

Future Needs For A Clinical Laboratory Workforce

Glenda D. Price, Ph.D.

Provost

Spelman College

Atlanta, Georgia

Abstract: Market forces are radically altering the U.S. health care system. The changes we see today and those that we can reasonably predict for the future will undoubtedly alter practice patterns. The number and types of personnel, the skills they will require, the systems within which they will practice and their relationships with other providers are all critical factors in assessing of practitioners for the future.

The ongoing pressure from the purchasers of health services and the public's demand for the highest quality of care have increased competition in the system. Managed care organizations are ever turning their attention toward primary care with a heavy emphasis on health promotion and disease prevention. Hospitals and other care environments are seeking the greatest possible flexibility in their options for personnel utilization, and they are developing less hierarchical management structures. Interdisciplinary, self-directed work teams are entering the marketplace, with less reliance on traditional personnel.

With advances in technology and more sophisticated information systems, the question must be raised about whether the skills of today are adequate for practitioners of the future; in addition, will be the appropriate roles of health care providers with specialization in laboratory services?

Given all that we know and have heard about the nature of health care delivery in 1995, I believe that a few predictions about the future are easily conceived. As we look to the turn of the century we see:

- more decentralized care - fewer hospitals with care provided at a variety of different types of facilities;
- less distinct boundaries between the disciplines - credentials will be broadened and the number of multi-skilled providers will increase;
- greater emphasis on self-care and self-determination of care. Increased use of home test kits and health promotion disease prevention strategies;
- increased use of technology. Home computers linked to large data bases for self-diagnosis, a biochemical diagnosis of cancer and body monitors for ongoing physiologic assessments are all feasible technological advances;
- that information and its use becomes a more important issue for professional laboratory personnel than performing the tests;
- a more rational health care system with greater integration of its components.

In this time of rapid change in the health care delivery system, there has been a great deal of focus on increasing access, reducing costs and maintaining quality. As the pace of change accelerates, it becomes increasingly clear that the health care workforce has not been the driving force for this change. Personnel shifts have been resisted by the professionals, with payers determining the shape of the workforce. Many people believe that we simply do not have the right type of providers, in the right numbers, in the right places, doing the right things. Thus, to ensure accessible health services at a cost-effective level, we must educate laboratory practitioners to their role in managing the change occurring throughout the health care system.

The Center for the Health Professions at the University of San Francisco has studied the current status of the health care system and identified the following tensions that are shaping the system:

Specialized Care	↔	Primary Care
Technological	↔	Humanistic
Cost Unaware	↔	Cost Aware
Institution Focused	↔	Ambulatory/ Community Focused
Professionally Governed	↔	Managerially Governed
Acute Care	↔	Chronic Care
Individual Patient Population Perspective	↔	
Curative Care	↔	Preventive Orientation
Content Mastery	↔	Process Mastery
Individual Provider	↔	Team Provider
Competition	↔	Cooperation
Current	↔	Re-regulation

These tensions have emerged in great measure because of our strong focus on practitioner competence within each discipline. Discipline competence, however,

is only one type of competence with which we must be concerned; today's practitioner must also possess social and cultural competence.

TABLE I

DISCIPLINE COMPETENCE

- Skill with the performance of discipline-related tasks
- Knowledge of theory within the field
- Critical thinking and decision-making related to a particular role

SOCIAL COMPETENCE

- Ability to communicate within and outside field
- Knowledge and understanding of roles of others
- Ability to work in teams

CULTURAL COMPETENCE

- Recognition of the cultural determinants of the agency, institution or system
- Acquiring the cultural characteristics of the discipline and the larger environment
- Respecting and sharing perspectives of others

In 1994, the Pew Health Professions Commission delineated 17 competencies which all health care providers must be able to demonstrate in the year 2005. These competencies are multi-faceted and encompass the range of social and cultural abilities needed in health care as well as the discipline, specific knowledge and skill appropriate to practice. They require flexibility, multiple skills, interdisciplinary team-directed practice and collaboration

across levels of providers.

TABLE II
COMPETENCIES FOR 2005
PEW HEALTH PROFESSIONS
COMMISSION

- Care for the Communities' Health
- Expand Access to Effective Care
- Provide Clinically Competent Care
- Emphasize Primary Care
- Participate in Coordinate Care
- Ensure Cost Effective and Appropriate Care
- Practice Prevention
- Involve Patients and Families in the Decision Making Process
- Promote Healthy Life Styles
- Assess and Use technology Appropriately
- Improve the Health Care System
- Manage Information
- Understand the Role of the Physical Environment
- Provide Counseling of Ethical Issues
- Accommodate Expanded Accountability
- Participate in a Racially and Culturally Diverse Society
- Continue to Learn

In today's laboratory practice environment we continue to focus most of our attention on the skills associated with the

performance of tests and the knowledge related to those techniques. Conversations about personnel standards place a higher priority on the ability to detect performance error rather than the other abilities inherent in the Pew competencies. The delayering of the workforce with the elimination of many mid-level positions raises concern for the amount of supervision that is feasible in the laboratory. The cross training of boundaryless teams to create "affinity clusters" of multi-skilled practitioners is a trend that is being debated.

Each of these issues is complex. We have no standards for continued competence beyond the entry level. The demands of different workplaces demand different personnel. Is testing truly site neutral?

Questions for research which evolve from these issues include:

1. What number and types of laboratory personnel will be needed in the 21st century?
2. Are there meaningful outcome differences in professional competence among the various educational levels of practitioner?
3. What types of personnel credentials are most effective in demonstrating competence?