

HEALTHCARE PROFESSIONALS

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Learning Objectives

After completing this chapter, the reader should be able to

- understand the role of healthcare professionals in the human resources management function of healthcare organizations;
- define the elements of a profession, with an understanding of the theoretical underpinnings of the healthcare professions in particular;
- describe the healthcare professions, which include the majority of healthcare workers, and the required educational levels, scopes of practice, and licensure issues for each;
- relate knowledge of the healthcare professions to selected human resources management issues and systems development; and
- comprehend the changing nature of the existing and emerging healthcare professions in the healthcare workforce, particularly the impact of managed care.

Introduction

Healthcare professionals are central to the delivery of high-quality healthcare services. Extensive training, education, and skills are essential in meeting the needs and demands of the population for safe, competent healthcare. Healthcare professionals acquire these specialized techniques and skills through systematic programs of intellectual study that are the basis for socialization into their profession. Additionally, the healthcare industry is labor intensive and is distinguished from other service industries by the number of licensed and registered personnel that it employs and the variety of healthcare fields that it encompasses. These healthcare fields have emerged as a result of the specialization of medicine, the increased scope of advanced practice nursing, the development of public health, an increased emphasis on health promotion and prevention, and technological advances and growth.

Because of the division of labor within medical and health services delivery, many tasks that were once the responsibility of physicians are now shared with other healthcare professionals. Healthcare is delivered by inter-professional teams with the physician at the helm, with a greater emphasis on patient- and family-centered care. The collaboration of healthcare delivery teams raises important questions for the industry: What healthcare professions are involved in patient- and family-centered care collaboration? What is the extent of their scope of practice?

This chapter responds to the aforementioned questions by defining key terms, describing the healthcare professions and labor force, explaining the role of human resources (HR) in healthcare, and discussing key HR issues that affect the delivery of healthcare.

Professionalization

Although the terms *occupation* and *profession* often are used interchangeably, they can be differentiated.

An *occupation* enables workers to provide services and is the principal activity that supports one's livelihood. However, it is different from a profession in several ways. An occupation typically does not require higher skill specialization. An individual in an occupation is usually supervised, adheres to a defined work schedule, and earns an hourly wage rate. An individual in an occupation may be trained for a specific job or function and, as a result, is less able to move from one organization to another.

A *profession* requires specialized knowledge and training that enable professionals to gain more authority and responsibility and to provide service that adheres to a code of ethics. A professional usually has more autonomy in determining the content of the service he or she provides and in monitoring the workload needed to do so. A professional generally earns a salary, requires higher education, and works with more independence and mobility than nonprofessionals do.

The distinction between an occupation and a profession is important because the evolving process of healthcare delivery requires professionals who are empowered to make decisions in the absence of direct supervision. The proliferation of knowledge and skills needed in the prevention, diagnosis, and treatment of disease has required increasing levels of education. Undergraduate- or graduate-level degrees are now required for entry into virtually every professional field. Some professions, such as pharmacy, physical therapy, and nursing, are moving toward professional doctorates (i.e., Doctor of Pharmacy [PharmD], Doctor of Physical Therapy [DPT], and Doctor of Nursing Practice [DNP], respectively) for practice.

A countervailing force against the increasing educational requirements of the healthcare professions is ongoing change in the mechanisms for delivery and payment of services. With consolidation of the healthcare system and the rise of managed care, along with its demands for efficiency, fewer financial resources are available. As a result, healthcare organizations are pressured to replace highly trained—and therefore more expensive—healthcare professionals with unlicensed support personnel. Fewer professionals are being asked to do more, and those with advanced degrees are required to supervise more assistants who are functionally trained for specified organizational roles.

Functional training produces personnel who can perform tasks but who may not know the theory behind the practice; understanding theory is essential to becoming fully skilled and being able to make complex management and patient care decisions. Conversely, knowing the theory without having the experience also makes competent practice difficult. When educating potential healthcare professionals, on-the-job training or a period of apprenticeship is needed in addition to basic coursework. Dreyfus and Dreyfus (2009) contend that both theoretical knowledge and practiced response are needed in the acquisition of skill in a profession. These authors lay out five stages of abilities that an individual passes through as he or she develops a skill:

1. *Novice*. At this stage, the novice learns tasks and skills that enable him or her to determine actions based on recognized situations. Rules and guidelines direct the novice's energy and action at this stage.
2. *Advanced beginner*. At this stage, the advanced beginner has gained enough experience and knowledge that certain behaviors become automatic, and he or she can begin to learn when tasks should be addressed.
3. *Competent*. At this stage, the competent individual has mastered the practiced response of definable tasks and processes and has acquired the ability to deal with the unexpected events that may not conform to plans.
4. *Proficient*. At this stage, the proficient individual has developed the ability to discern a situation, intuitively assess it, plan what needs to be done, decide on an action, and perform the action with less effort than in the earlier stages.
5. *Expert*. At this stage, the expert can accomplish the goals without realizing that rules are being followed because the skill and knowledge required to reach the goal have become second nature.

Theoretical understanding is melded with practice in each progressive stage. Functional training can help an individual progress through the first

three stages and can provide the individual with the calculative rationality or inferential reasoning ability to be able to apply and improve theories and rules learned. For skill development at the proficient and expert levels, deliberative rationality or the ability to challenge and improve theories and rules learned is required. Healthcare professionals need to become experts in fields where self-direction, autonomy, and decision making for patient care may be required (Dreyfus and Dreyfus 2009).

Healthcare Professionals

The healthcare industry is the largest and most powerful industry in the United States. It constitutes nearly 9 percent of the country's total labor force and 17.9 percent of the gross domestic product (Bureau of Labor Statistics 2013). Healthcare professionals include physicians, nurses, dentists, pharmacists, optometrists, psychologists, nonphysician practitioners such as physician assistants and nurse practitioners, healthcare managers, and allied health professionals. Allied health professionals are a huge group that consists of therapists, medical and radiologic technologists, social workers, health educators, and other ancillary personnel. Healthcare professionals are represented by professional associations. Exhibit 3.1 provides a sample of professional associations in healthcare.

EXHIBIT 3.1
Resource
Guide for the
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Organization	Target Audience	Website
Accrediting Organizations		
Accreditation Association for Ambulatory Health Care	Ambulatory health-care facilities	www.aaahc.org
Accreditation Council for Graduate Medical Education	Graduate medical education programs	www.acgme.org
American Osteopathic Association	Osteopathic hospitals and health systems	www.osteopathic.org
CARF International (formerly Commission on Accreditation of Rehabilitation Facilities)	Rehabilitation facilities	www.carf.org
The Joint Commission	Hospitals and health systems	www.jointcommission.org
National Committee for Quality Assurance	Health plans	www.ncqa.org

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American Association of Blood Banks	Blood banks	www.aabb.org
American College of Surgeons	Surgeons	www.facs.org
American College of Surgeons: Cancer Programs	Cancer programs	www.facs.org/cancer
College of American Pathologists	Clinical laboratories	www.cap.org
American College of Radiology	Diagnostic imaging	www.acr.org
Professional Associations		
American College of Healthcare Executives	Healthcare executives	www.ache.org http://healthmanagementcareers.org
National Association of Health Services Executives	African-American healthcare executives	www.nahse.org
Medical Group Management Association	Physician practice managers and executives	www.mgma.com
Center for the Health Professions	Health professionals	http://futurehealth.ucsf.edu
American Society for Healthcare Human Resources Administration	Healthcare HR professionals	www.ashhra.org
American Association for Physician Leadership	Physician executives	www.physicianleaders.org
American College of Health Care Administrators	Long-term care administrators	www.achca.org
Association for Healthcare Documentation Integrity	Medical transcriptionists	www.ahdionline.org
American Association of Nurse Anesthetists	Nurse anesthetists	www.aana.com
American Association for Respiratory Care	Respiratory therapists	www.aarc.org
American Health Information Management Association	Medical records and information management professionals	www.ahima.org

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American Medical Technologists	Medical technologists	www.american-medtech.org
American Nurses Association	Registered nurses	www.ana.org
American Association for Homecare	Home health care administrators	www.aahomecare.org
American Occupational Therapy Association, Inc.	Occupational therapists	www.aota.org
American Organization of Nurse Executives	Nurse executives	www.aone.org
National League for Nursing	Nurse faculty and educators	www.nln.org
American Physical Therapy Association	Physical therapists	www.apta.org
American Society for Clinical Pathology	Pathologists and laboratory professionals	www.ascp.org
American Society of Health-System Pharmacists	Health system pharmacists	www.ashp.org
American Society of Radiologic Technologists	Radiologic technologists	www.asrt.org
American Speech-Language-Hearing Association	Speech-language pathologists; audiologists; and speech, language, and hearing scientists	www.asha.org
Healthcare Financial Management Association	Controllers, chief financial officers, and accountants	www.hfma.org
Healthcare Information and Management Systems Society	Health information and technology	www.himss.org
National Cancer Registrars Association	Cancer registry professionals	www.ncra-usa.org
Trade Associations		
American Hospital Association	Hospitals, health systems, and personal membership groups	www.aha.org

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Federation of American Hospitals	Investor-owned hospitals and health systems	www.fah.org
Association of American Medical Colleges	Teaching hospitals and health systems	www.aamc.org
Catholic Health Association of the United States	Catholic hospitals and health systems	www.chausa.org
America's Health Insurance Plans	Health insurers	www.ahip.org

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Healthcare professionals work in a variety of settings, including hospitals; ambulatory care centers; managed care organizations; long-term care organizations; mental health organizations; pharmaceutical companies; community health centers; physician offices; laboratories; research institutions; and schools of medicine, nursing, and allied health professions. According to the Bureau of Labor Statistics (2013), healthcare professionals are employed by the following:

- Hospitals (31 percent)
- Nursing and personal and residential care facilities (14 percent)
- Physician offices and clinics (12 percent)
- Home health care services (6 percent)
- Dentist offices and clinics (5 percent)
- Other health service sites (32 percent)

The US Department of Labor recognizes about 400 different job titles in the healthcare sector; however, many of these job titles are not included in the definition of healthcare professionals used in this chapter. For example, almost one-third of those employed in the healthcare sector probably belong in the support staff category—that is, employees who are not part of the patient care team or involved in delivering health services directly. These approximately 2.3 million nursing aides, home health aides, and personal attendants are critical to the delivery of healthcare services (Bureau of Labor Statistics 2013).

The primary reasons for the increased supply of and demand for healthcare professionals include the following interrelated forces:

- Technological growth
- Specialization
- Changes in third-party coverage

- The aging of the population
- The proliferation of new and diverse healthcare delivery settings

This chapter focuses primarily on nurses, pharmacists, selected allied health professionals, and healthcare administrators.

Nurses

The art of caring, combined with the science of healthcare delivery, is the essence of nursing. The common theme that unites different types of nurses who work in varied areas is the nursing process, which is the essential core of practice for delivering holistic, patient-focused care. The nursing process has five components (American Nurses Association 2014b):

1. *Assessment.* This involves collecting and analyzing physical, psychological, sociocultural, spiritual, economic, and lifestyle factors about a patient.
2. *Diagnosis.* The nursing diagnosis is the nurse's clinical judgment about the client's response to actual or potential health conditions or needs.
3. *Outcomes/planning.* Based on the assessment and diagnosis, an individualized care plan is written in the patient's record so that nurses as well as other members of the interprofessional team have access to it.
4. *Implementation.* This includes supervising or carrying out the actual treatment plan and documenting it in the patient's record.
5. *Evaluation.* This focuses on continuous assessment of the plan and modifications, as needed.

Nurses also serve as patient advocates, interprofessional team members, managers, executives, consultants, researchers, and entrepreneurs.

Nurses make up the largest group of licensed healthcare professionals in the United States. According to the National Sample Survey of Registered Nurses (NSSRN), the United States has 3.1 million licensed registered nurses (RNs), of whom more than 2.5 million (84.8 percent) are employed in healthcare organizations (Health Resources and Services Administration [HRSA] 2010). Approximately 62 percent of employed RNs, or 1.6 million, work in hospitals, while more than 18 percent work in ambulatory settings. Complementing this workforce in 2012 were jobs for 738,400 licensed practical nurses (LPNs), or licensed vocational nurses (LVNs) as they are known in some states (Bureau of Labor Statistics 2014b). The projected increase in demand for LPNs/LVNs is expected to be 25 percent by the year 2022, which is faster than average (Bureau of Labor Statistics 2014b).

According to the demographic profiles from the NSSRN (HRSA 2010), most nurses are women. In 2008, the average age of a nurse was 46 years,

although a slowdown in the aging trend resulted from an increase in employed RNs younger than 30 years of age—the first increase in this age group since 1977. The number of men in nursing is on the rise, with men accounting for 6.2 percent of employed RNs who were licensed before 2000 and 9.6 percent of those licensed since 2000. Nurses who are from ethnic/racial minority backgrounds represent 16.8 percent of nurses (this figure is up from 11 percent in 2004) (HRSA 2010). Although significant gains have occurred in recruiting underrepresented minorities into nursing, more work is needed to increase the numbers of men and persons from racial/ethnic backgrounds.

Registered Nurses and Licensed Practical Nurses

All US states require nurses to be licensed to practice. The licensure requirements include graduation from an approved nursing program and successful completion of a national examination. Educational preparation distinguishes the two levels of nurses.

RNs must complete an associate degree in nursing, a diploma program, or a baccalaureate degree in nursing (BSN) to qualify for the licensure examination. Associate degree programs generally take two years to complete and are offered by community and junior colleges, and hospital-based diploma programs can be completed in about three years. The fastest growing avenue for nursing education is the baccalaureate preparation, which typically can be completed in four years and is offered by colleges and universities. LPNs, on the other hand, must complete a state-approved program in practical nursing and must achieve a passing score on a national examination. Each state maintains regulations and practice acts that delineate the scope of nursing practice for RNs and LPNs.

An Institute of Medicine (2010) report titled *The Future of Nursing: Leading Change, Advancing Health* recommended higher levels of education in the nursing profession. The purpose of this recommendation was to prepare nurses for the more complex care needs of sicker patients and the sophisticated technologies available for providing care. This report was followed with a specific goal to increase the proportion of baccalaureate-prepared nurses to 80 percent by 2020. As of 2013, 55 percent of the RN workforce held a baccalaureate degree or higher (HRSA 2013). Nurse executives have indicated they have a preference in hiring baccalaureate-prepared nurses, and many organizations have tuition assistance programs to facilitate baccalaureate degree attainment (Pittman et al. 2013).

In addition to licensure and educational achievements, some nurses obtain certification in nursing specialty areas such as acute and critical care, infection control, trauma/emergency, acute care surgery, or obstetrics. The nursing field comprises many specialties and subspecialties; certification in these areas requires specialty education, practical experience, and successful completion of a national examination. Some nurses obtain certification in

these specialty areas because certification helps them maintain their competence and membership in professional associations. To remain certified, continued employment, continuing education units, or reexamination may be required.

Advanced Practice Registered Nurses

An advanced practice registered nurse (APRN) is a nurse

1. who has completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles;
2. who has passed a national certification examination that measures APRN role and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program;
3. who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients;
4. whose practice builds on the competencies of registered nurses (RNs) by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;
5. who is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions; and
6. who has obtained a license to practice as an APRN in one of the four APRN roles: certified registered nurse anesthetist (CRNA), certified nurse midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP). (National Council of State Boards of Nursing 2008, 7)

The Affordable Care Act (Public Law 111-148) includes several sections that specifically address the role of the APRN. It provides federal support for Title VIII of the Public Health Service Act to recruit new nurses into the profession in an attempt to promote career advancement within nursing to improve care delivery and safety. Section 5309 of the Affordable Care Act includes specific funding to promote nurse retention and career advancement. In addition, several sections of the new law provide specific reimbursement or loan forgiveness to nurses who establish careers in public health or nursing research and education (American Nurses Association 2014a).

The APRN role is defined by seven core competencies or skillful performance areas. The first core competency of direct clinical practice is central to and informs all of the other areas, as follows (Hamric 2014):

1. Direct clinical practice (central)
2. Expert coaching and guidance of patients, families, and other care providers
3. Consultation
4. Research and evidence-based practice
5. Clinical, professional, and systems leadership
6. Collaboration
7. Ethical decision making

Additional core competencies may be needed in each specialty area that an APRN pursues. The largest subset of APRNs is made up of nurse practitioners (NPs), who may further specialize in primary or acute care of families or individuals across the life span, adult care or gerontology, neonatology or pediatrics, women's health, or psychiatric and mental health.

Each state maintains its own laws and regulations regarding recognition of an APRN, but the general requirements in all states include licensure as an RN and successful completion of a national specialty examination that measures APRN role and population-focused competencies and includes continued competence renewal. Some states permit certain categories of APRNs to write prescriptions for certain classes of drugs. This prescribing authority varies from one state to another and may be regulated by boards of medicine, nursing, pharmacy, or allied health. Some states require practice agreements for physician supervision or collaboration of APRN practice, although some managed care plans now include APRNs on their lists of primary care providers.

Some APRNs specialize in certain areas of practice. Certified nurse midwives (CNMs) specialize in low-risk obstetric care, including all aspects of the prenatal, labor and delivery, and postnatal processes. Certified registered nurse anesthetists (CRNAs) complete additional education to specialize in the administration of anesthesia and analgesia to patients and clients. Often, nurse anesthetists work collaboratively with surgeons and anesthesiologists as part of the perioperative care team. Clinical nurse specialists (CNSs) hold master's degrees, have successfully completed a specialty certification examination, and are generally employed by hospitals as nursing experts in particular specialties. The scope of the CNS is not as broad as that of the NP; CNSs work with a specialty population under a somewhat circumscribed set of conditions, and the patient management authority still rests with physicians. In contrast, NPs have developed an autonomous role in which their collaboration is encouraged, and they generally have the legal authority to implement management actions. Advanced practice nurses are generally board certified in the practice specialty.

Pharmacists

Up to the latter part of the twentieth century, pharmacists performed the traditional role of preparing drug products and filling prescriptions. Pharmacists now are also key members of healthcare teams and experts for clients and patients on the effects of specific drugs, drug interactions, and generic drug substitutions for brand-name drugs.

To be eligible for licensure, pharmacists must graduate from an accredited bachelor's degree program in pharmacy, successfully complete a state board examination, and obtain practical experience or complete a supervised internship. After passing a national examination, a registered pharmacist (RPh) is permitted to carry out the scope of practice outlined by state regulations. Since 2000, most schools of pharmacy have begun offering only the six-year Doctor of Pharmacy (PharmD) degree. The extensive training of doctorally prepared pharmacists allows them to pursue careers in research, education, healthcare management and leadership, or clinical pharmacy, as a member of interprofessional patient care teams. This educational preparation also requires successful completion of a state board examination and other practical clinical experience, as outlined by state laws.

Allied Health Professionals

Allied health professionals work collaboratively with physicians, nurses, pharmacists, and other healthcare providers (Association of Schools of Allied Health Professions 2014), although an allied health professional may also be a direct provider of health services. The US Public Health Service defines an allied health professional as follows (Health Professions Education Extension Amendments of 1992, Public Health Service Act § 701):

a health professional (other than a registered nurse or a physician assistant) who has received a certificate, an associate's degree, a bachelor's degree, a master's degree, a doctoral degree, or post-baccalaureate training in a science related to health care; who shares in the responsibility for the delivery of health care services or related services, including (1) services relating to the identification, evaluation and prevention of disease and disorders, (2) dietary and nutrition services, (3) health promotion services, (4) rehabilitation services, or (5) health systems management services; and who has not received a degree of doctor of medicine, a degree of doctor of osteopathy, a degree of doctor of veterinary medicine or equivalent degree, a degree of doctor of optometry or equivalent degree, a degree of doctor of podiatric medicine or equivalent degree, a degree of bachelor of science in pharmacy or equivalent degree, a graduate degree in public health or equivalent degree, a degree of doctor of chiropractic or equivalent degree, a graduate degree in health administration or equivalent degree, a degree of doctor of clinical psychology or equivalent degree, or a degree in social work or equivalent degree.

A debate on the exclusiveness and inclusiveness of this definition continues. Some healthcare observers consider nursing, public health, and social work to fall under the umbrella of allied health, but these professions are often categorized as separate groups. Exhibit 3.2 lists the major categories that compose the allied health profession and the job titles and a sample of positions that normally fall under each category.

Behavioral Health Services		EXHIBIT 3.2 Major Categories of the Allied Health Profession and Professional Titles
• Substance abuse counselor • Home health aide • Mental health aide	• Community health worker • Mental health assistant	
Clinical Laboratory Sciences		
• Laboratory associate • Laboratory technician	• Laboratory microbiologist • Chemist (biochemist) • Microbiologist • Associate laboratory microbiologist	
Dental Services		
• Dental assistant • Dental laboratory technologist	• Dental hygienist	
Dietetic Services		
• Dietitian • Dietary assistant	• Assistant director of food service • Associate supervising dietitian	
Emergency Medical Services		
• Ambulance technician	• Emergency medical technician	
Health Information Management Services		
• Director of medical records • Assistant director of medical records • Medical record specialist • Coder	• Senior analyst of medical records • Health information manager • Data analyst	
Medical and Surgical Services		
• Electroencephalograph technician • Electroencephalograph technologist • Operating room technician • Biomedical equipment technician • Biomedical engineer • Cardiovascular technologist	• Medical equipment specialist • Electrocardiograph technician • Dialysis technologist • Surgical assistant • Ambulatory care technician	

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EXHIBIT 3.2 Major Categories of the Allied Health Profession and Professional Titles <i>(continued from previous page)</i>	Occupational Therapy	
	• Occupational therapist	• Occupational therapy aide
	• Occupational therapy assistant	
	Ophthalmology	
	• Ophthalmic technician	• Optician
	• Optometric aide	
	Orthotics/Prosthetics	
	• Orthopedic assistant	
	Physical Therapy	
	• Physical therapist	• Physical therapy assistant
	Radiological Services	
	• Nuclear medicine technician	• Nuclear medicine technologist
	• Radiation technician	• Diagnostic medical sonographer
	• Ultrasound technician	• Radiologic (medical) technologist
	• Medical radiation dosimetrist	
	Rehabilitation Services	
	• Art therapist	• Psychiatric social health technician
	• Exercise physiologist	• Music therapist
	• Recreational therapist	• Dance therapist
	• Recreation therapy assistant	• Rehabilitation counselor
	• Addiction counselor	• Rehabilitation technician
	• Addiction specialist	• Sign-language interpreter
	Respiratory Therapy Services	
	• Respiratory therapist	• Respiratory therapy technician
	• Respiratory therapy assistant	
	Speech-Language Pathology/Audiology Services	
	• Audiology clinician	• Staff audiologist
	• Staff speech pathologist	• Speech clinician
	Other Allied Health Services	
	• Central supply technician	• Medical illustrator
	• Podiatric assistant	• Veterinary assistant
	• Health unit coordinator	• Chiropractic assistant
	• Home health aide	

According to the 2012 National Occupational and Wage Estimates, the allied health professions and occupations (licensed and unlicensed) constitute 52.8 percent of the healthcare workforce in the United States (Bureau

of Labor Statistics 2013). This number excludes physicians, nurses, dentists, pharmacists, veterinarians, chiropractors, optometrists, and podiatrists. The allied health profession is the most heterogeneous of the personnel groupings in healthcare, and its members are integral to interprofessional teams.

The Institute of Medicine (2011) acknowledges that no single definition of allied health or list of allied health professionals exists. Collectively putting the variety of professions together to constitute one large group is somewhat arbitrary, yet the roles and responsibilities are critical to health services delivery. Allied health professionals can be divided generally into two subcategories of personnel: (1) therapists/technologists and (2) technicians/assistants. Some of the job titles presented in Exhibit 3.2 may not fit into these two categories. In general, the therapist/technologist category represents those who have higher-level professional training and who are often responsible for supervising those in the technician/assistant category.

Therapists/technologists usually hold a bachelor's or higher-level degree, and they are trained to evaluate patients, understand diagnoses, and develop treatment plans in their area of expertise. On the other hand, technicians/assistants are most likely to have two years of postsecondary education or less, and they are functionally trained with procedural skills for specified tasks.

Educational and training programs for the allied health profession are sponsored by a variety of organizations in different academic and clinical settings. They range from degree offerings at colleges and universities to clinical programs in hospitals and other health facilities. The Association of Schools of Allied Health Professions (2013) membership includes 119 academic institutions, two accreditation agencies, and individual members. In addition to four-year academic institutions, community colleges, vocational or technical schools, and academic health centers can all sponsor allied health programs. These programs can also be stand-alone when aligned with an academic health center, or they can be under the auspices of the school of medicine or nursing if a specific school of allied health professions does not exist. Dental and pharmacy technicians/assistants may be trained in their respective schools or in a school of allied health professions.

A vast number of undergraduate allied health programs are accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), a freestanding agency that in 1994 replaced the American Medical Association's Committee on Allied Health Education and Accreditation. The formation of CAAHEP was intended to simplify the accrediting process, to be more inclusive of allied health programs that provide entry-level education, and to serve as an initiator of more far-reaching change. Some key allied health graduate programs, such as physical therapy and occupational therapy, are accredited through specialty professional accreditation organizations.

Healthcare Managers

Healthcare managers organize, coordinate, and manage the delivery of health services; provide leadership; and guide the strategic direction of healthcare organizations. The variety and numbers of healthcare professionals they employ, the complexity of healthcare delivery, and environmental pressures to provide access, quality, and efficient services make healthcare institutions among the most complex organizations to manage.

Healthcare management is taught at the undergraduate and graduate levels in a variety of settings, and these programs lead to a number of different degrees. The settings include schools of medicine, public health, healthcare business, and allied health professions. A bachelor's degree in health administration allows individuals to pursue positions such as nursing home administrator, supervisor, or middle manager in healthcare organizations. Most students who aspire to have a career in healthcare management go on to receive a master's degree.

Graduate education programs in healthcare management are accredited by the Commission on Accreditation of Healthcare Management Education. The most common degrees include the master of health administration (MHA), master of business administration (MBA) with a healthcare emphasis, master of public health (MPH), or master of public administration (MPA). However, the MHA degree, or its equivalent, has been the accepted training model for entry-level managers in the healthcare industry. The MHA program, in contrast to the MPH program, offers core courses that focus on building business management (theory and applied management), quantitative, and analytical skills and that emphasize experiential training. In addition, some MHA programs require students to complete three-month internships or 12-month residencies as part of their two- or three-year curricula. Some graduates elect to complete postgraduate fellowships that are available in selected hospitals, health systems, managed care organizations, consulting firms, and other health-related organizations.

A growing number of healthcare managers are physicians and other clinicians. As evidence, membership in the American Association for Physician Leadership (formerly the American College of Physician Executives) has increased to more than 11,000 in 2014, more than double the number in 1990 (American Association for Physician Leadership 2014). Physicians, nurses, and other clinicians refocus their careers on the business side of the enterprise, getting involved in the strategy, decision making, resource allocation, and operations of healthcare organizations. A traditional management role for physician executives is the chief medical officer (or a similar position) in a hospital, overseeing the medical staff and serving as a liaison between clinical care and administration. Likewise, a typical management career path for nurses is to become the chief nursing officer, with responsibility for the clinical care provided by employed professional staff.

Typically, chief medical officers begin their careers practicing medicine, then slowly transition into the operations side of healthcare. However, physician executives work at every level and in every setting in healthcare. Many physician executives earn a graduate degree such as an MHA or an MBA if they are interested in pursuing a formal educational program in healthcare management. As of 2015, 75 medical schools offer a combined MD/MBA program (Association of American Medical Colleges 2014), and MD/MHA degrees have also proliferated. Whether physician executives start as managers or later shift to become executives after clinical practice, they represent an alternative way to make an impact on healthcare delivery.

Nursing home administrator programs require students to pass a national examination administered by the National Association of Long Term Care Administrator Boards. Passing this examination is a standard requirement in all states, but the educational preparation needed to qualify for this exam varies from state to state. Although more than one-third of states still allow less than a bachelor's degree as the minimum academic preparation, approximately 70 percent of practicing nursing home administrators have, at a minimum, a bachelor's degree. As the population continues to live longer, the demand and educational requirements for long-term care administrators are predicted to increase, along with the growth of educational programs targeted to this sector.

Considerations for Human Resources Management

The role of HR management in healthcare organizations is to develop and implement systems, in accordance with regulatory guidelines and licensure laws, for selection, evaluation, and retention of healthcare professionals. In light of this role, HR personnel should be aware that each of the healthcare professions, and often the subspecialties within those professions, has specific requirements that allow an individual to qualify for an entry-level job in his or her chosen profession. The requirements of national accrediting organizations (e.g., The Joint Commission), regulatory bodies (e.g., the Centers for Medicare & Medicaid Services), and licensure authorities (e.g., state licensure boards) should be considered in all aspects of HR management. This section briefly discusses some of the issues that a healthcare organization's HR department must consider when dealing with healthcare professionals.

Qualifications

In developing a comprehensive employee-compensation program, HR personnel must include the specific skill and knowledge required for each job in the organization. Those qualifications must be determined and stated in writing for each job. The job description usually contains the level of education,

experience, judgment ability, accountability, physical skills, responsibilities, communication skills, and any special certification or licensure requirements. HR personnel need to be aware of all specifications for all job titles within the organization. This knowledge of healthcare professionals is necessary to ensure that essential qualifications of individuals coincide with job specifications, and it is also necessary for determining wage and salary ranges (see Chapter 6).

Licensure and Certification

An HR department must have policies and procedures that describe the way in which licensure is verified on initial employment. Also, HR must have a system in place for tracking the expiration dates of licenses and for ensuring licensure renewal. Therefore, HR employees must be conscious of whether the information received is a *primary verification* (in which the information directly comes from the licensing authority) or a *secondary verification* (in which a candidate submits a document copy that indicates licensure has been granted, including the expiration date). Certifications must be verified during the selection process, although certifications and licenses are generally not statutory requirements. Many healthcare organizations accept a copy of a certification document as verification. If the certification is a job requirement, systems must be in place to track expiration dates and to access new certification documents.

Career Ladders

In selecting healthcare professionals, HR personnel must consider past employment history, including the explanation of gaps in employment. To assess the amount of individual experience, evaluating the candidate's breadth and depth of responsibility in previous jobs is essential. Many healthcare organizations have career ladders, which are mechanisms that advance a healthcare professional within the organization. Career ladders are based on the Dreyfus and Dreyfus model of novice to expert (explained earlier in the chapter), and experience may be used as a criterion for assignment of an individual to a particular job category. In addition, healthcare organizations may conduct annual reviews of employees who have leadership and management potential. This review entails HR working with senior management to assess the competency, ability, and career progression of employees on an ongoing basis.

Educational Services

Healthcare professionals require continuous, lifelong learning. Healthcare organizations must have in-house training and development plans to ensure that their healthcare professionals achieve competency in new technologies, programs, and equipment and are aware of policy and procedure changes.

Certain competencies must be renewed annually in areas such as cardiopulmonary resuscitation, safety and infection control, and disaster planning.

In addition to developing specific training programs, healthcare organizations should provide orientation for all new employees and interprofessional team training programs. Such organization-specific training enables the leadership to share the values, mission, goals, and policies of the institution. Such clear communication often serves as a retention tool that enables employees to better understand how the organization works and how to be successful in that organization. Similarly, some professions and licensing jurisdictions may require continuing education that is profession specific.

A healthcare organization can provide training and development in a variety of ways. On one end of the spectrum, training and development can be outsourced to a firm that specializes in conducting educational programs. Conversely, another option is to consolidate all training and development in-house, typically managed by the HR department. Regardless of how each healthcare organization provides continuing education, training and development should be a priority. Strong programs can be viewed as recruitment and retention tools. Therefore, healthcare organizations must be cognizant of fiscal resources necessary to support these educational requirements.

Practitioner Impairment

Healthcare professionals are accountable to the public for maintaining high professional standards, and the governing body of a healthcare organization is, by statute, responsible for the quality of care rendered in the organization. This quality is easily jeopardized by an impaired practitioner. An *impaired practitioner* is a healthcare professional who is unable to carry out his or her professional duties with reasonable skill and safety because of a physical or mental illness, including deterioration through aging, loss of motor skill, or excessive use of drugs and alcohol.

The HR department must periodically evaluate the performance of all healthcare professionals in the organization to ensure their competence (i.e., the basic education and training necessary for the job) and proficiency (i.e., the demonstrated ability to perform job tasks). Mechanisms to identify and deal with the impaired practitioner, such as policies and procedures that describe how the organization will handle investigations, subsequent recommendations for treatment, monitoring, and employment restrictions or separation, must be in place. Hospitals, for instance, usually have a process in place for the governing board (which has the ultimate responsibility for the quality of care delivered in the organization) to review provider credentials and performance and to oversee any employment actions. Each national or state licensing authority maintains legal requirements for reporting impaired practitioners.

As a result of ever-increasing changes in the health professions, new challenges and opportunities, such as the issues described in this section, will face the HR department of every healthcare organization in the foreseeable future.

Changing Nature of the Health Professions

Changes in the organization and financing of healthcare services have shifted delivery from the hospital to outpatient facilities, the home, long-term care facilities, and the community. This trend is largely the result of three major forces: (1) a shift in managed care reimbursement to outpatient settings and a focus on cost containment; (2) technological advances, such as telemedicine and the electronic health record; and (3) medical innovation—specifically, the fact that the science of medicine has progressed to the point that complicated procedures that once required several nights of stay can now be treated with a simple procedure or even solely with medication. These changes are intended to improve the delivery of healthcare while reducing cost and increasing access for patients.

As the setting for the delivery of care continued to change, so did arrangements between physicians and healthcare organizations. For instance, physicians can function as individual providers (in either solo or group practice) and refer patients to the hospital. Typically, these private-practice doctors have admitting privileges to the hospital but are not governed by the hospital, do not serve as attending physicians, and infrequently participate on hospital committees. Physicians considered “on staff” at any hospital refer and treat patients at that hospital. They are credentialed by the hospital credentialing committee (usually managed by the chief of staff office) and are governed by the medical staff bylaws. This scenario is a common type of hospital–physician arrangement.

However, a trend toward employment of physicians by hospitals has been growing. In this arrangement, physicians are on staff, referring to and treating at only the hospital that employs them. Because they are considered employees, physicians not only are held to the HR policies of the healthcare organization but also are governed by the medical staff bylaws. Physicians who are employed by a hospital can also maintain a private practice.

Finally, the field of hospitalists is also growing. Typically, these physicians do not run their own practice aside from their hospital employment. Hospitalists work full time for the hospital and are trained in delivering specialized inpatient care. Regardless of the type of arrangement, most hospitals have a chief medical officer, or a similar position, who oversees the roles and responsibilities of the hospitalist as a member of the medical staff; the hospitalist’s employee issues and responsibilities are typically managed by the HR

department. These hospital–physician arrangements get more complex in academic medical centers, which must integrate the roles and responsibilities of the physicians, the hospital, and the medical school.

As a result of the changing environment and declining reimbursement, more primary care physicians are joining or forming group practices. Large physician-owned group practices offer several advantages to physicians, including competitive advantage with vendors and manufacturers, improved negotiating power with managed care organizations, shared risk and decision making, and improved flexibility and choice for patients. Physicians usually own or share ownership in the group practice and therefore are responsible for the business operations. Typically, group practices employ an office manager who works closely with the physicians to manage the day-to-day operations. Often, a full-time administrator is on staff not only to manage everyday issues but also to formulate strategies and oversee personnel, billing and collection, purchasing, patient flow, and other functions. Many group practices opt to outsource their business functions, including HR, to specialized firms. For complete details on medical practice management, go to www.mgma.com.

These shifts in healthcare settings and arrangements have changed the roles, functions, and expectations of the healthcare workforce and have led to the emergence of the following issues.

Supply and Demand

Over time, the nursing labor market has cycled through periods of shortages and surpluses (Auerbach, Buerhaus, and Staiger 2011). Indicators of demand include numbers of vacancies, turnover rates, and an increase in salaries. To fill positions, hospitals—the largest employers of nurses and allied health professionals—have raised salaries, provided scholarships, and given other incentives such as sign-on bonuses and tuition reimbursement.

The supply of nurses and allied health professionals is reflected in the number of students in educational programs and those available for the healthcare workforce. The future supply of such professionals continues to be threatened by the following factors:

- *The aging of the nursing workforce.* According to the results of the 2010 National Sample Survey of Registered Nurses (HRSA 2010), 55 to 67 percent of nurse faculty are aged 46–60, while only 25 to 34 percent are aged 30–45. Only 1 to 2 percent are under 30 years. In 2012, 40 percent of associate degree nurse faculty, 53 percent of baccalaureate nurse faculty, and 58 percent of both master’s and doctoral faculty positions remained unfilled. Additionally, from 2003 to 2009 the percentage of students who are older than 30 years increased from 41

percent to 49 percent in associate degree nursing programs, while the percentage dropped from 21 percent to 14 percent in baccalaureate nursing programs. The lack of younger nurses in faculty positions is apparent.

- *The barriers to available educational resources.* In an American Association of Colleges of Nursing (2014) faculty vacancy survey, the 680 schools of nursing that responded had an average of 2.0 full-time faculty vacancies per school and a range of 1 to 29. According to the National League for Nursing's (2013) annual survey of schools of nursing, three factors were cited as the main contributors to inhibiting basic RN educational opportunities: lack of clinical placements (44 percent), lack of faculty (30 percent), and lack of classroom space (10 percent). By contrast, graduate programs consistently cite a lack of faculty as the primary obstacle to increasing enrollments.
- *The lack of capacity to accept qualified applicants.* The number of basic RN programs grew throughout the mid-2000s, and admissions statistics indicate that capacity shortages began to ease (National League for Nursing 2013). However, in 2012, 28 percent of qualified applicants were turned away from basic nursing programs (associate degree, diploma, baccalaureate) (National League for Nursing 2013).

As a result, recruitment of nursing and allied health profession students has become a major focus of practitioners, professional associations, and academic institutions. In response, healthcare organizations (in addition to increasing salaries) are developing innovative ways to recruit and retain nurses and allied health professionals. Such developments include opening or sponsoring new schools, offering shorter and more flexible shifts, and providing child care.

Complementary and Alternative Medicine Therapies

Complementary and alternative medicine (CAM) therapies have gained more popularity, judging by the growing number of publications on this topic in the lay press and in academic literature. A turning point in this acceptance and increased respectability was the seminal study of the prevalence of the use of alternative or unconventional therapies (Eisenberg et al. 1993). In the study, Eisenberg and colleagues concluded that one in three adults relied on treatments and interventions that are not widely taught at medical schools in the United States; examples of these alternative interventions included acupuncture, chiropractic, and massage therapies. Consumers (Laiyemo et al. 2014) and healthcare workers (Johnson et al. 2012) are using more CAM therapies—often without informing their doctors. In recognizing the growing demand for CAM therapies, health systems are pursuing integration of

conventional medical care with CAM therapies, often referred to as “integrative health” (Knutson et al. 2013). Integrative health as a specialty area may be increasingly considered an emerging healthcare profession.

Nonphysician Licensed Independent Practitioners

With the Affordable Care Act, greater reliance has been placed on nonphysician licensed independent practitioners (LIPs). Collaborative practice models with nurse practitioners, physician assistants, pharmacists, and other therapists are appropriate in both acute and long-term healthcare delivery. Strides have been made in the direct reimbursement for some LIP services, which is an impetus for further collaboration in practice.

Recruitment and Retention

Recruitment and retention of healthcare professionals are important in the face of continuing shortages in key healthcare professions, including nursing and allied health professions. In October 2014, the Bureau of Labor Statistics (2014a) released a report indicating that job growth in the healthcare sector was responsible for 20 percent of the new jobs created. With this growing demand, a significant RN workforce shortage is projected to spread across the country in the next two decades, with more shortage intensity in the South and the West (Juraschek et al. 2012). These shortages require current professionals to treat more patients and to work longer hours. Such conditions can contribute to individual moral distress and burnout, emergency department diversions, increased patient wait times, threatened patient safety, and unfavorable patient outcomes (Blegen et al. 2011; Tubbs-Cooley et al. 2013).

In response, healthcare organizations need to develop and execute recruitment and retention programs. These programs require senior management support and dedicated financial and human resources. Such programs should focus on building a culture of employee engagement and retention, attracting the new generation of workers, and redesigning work processes (American Hospital Association 2010). While salary is an important aspect of employee recruitment and retention, other aspects of work are also influential, such as leadership support, ability to contribute to the organization and provide quality care to patients, degree of autonomy, positive relationships with direct supervisors and peers, good working conditions, and ability to maintain work/life balance. Additional tools for retaining employees include conducting employee-engagement surveys, providing mentoring, and making training programs available.

One innovative way to differentiate a hospital from its competitors, which helps in recruitment and retention, is to achieve Magnet status. The American Nurses Credentialing Center’s Magnet Recognition Program was

developed in 1993 as a way to specifically recognize excellence in nursing services at the institutional level and to benchmark best practices to be disseminated throughout the industry. Hospitals that apply for and achieve Magnet status have created and demonstrated a professional practice environment that ensures quality outcomes. These hospitals are recognized for their best practices in nursing care, improved patient outcomes, and increased workplace satisfaction. The actual evaluation process is based on five model components: transformational leadership; structural empowerment; exemplary professional practice; new knowledge, innovation, and improvements; and empirical quality results. For more information on Magnet status, see www.nursecredentialing.org/Magnet/ProgramOverview.

Entrepreneurship

Given the bureaucratic nature of organizations, the regulation of the healthcare industry, and additional constraints by payers and managed care, many healthcare professionals are choosing to pursue opportunities on their own. The service economy coupled with knowledge-based professions may encourage pursuit of new and different ventures for individuals who have the personality, skills, and tenacity to go into business for themselves. An entrepreneur must have a mix of management skills and the means to depart from a traditional career path to practice on one's own.

White and Begun (1998) characterize the entrepreneurial personality traits of a profession in terms of the willingness to take the risks associated with undertaking new ventures. Each profession may be categorized either as defending the status quo, which therefore entails little risk (defender professions), or as looking for new and different opportunities with greater risk (prospector professions). White and Begun view the more entrepreneurial professions as more diversified in terms of processes and services delivered. The accrediting bodies of such entrepreneurial professions encourage educational innovation that may extend to nontraditional careers. Each of the healthcare professions has, to greater or lesser extents, defender and prospector aspects.

Workforce Diversity

Each of the healthcare professions must continue to monitor and encourage diversity in its membership because the demographic shifts occurring in the United States will have an impact on the workforce composition in the coming decades. Although workforce diversity is a broad concept, it focuses on differences in gender, age, race, and sexual orientation; these aspects reflect not only the population that healthcare serves but also the people who provide the services. Some professions are dominated by one gender or

the other, which is illustrated by the predominantly female field of nursing or the historically predominantly male field of healthcare management. The healthcare management profession, however, has made strides as more female managers have entered the field. Labor shortages and employee turnover are common in the healthcare professions. Consequently, healthcare executives must balance the needs of new entrants into the profession and those already in the profession. The diversity of the members of a profession should reflect the diversity of the members of the population being served.

Summary

Healthcare professionals are a large segment of the US labor force. Historically, the development of healthcare professionals is related to the following trends:

- Supply and demand
- Increased use of technology
- Changes in disease and illness
- The impact of healthcare financing and delivery

The healthcare workforce is widely diverse. The different levels of education, scopes of practice, and practice settings contribute to the complexity of managing this workforce. The coming decades will be characterized by some reforms within the healthcare professions because of increasing pressures to finance and deliver healthcare with higher-quality, lower-cost, and measurable outcomes.

Discussion Questions

1. Describe the process of professionalization. What is the difference between a profession and an occupation?
2. Describe the major types of healthcare professionals (excluding physicians and dentists) and their roles, training, licensure requirements, and practice settings.
3. Describe and apply the issues of HR management and systems development to healthcare professionals.
4. How has managed care affected the healthcare professions?
5. Which nonphysician practitioners provide primary care? What is their role in the delivery of health services?

Experiential Exercise

The purpose of this exercise is to give you an opportunity to explore one healthcare profession in detail. From all of the healthcare professions, select one for analysis. Exhibit 3.1 provides a starting point for selection. Describe the following characteristics of the profession you selected:

- Knowledge base
- Collective goals
- Training
- Licensure (this varies by state)
- Number of professionals in practice, categorized according to
 - Vertical differentiation (position, experience, education level)

- Horizontal differentiation (geography, practice setting, specialty)
- History and evolution of the profession
- Professional associations and their roles
- Competitor professions
- Strategic issues that face the profession and the profession's position on these issues

To get started on this exercise, you may wish to go to the websites of professional organizations and state licensing boards. You may also interview members of the profession as well as leaders in the field.

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