. Our mental models and beliefs influence what data we select and pay attention to. Our mental model of red lights at intersections triggers a reaction; we see a red light, we hit the brakes. Of
course this is good; we stop and the cars with a green light go forward safely. But there is a down side to relying too much on the reactive levels at the top of the Ladder of Inference. We have a tendency to select data that support our predefined beliefs, which can hold us back from recognizing, and/or making use of different or new information that might positively influence or change how we respond. Reliance on beliefs and mental models can be so automatic that we might not even recognize that they are creating barriers to reaching more informed conclusions (Senge, 1994).

It can be easy to rely on the worn mental model when approaching the topic of the human side of staffing. Nurses have long struggled with labels that discount our business savvy, placing more emphasis on our compassion for patients and our advocacy for quality. This is perhaps the first mental model that needs changing. We should not be apologizing for our focus on quality and the patient experience, but rather leveraging the human understanding that nursing has mastered into our business models, financial plans, and staffing programs. Human beings and their experience, whether on the receiving side or the delivery side, are at the center of health care and thus the experiences of people could be thought of as the most fundamental piece of data in the science of staffing.

The People Factor

The people factor, or human side of the business of health care, is a powerful force. The way human beings respond to something, no matter how grounded in scientific facts and evidence, can mean effectiveness or ineffectiveness, success or failure. A story once circulated about the manufacturers of Bactine®. As the story went, the manufacturers of Bactine developed a formula that removed the sting when the medicine was placed on open skin. It would be logical to think consumers would be very pleased with this new development; less pain, less crying children. But they were not. Instead of jumping for joy to get a painless intervention, people stopped buying Bactine. As the story goes, without the sting, consumers did not believe it was working. While this story may or may not be true, it introduces the point, that having a deep understanding of the human side of a situation becomes an essential component of any sustainable solution. How much money might have been lost on the disconnect between the makers of Bactine with their good intentions and the nature of the human response? One cannot help but wonder how many health care initiatives might have had a similar fate.

So, it is not so far-fetched to promote the concept of giving fair weight to understanding the experience people have as a result of the goods and services we deliver. Many of us can recall over the years stories that highlight the value of paying attention to or creating situations that are sensitive to the question of the human experience. Take, for example, the unfortunate situation of a medical error, where the patient and family work through the experience with the health care team with understanding and without blame. Or the similar set of circumstances that turns into anger, blame, litigation, and damaged reputation. Another example might be the high-performing staff member who leaves the organization frustrated with a manager whose attitude and lack of recognition drives talent away. Or the fall-out from a poorly conceived incentive program which some abuse and others recognize as unfair. All of these situations have in common a variation in the experience of the individuals involved and thus how they respond. By paying close attention to the human experience side of the equation in concert with business and science, we may resolve many problems we are seeking to address.

We do some of this already by collecting patient and employee satisfaction data. But there is more to the picture of experience than satisfaction. And even with the availability of satisfaction as an indicator of experience, how often are satisfaction scores part of the staffing plan or budget process? Far-fetched? Perhaps not. Perhaps adjusting our staffing practices to factor in the patient and staff experience would result in lower costs and more efficient operations.

The Experience Economy

Turning to the business world for some further insights into this line of thinking, the work of Pine and Gilmore (1999) comes to mind. Their discerning assessments of business trends explore the basic premise that we have evolved through different periods of economic value and are now in the era of an “experience economy.” In an experience economy, the highest value economic offerings are experiences. They propose that in this era businesses need to see the experience as the product that is delivered and understand experience is the lasting component which will be remembered and therefore influence future behavior. These experiences can include engagement on an emotional, physical, intellectual, or even spiritual level. Factoring this into business strategy brings alignment between what consumers want and what business need to focus on delivering (Pine & Gilmore, 1999).

Combining two of their models, “The Economic Pyramid” and “The Progressions of Economic Value and Valuable Intelligence,” provides a visual representation that can stimulate some profound thinking (Pine & Gilmore, 1999) (see Figure 1).

While this model can be used in many ways, in terms of health care staffing it can help us consider the relationships influenced in a data-driven model. It emphasizes the relationship of data to knowledge and wisdom. It differentiates the providing of goods and
services from experiences and transformations. It helps us remember that data, statistics, and mathematical models alone are not very useful. The value they bring is in how they inform effective decision making. Effective decision making occurs with the experience and wisdom to see beyond the data. It is the experience and wisdom to know what to do with the data that make the data powerful in effecting desired outcomes. So how does all this relate to health care staffing and how would health care staffing be different if we approached it with a balanced understanding of the human, science, and business components?

The Experience Impact

Throughout the history of health care, no matter the prevailing issues, new diseases, latest treatments, or newest technology, health care provides care for people in need. The already complex nature of human beings is compounded when faced with a health crisis. Add to this the coordination and delivery of care based on a combination of the changing physical, emotional, and spiritual states of the patient over the course of a hospitalization, and it becomes clear a number of important variables contribute to the patient’s experience.

If we apply the belief that the patient experience is central to the outcome and there is a resulting impact on efficiency and costs, then how would that change our approach to the patient? For example, would we pay more attention to continuity of patient assignments? Would we be more conscious of the importance of the relationship between individuals on the care team and the patients and their families? Would we demand staffing and scheduling technologies that take these variables into account? Would we have ways to better match, not just the competencies and skills of caregivers with patient needs, but consider personality traits, preferences, and belief systems? How would our staffing budget process, or what we use to measure our success, change if the patient experience was a central part of our approach. For example, would patients have a say in staffing assignments?

In health care, the human part of the experience is not limited to those who receive care; it is also related to those who provide it. If we examined the things we do that impact the workforce we rely on, what would we change to assure the experience results in a highly engaged, highly trained, and efficient workforce? Take something as simple as a phone call. Seems innocent enough until you talk to nurses who are constantly badgered with calls asking them to work. Driven by the urgent need to fill open shifts, managers or staffers can spend hours on the phone in search of help. Some organizations even have automated calling systems, letting technology make the phone calls. But what is happening on the other end?

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What kind of experience is the nurse having and how is she/he responding? Caller ID, separate phone lines, leaving jobs frustrated with the constant intrusion on their private lives, or being worn down by different levels of persuasion, begging, use of guilt, negotiating, or becoming reliant on the incentives managers use to get needs met. How does this damage the relationship between nurse and manager? How does it affect the experience with the employer? What’s the impact and cost of turnover? When a nurse gives in and comes to work tired or resentful, how does that affect the nurse-patient interaction? How are these types of experiences contributing to the large number of nurses who leave acute care each year, or who leave nursing entirely?

If we fully believed that the human experience was an important factor in how we operate, what might we do differently? How could our staffing practice change to alter these experiences? Would staffing practices be more flexible? Would we demonstrate more respect for the private lives of our care team? Perhaps we would develop more thoughtful ways to communicate needs and make it easier for staff to respond. And just to keep this all in perspective, many aspects of these situations have implications on the business side. Turnover, vacancy, contract labor use, overtime, fatigue-related errors, non-reimbursable events, reputation, competitive advantage, referrals, HCAHPS scores, reimbursement, and litigation all have financial implications. Thus, one could conclude that the business of understanding and addressing the experience of people matters.

A Thorough Analysis

Through the process of health care delivery, lives are touched in deeply intimate ways. Too much emphasis on science or numbers could be just as out of balance and costly as too much emphasis on the human factors.

In developing staffing strategies, programs, and practices, it can be helpful to consider the “experience impact” as part of the decision-making process. Equipped with a strong understanding of the impact experiences can have on the business of health care, we can move from apologizing for being advocates for the “soft” stuff to being sought after for our expertise. We can assure that there is a thorough analysis of the intended and unintended consequences of ideas before they turn into decisions. The result: a highly informed use of data and information with the understanding and wisdom necessary to achieve optimal outcomes. What we do in health care ends up impacting the human experience, of which we are all a part. In the next issue, back to the “hard” side of the equation! $