

# CLIMATE CHANGE

## Drivers of higher professional standards in Canada

This article is the fourth in a four-part series examining the possible drivers setting the standards higher for both the current workforce and the students representing our future.

### Part 4: Changes in the Workforce

Conceptualizing change at the macro level can be harder to understand when one is consistently trained and engaged in work that literally involves the microscopic level. However, as Canada formulates its next phase in health care and innovation, the relationship between these polar ends contribute to the description of change in the medical laboratory profession (MLP).

It is known that cultural change for a workforce is possible and it can strengthen the group, but such shifts seldom occur in a manner that is isolated or expedited. Generally, the change is driven by leadership over time, through mechanisms such as government legislating new laws and regulations and hospital administrators implementing new policies. As recognized by the Advisory Panel on Healthcare Innovation, many of these efforts fail to impact the population if considered in isolation.<sup>1</sup> Supportive parallel influences need to be in place for culture change activation on a large scale<sup>2</sup>, such as the workforce's degree of engagement, the alignment of value-based systems, policy changes and the collective desire for change.

#### Desire for Change

There is a “volume-to-value transformation” already occurring which stands on the belief that workforce culture is related to organizational performance. It has been described as a “move away from a supply-driven health care system organized around what physicians do and toward a patient-centred system organized around what patients need. We must shift the focus from the volume and profitability of services provided – physician visits, hospitalizations, procedures and tests – to the

patient outcomes achieved.”<sup>3</sup> This is driven by experts and health professionals who demand a comprehensive, strategically focused approach to monitoring the quality of health care work environments. For example, employee performance is not entirely emphasized in terms of fiscal gains now.<sup>4</sup> “[The] new approach reverses traditional roles. Instead of asking clinical programs to support the financial foundation of the organization, we ask how finance can support patient care,”<sup>5</sup> according to Meryl Moss, the Chief Operating Officer for Coastal Medical, an accountable care organization (ACO) in Rhode Island, which ranks third in the nation for quality among 333 Medicare Shared Savings ACOs. For Canada, this is a big step beyond workplace health promotion programs, and a signal that the workforce requires change.<sup>6</sup> By creating a culture change that promotes a bi-directional system of benefit, one that empowers its employees while supporting patient needs, a workforce will naturally work to its fullest capabilities.

### Workforce Change Initiatives

Considering Canada has a complex governance system for health care, it means that innovations in care are simultaneously occurring at multiple levels such as provincially, regionally and locally. The embedded challenge is the coordination of how health care decision- and policy-makers can share their innovations and scale up successful approaches far and wide.<sup>7</sup> There are various initiatives that have and continue to prove they can improve our professional standards as a workforce and are in line with our values, both professionally and personally. Quality-based projects are derived from evidence built on research, providing legitimacy to a workforce who respects such informed action.<sup>8</sup> The following examples describe some of these standard expanding initiatives for the medical laboratory profession, in alignment with other health professions.

#### Example 1: Greater Interconnectivity

Approximately a decade ago, the Health Council of Canada identified improving teamwork as a critical component in accelerating system change<sup>9</sup> and improving

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human resource management.<sup>10</sup> Research has shown that interprofessional care teams are integral in the creation and sustainment of a strong care system. In turn, this contributes to a well-functioning health system, improved population health, and increased health equity.<sup>11</sup> Interprofessional activities and multidisciplinary teams have become a staple in care models as demonstrated by the creation of interprofessional competencies<sup>12</sup> and integration into academic health science curricula.<sup>13</sup> Teams are increasingly asking for medical laboratory professionals to join the clinical discussions.<sup>14</sup> For instance, at the Mayo Clinic, medical laboratory technicians<sup>15</sup> are a vital component of the electronic sepsis alert multi-response team, which includes physicians, nurses, respiratory therapists and pharmacists as well.<sup>16</sup> Another example where medical laboratory professionals will increase their presence in the future is within multidisciplinary case conferences. The European Partnership for Action Against Cancer released a policy statement on multidisciplinary cancer care that stated, “The confirmation of a cancer diagnosis should prompt the initiation of multidisciplinary team (MDT) monitoring, including all the diagnostic and therapeutic specialties involved in the care process.”<sup>17</sup> It can be argued that specialized medical laboratory professions should be included in such a list, given their status as information custodians that support decision making. As precision medicine, preventive screen testing and the sheer number and complexity of diagnostic tests grow, the MLP will have a greater stake in disseminating its knowledge directly and advising on testing requirements to ensure patients receive the best care possible. This current and future culture change creates a supportive environment

which nurtures increasing the boundaries of our past professional care standard.<sup>18</sup>

#### Example 2: Changing Values

The value system within our health workforce is changing, in part, due to increasing multiculturalism extending beyond main urban cores. On July 1, 2016, Canada’s population was estimated at 36,286,425, up 437,815 (+1.2%) in the past year (2015/2016). At that time, Statistics Canada recorded that this was the first time in history that the net international migration was highest (+313,925) since initial tracking in 1971.<sup>19</sup> The influx of immigrants over time has brought a vast amount of knowledge and a different view of the health care realm, from both patient and provider perspectives. Many of these individuals come to the country to fill health human resource shortages<sup>20</sup> and have been directly or indirectly sponsored by the launch of the Internationally Trained Workers Initiative started by the Government of Canada in 2005.<sup>21</sup> Many programs have been designed<sup>22</sup> to support the integration of these individuals into the workforce and community as it has been identified as a key factor in workplace success.<sup>23</sup>

With the multicultural transformation of the health workforce, there is also a more culturally diverse patient population. All health professionals, whether frequently client-facing or not, should be accustomed to providing care to patients from different backgrounds. The Canadian Medical Protective Association defines cultural competence as incorporating, “a mix of beliefs and behaviours that define the values of communities and social groups.”<sup>24</sup>

Professionals are increasingly aware of the way in which culture can shape the practice of health care and influence health outcomes.

Such conviction is based on evidence that has found that when patients who are treated by health professionals with similar cultural backgrounds, the resulting interactions lead to better understanding and improved outcomes.

“To deliver person- and family-centred care, future health care professionals will require an unprecedented level of competency, understanding and sensitivity to the diverse populations they serve,” says Heather Young, associate vice chancellor for nursing and founding dean of the Betty Irene Moore School of Nursing.<sup>25</sup> Not only is there a direct change across time in the diversity of value systems but these types of policies can strengthen a workforce indirectly through emphasizing and instilling values of inclusiveness. It has been found that a leader’s level of inclusiveness can predict its employee’s feelings of psychological safety. From this, psychological safety can predict engagement in quality improvement work.<sup>26</sup>

### Example 3: Proactive Change

Population health strategies focus on a preventive approach to primary care to support the aging population and teach the younger generation to strive for their best health. Our traditional health system model has been reactive, based on the acute care paradigm in which the focus is to address urgent issues and manage chronic illnesses.<sup>27</sup> In 2015, estimates showed that Canada, for the first time, had more people 65 years or older than children between newborn to 14 years old.<sup>28</sup> The increase in baby boomers using the health system has shifted the focus for the health system to be proactive in managing care in order to ensure acute settings will be able to handle the influx of future patients as well as to prolong their good health as long as possible. Due to this, more patients are treated in outpatient and ambulatory settings than ever before as more visits are focusing on screening and preventive care. Alongside of this, there is greater priority placed on training the workforce to provide health promotion and prevention services.<sup>29</sup>

This change in policy can affect workforce standards through its ability to condition a profession to think and act proactively,

which can subtly start to transfer beyond initial initiative intent. Proactive behaviour in the work environment involves self-initiated, anticipatory action aimed at change.<sup>30</sup> Research has shown that proactive employees may redefine organization goals to come up with more challenging ones<sup>31</sup> and that they may actively influence socialization processes in order to improve the quality of work life.<sup>32</sup>

### Engagement

The proverb, “*You can lead a horse to water, but you can’t make it drink,*” has great meaning in regards to workforce engagement. Health professionals such as physicians, nurses<sup>33</sup> and medical laboratory professionals (as shown in this article series) are working at top levels within their scopes of practice to accommodate patient and system demands. It is understood that these and other health professions are at a critical threshold for their ability to provide more and greater care when resources, time and mental stamina is stretched thin. Why, then, are health professionals such as medical laboratory professionals deeply engaged in continuing to do more?

Why do you stay late to finish a diagnostic test instead of handing it over to the next staff member? Why do you remember the names of patients from test tubes, even when you have never met them? Why do you care about the results of a person you draw blood from each month?

There is a collective psychological shift in the health care system as initiatives for a greater patient-centred system remind us why we entered the health field in the first place.<sup>34</sup> The current understanding of this patient focus deals with their experience as well as the quality and security of their health information.<sup>35</sup> This is not to presume that health professionals forgot along the way; rather, it is merely a mechanism to realign our focus to the most important concept as a nation. It is a powerful force to engage health professionals to work toward a common goal. Research has shown that such engagement can lead to improvements such as increased motivation, achievements and personal satisfaction in the workplace.<sup>36</sup>

In a recent Gallup poll, organizations

with a high level of engagement reported 22% higher productivity from employees (a meta-analysis of 1.4 million employees). Jim Harter PhD, a chief scientist at Gallup Research explains, “Engaged employees are more attentive and vigilant. They look out for the needs of their coworkers and the overall enterprise, because they personally ‘own’ the result of their work and that of the organization.”<sup>37</sup> It is this personalization that acts as a parallel influencer to the policies being implemented across Canada.

### Conclusion

Whether we consider the changes in workforce, the profession, the education system, or the professionals themselves, what is clear is that medical laboratory professionals have sharpened their awareness of the driving change factors and taken hold of embracing these to improve and expand their professional standards.

The MLP is working collectively (even when unintentionally) toward new frontiers, exploring roles in big data, as information agents, overcoming technological advances and working toward a better integrated care setting that fosters a work-life balance. It doesn’t matter whether the professional has just completed their certification exam, is minutes away from retirement or is somewhere in between. The profession, as it stands today, holds its head high and demonstrates the large steps it has taken to expand and rejuvenate its scopes of practice at the highest level of achievement to date. ■



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