

**CHAPTER 7****STAFFING: OBTAINING EMPLOYEES**

Our employees are our greatest asset.

Business slogan

LEARNING OBJECTIVES

Studying this chapter will help you to

- define staffing and the seven staffing processes;
- describe how human resources specialists help managers with staffing;
- understand the importance of diversity and inclusion in staffing;
- realize how laws, regulations, and court decisions affect staffing;
- explain how managers plan staffing;
- describe how managers design jobs; and
- understand how managers recruit, select, and hire staff.

HERE'S WHAT HAPPENED

Partners HealthCare revised its mission and developed ambitious goals to improve the quality and cost-effectiveness of patient care. More specifically, managers intended to use technology to improve four priority health conditions: diabetes, heart attack, stroke, and colorectal cancer. To achieve their goals, managers had to staff the organization. They planned which jobs were required (e.g., telemonitoring nurse) and how many positions were needed for each. They organized and designed jobs by identifying the tasks, responsibilities, authority, and qualifications required for each job. For example, the telemonitoring nurse job was responsible for monitoring remote patients' vital signs via telehealth technology, responding when the telehealth system signaled that vitals were abnormal, and guiding patients through biweekly heart education. Managers had to recruit applicants for the positions and evaluate the applicants using selection criteria. Careful selection of telemonitoring nurses was needed because some nurses prefer working with patients by standing at the bedside rather than by sitting at a monitor. After managers decided whom to hire for each position, they prepared job offers with compensation, starting dates, and other essential information. By performing the staffing function, managers progressed toward their goals for patient care.

As we see in the opening Here's What Happened, healthcare organization (HCO) managers must obtain people to do the work to achieve the HCO's mission and goals. This is part of the staffing function—the third of the five fundamental management functions we learned in [chapter 2](#). We can think of [staffing](#) as the process of obtaining and retaining people to fill jobs and do the work. Previous chapters on planning (the first management function) and organizing (the second management function) referred to workers, employees, jobs, positions, and staff. Building on that discussion, this chapter and [chapter 8](#) teach us how managers staff their organizations. Staffing requires managers to perform several of the management roles we studied in [chapter 2](#): monitor, entrepreneur, disturbance handler, resource allocator, and negotiator.

As we learned in [chapter 4](#), healthcare is often a service, and services are performed by people (rather than manufactured by machines). Most HCOs are labor intensive and depend on many people to perform the services. These people may be called staff, workers, employees, associates, personnel, human resources, workforce, or talent. Even though we might be impressed by the amazing medical equipment used in many HCOs,



effectiveness of patient care. More specifically, managers intended to use technology to improve four priority health conditions: diabetes, heart attack, stroke, and colorectal cancer. To achieve their goals, managers had to staff the organization. They planned which jobs were required (e.g., telemonitoring nurse) and how many positions were needed for each. They organized and designed jobs by identifying the tasks, responsibilities, authority, and qualifications required for each job. For example, the telemonitoring nurse job was responsible for monitoring remote patients' vital signs via telehealth technology, responding when the telehealth system signaled that vitals were abnormal, and guiding patients through biweekly heart education. Managers had to recruit applicants for the positions and evaluate the applicants using selection criteria. Careful selection of telemonitoring nurses was needed because some nurses prefer working with patients by standing at the bedside rather than by sitting at a monitor. After managers decided whom to hire for each position, they prepared job offers with compensation, starting dates, and other essential information. By performing the staffing function, managers progressed toward their goals for patient care.

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As we learned in [chapter 4](#), healthcare is often a service, and services are performed by people (rather than manufactured by machines). Most HCOs are labor intensive and depend on many people to perform the services. These people may be called staff, workers, employees, associates, personnel, human resources, workforce, or talent. Even though we might be impressed by the amazing medical equipment used in many HCOs, we must remember that people (human resources) are needed to operate the equipment (physical resources). Further, some medical work and much nonmedical work (e.g., management itself) does not involve fancy gadgets and equipment. **Healthcare is a service provided by people, so managers must excel at staffing.**

Many organizations, including HCOs, proclaim, "Employees are our greatest asset." How can managers *obtain* their "greatest asset"? How can managers then *retain* their "greatest asset" to avoid the time, expense, effort, and lost revenue of replacing workers (and avoid receiving negative comments on employer review websites such as Glassdoor)? Chapters [7](#) and [8](#) answer these questions. First, we identify seven staffing processes that HCOs use. Then we examine three special concerns for staffing HCOs. After considering this background, we study in more depth the seven staffing processes. The first three are explained in this chapter and focus on *obtaining* workers. The other four staffing processes are explored in the [next chapter](#) and focus on *retaining* workers. When you become a manager, you will soon become involved in staffing. Chapters [7](#) and [8](#) will help you prepare for that work.

The staffing of some HCOs includes physician jobs. As we learned in chapters [4](#) and [5](#), physician jobs may be quite different from other types of jobs. People who perform physician jobs might—or might not—be employed by the HCO where they work. If they are employed, they are usually obtained and retained differently than other employees are and in ways that are beyond the scope of this book. Thus, chapters [7](#) and [8](#) will focus on nonphysician staffing.

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STAFFING PROCESSES

The management staffing function can be divided into seven processes that managers should perform. These processes are shown in [exhibit 7.1](#) and entail the following (Fottler 2015b; French 2007; Fried and Gates 2015; McConnell 2018; Noe et al. 2016):

EXHIBIT 7.1
Seven Staffing
Processes



1. [Planning for staff](#)—forecasting the staff (workforce) the organization will require in the future and planning how to effectively obtain and retain that future staff
2. [Designing jobs and work](#)—determining the work tasks to be done by a job, along with the job's qualifications, supervision, working conditions, rules, and schedules
3. [Hiring staff](#)—recruiting and selecting people for jobs, which may include reassigning existing workers by promotion or transfer
4. [Developing staff](#)—helping employees acquire new knowledge, skills, attitudes, behaviors, and competencies for current and future jobs
5. [Appraising performance](#)—evaluating workers' job performance and discussing those evaluations with them
6. [Compensating staff](#)—determining and giving wages, salaries, incentives, and benefits to workers
7. [Protecting staff](#)—ensuring that workers have proper and safe work conditions, their rights are protected, and their opinions are considered by managers

Which of these processes have you noticed in a summer job or part-time job during school?

As mentioned, this chapter studies the first three staffing processes, which get people in the door to start working. [Chapter 8](#) explains the other four processes, which keep people working rather than walking out the door. **These seven staffing processes interact with and affect each other.** For example, designing a public health inspector's job may lead to developing current inspectors to perform new competencies, which then may lead to higher compensation for the inspectors. Also, all these processes can contribute to both obtaining and retaining staff. For example, hiring obtains staff, and if it is done well, the staff stay and are retained. Compensation must start high enough to hire people, and it must later increase to keep people.

Managers should ensure that all seven staffing processes are done well to help their HCOs survive and thrive. In doing so, they should keep in mind three special concerns: staff diversity and inclusion; centralized, decentralized, and outsourced staffing; and laws and regulations. These are explained in the following sections.

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WORKFORCE DIVERSITY AND INCLUSION

[Chapter 1](#) reported US demographic trends that indicate HCOs' labor supply and patient population will continue to become more diverse in multiple ways. "[Diversity](#) refers to the range of human differences that include the primary or internal dimension such as age, gender, race, ethnicity, physical and mental ability and sexual orientation; and the secondary or external dimension such as thought styles, religion, nationality, socio-economic status, belief systems, military experience and education" (Trustees of Boston College 2016). The primary, internal dimension may be referred to as *human diversity* and the secondary, external dimension as *cultural diversity* (Evans 2015). Together, these dimensions create differences among staff in many aspects of work, including status, communication, authority, teamwork, professional behaviors, and use of time.

A diverse workforce, including a diverse management team, can improve organization performance, population health, patient experience, community relationships, and other expectations of HCOs' stakeholders (who are also becoming more diverse). For example, many HCOs have been unable to hire enough nurses, pharmacists, and primary care physicians to fill job vacancies. However, HCOs that are open to a diverse workforce—and are perceived favorably by diverse workers—have a larger supply of labor from which to hire. Having positions filled (rather than vacant) enables better clinical performance, customer satisfaction, and patient experience. Also, patients may prefer providers and caregivers of their own ethnicity who understand how that ethnic group experiences disease and feels about medical care. These and other cultural factors affect patients, patient care, clinical outcomes, and community population health. A diverse workforce can help an HCO successfully compete in diverse communities, reduce disparities in patient care, and thereby achieve financial benefits (Evans 2015). A diverse workforce brings a wider range of ideas and innovations for managers and decision makers to consider. However, if diversity is not valued in an organization, it may create conflict, avoidance of coworkers, less teamwork, biased or constrained decisions, illegal actions, and other negative outcomes. Thus, managers must lead and manage their HCOs to value diversity and use it to strengthen the organization.

Hiring a diverse workforce is not enough; HCOs also must ensure inclusion of its workforce and staff. "[Inclusion](#) involves the active, intentional, and ongoing engagement of our diversity, where each person is valued, respected and supported for his or her distinctive skills, experiences and perspectives, to create a working and learning environment where everyone has an opportunity to experience personal fulfillment and participate fully" (Trustees of Boston College 2016). Many HCOs can do more to eliminate disparities, improve diversity, and be more inclusive. How can they do this? By applying management tools, methods, processes, and ideas from this book. For example, during strategic planning ([chapter 3](#)), an HCO can include diversity and inclusion in its mission, vision, values, and goals. When organizing its jobs, departments, and structure ([chapters 4–6](#)), the HCO can assign diversity and inclusion responsibilities to specific jobs and departments and then provide sufficient resources for them. When staffing the organization, an HCO can recruit a chief diversity officer, hire a diverse workforce, provide training to develop cultural competence for working with diverse populations, and appraise and reward employees based on how well they support diversity and practice inclusion. Later chapters in this book will provide more ideas to help you and your HCO reduce disparities, increase diversity, and be more inclusive. By doing so, you will better serve your populations, employees, and stakeholders.

The Check It Out Online sidebar describes a useful resource for HCOs striving to become more diverse, inclusive, and culturally competent. The [Using Chapter 7 in the Real World](#) sidebar provides examples of how two HCOs have improved their workforce diversity.

In the United States, aging of the workforce, delayed retirements, and changing demographics have led to

career opportunities, and other staffing-related elements. Managers should first understand the differences (and similarities) among the generations of employees and then develop staffing processes for a wide variety of workers (Fottler 2015b).



CHECK IT OUT ONLINE



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CHECK IT OUT ONLINE

The American Hospital Association, Institute for Diversity in Health Management, and National Center for Healthcare Leadership recently developed an assessment tool that HCO managers can use to ensure their organizations reflect the communities they serve (Institute for Diversity and Health Equity 2018):

A Diversity, Equity and Cultural Competency Assessment Tool for Leaders helps health care organizations assess their progress to create high-quality, inclusive, equitable and safe care environments aimed at eliminating health and health care disparities to improve the health and well-being of our neighbors and communities. *A Diversity, Equity and Cultural Competency Assessment Tool for Leaders* includes four sections:

- **Assessment Checklist:** A tool that hospital and health care leaders can use as a starting point in evaluating the equity, diversity, inclusion and cultural competency of their organization and identifying what activities and practices are in place or need to be implemented.
- **Action Steps:** A suggested "to do" list for how to use this tool to raise awareness within your organization.
- **Case Studies:** Examples of hospitals and health systems that are implementing leading practices. You will find a description of their activities, as well as information for the key contact within each organization so you can learn more.
- **Bibliography:** Resources to help you and others in your organization learn more about diversity and cultural competency.

The assessment tool is available at the Institute for Diversity and Health Equity website ([www.diversityconnection.org/diversityconnection/membership/Resource%20Center%20Docs/Assessment%20Tool%20v4\(20-page%20bklt\).pdf](http://www.diversityconnection.org/diversityconnection/membership/Resource%20Center%20Docs/Assessment%20Tool%20v4(20-page%20bklt).pdf)). Check it out online and see what you discover.



USING CHAPTER 7 IN THE REAL WORLD

University Hospitals Health System (UH) is based in Cleveland and serves northeastern Ohio. To increase the diversity of its workforce, UH has partnered with community organizations that help train local people of diverse backgrounds for both healthcare and nonhealthcare jobs. By supporting these local partners, UH helps develop a diverse, local labor pool from which it can hire diverse workers. UH's governing board members are from diverse backgrounds, and the board monitors diversity and inclusion data (Hegwer 2016).

Henry Ford Health System in the Detroit metropolitan area actively develops its diversity, believing that doing so gives it a competitive advantage. System leaders provide diversity training, host book clubs, and use immersion strategies to engage and educate the HCO's workers. Each business unit has a diversity committee to handle diversity issues locally. Seven distinct resource groups support African-American leaders, LGBT (lesbian, gay, bisexual, and transgender) staff, women, millennials, Arab Americans, caregivers, and Latinos. Annual events and ceremonies celebrate diversity heroes and champions. Diverse teams provide a variety of perspectives that enable innovation. These and other diversity initiatives strengthen the organization (Hegwer 2016).



CENTRALIZED, DECENTRALIZED, AND OUTSOURCED STAFFING

Top managers must decide if staffing will be done internally by the HCO's employees or outsourced to external consultants and companies. When the work is done internally, top managers must decide which portion of that work will be done by centralized human resources (HR) specialists and which will be done by decentralized line managers throughout the organization. In HCOs large enough to have HR specialists, these employees perform some staffing-related tasks and provide advice, tools, systems, and procedures to line managers that enable them to perform staffing work for their areas of responsibility. Some organizations decentralize much of the staffing work to department managers and do not have a traditional HR department (Fottler 2015b).

Let's consider a small HCO, such as a new home care business in Riverside. Initially, it might have only an owner-manager, a few nurses, and a clerical assistant. The owner-manager will likely do the staffing work, perhaps with help from an external consultant. When the business grows, the owner-manager might hire specialized HR employees to assist with staffing. When the HCO becomes even larger with more employees and staffing requirements, it might create an HR department with internal specialists for hiring, development, compensation, and other staffing processes. The home care business might use external consultants for some staffing work, such as comprehensive job analysis, recruitment of hard-to-find employees, and design of compensation plans. By this time, the HCO will have a management team with lower-level managers who make staffing decisions in their areas of responsibility, such as nursing, physical therapy, occupational therapy, and durable equipment. Eventually, the home care HCO might be acquired by a large health system or corporation with an advanced HR department or service center to support staffing of smaller acquired HCOs. Alternatively, some businesses have downsized their HR departments and shifted more staffing work to operating departments and outside staffing companies (Fottler 2015b). In each HCO, top managers have to decide which staffing work will be done at the centralized corporate level, which will be decentralized to lower levels throughout the entire organization, and which will be outsourced.

Line managers in a vertical hierarchy are usually responsible for staffing in their department or work unit (e.g., hospice). To do this, they are often supported by the HR department and specialists. A centralized HR department creates staffing programs, policies, and procedures for all managers to use with their employees throughout an HCO. For example, HR specialists may prepare an onboarding program for all new employees, create a social media approach to recruiting new staff, and design a performance evaluation rubric for appraising employees.

An HR department supports other departments with information systems, mobile apps, and other technology for staffing. The HR staff can manage databases for many aspects of staffing and thousands of applicants, employees, and former employees. This database management can help line managers identify approved positions, track applicants, measure diversity and inclusion, manage employees' benefits and compensation, identify which employees are due for performance appraisals, and track employee safety problems. Having centralized HR staff gives lower-level operating managers throughout an HCO the tools, methods, and systems they need for staffing their departments and work units. The centralized programs, policies, and procedures improve consistency and fairness throughout an HCO. However, line managers are ultimately responsible for staffing in their departments and work units.

Supervisors and managers can all benefit from working with HR staff and experts. Although managers should work closely with the expert HR staff, some do not. Why would managers turn down free, expert help? In HCOs, conflict sometimes arises between managers of departments (e.g., informatics, outpatient infusion, supply chain, community health education) and HR staff. Some managers might think the HR staff is bureaucratic and hinders the staffing process with too many forms and procedures. However, such forms and procedures can help HCOs avoid lawsuits, negative publicity on social media and job review sites, and difficulty recruiting workers in the future. Those forms and procedures also might prevent a manager from making a serious mistake that could reflect badly on the manager's performance.

**LAWS AND REGULATIONS**

Staffing is greatly influenced (actually, controlled) by laws, court decisions, and regulations at the national, state, and local levels of government. Laws and regulations affect how managers recruit staff, interview applicants, compensate employees, promote or discharge employees, and perform most aspects of staffing. For example, if you have had a job, you probably know that laws require workplace safety and forbid discrimination in hiring. In addition to these types of laws, state governments regulate and require licensure for many healthcare jobs. [Exhibit 7.2](#) identifies important laws that affect staffing in HCOs (Dunn 2016).

EXHIBIT 7.2
Staffing Legislation

Legislation	Concern or Content	Administrative or Enforcement Agency
Fair Labor Standards Act of 1938	Minimum wage, overtime pay, and record keeping	US Department of Labor
Fair Employment Act of 1941	Prohibits discrimination ^a	Committee on Fair Employment Practices
Equal Pay Act of 1963	Compensation relative to the sex of a worker	Equal Employment Opportunity Commission
Title VII of the Civil Rights Act of 1964 ^b	Sex, color, race, religion, and national origin	Equal Employment Opportunity Commission
Age Discrimination in Employment Act of 1967 (amended 1978)	Age (protection for those 40 to 70 years old)	Equal Employment Opportunity Commission
Occupational Safety and Health Act of 1970	Workplace safety	Occupational Safety and Health Administration
Rehabilitation Act of 1973	People with disabilities	US Department of Labor
Employee Retirement Income Security Act of 1974	Pension and healthcare plan rules	US Department of Labor
Immigration Reform and Control Act of 1986	Employment eligibility verification	US Department of Labor
Employee Polygraph Protection Act of 1988	Prohibits use of polygraphs by most private employers	Secretary of Labor
Americans with Disabilities Act of 1990	People with disabilities	Equal Employment Opportunity Commission
Family and Medical Leave Act of 1993	Permits unpaid leave for certain reasons	Employment Standards Administration
Health Insurance Portability and Accountability Act of 1996	Health insurance coverage	US Department of Labor
Nursing Relief for Disadvantaged Areas Act of 1999	Permits temporary employment of alien/foreign RNs	US Department of Labor

Source: Dunn (2016, 401).

^aAs amended by the Equal Employment Opportunity Act of 1972, the Pregnancy Discrimination Act of 1978, and in 1991 when a cap on punitive damages was applied.

^bApplied to national defense industry.

Labor law is complex, and it changes. Local, state, and federal governments may pass new laws and regulations, weaken or strengthen enforcement of existing laws, or revoke laws. Court decisions also cause changes in labor laws and regulations.

Managers and supervisors should educate themselves about legal aspects of staffing via training and online resources (see the [Check It Out Online](#) sidebar). HCO managers often consult HR specialists and labor attorneys; some large HCOs hire their own labor attorneys. **In addition to acting legally, fairly, and consistently, managers and supervisors should also carefully document all staffing processes, decisions, and actions.** Job applicants and employees might file lawsuits if they feel they were unfairly denied a job, promotion, pay raise, or even a preferred work schedule. The saying "If it isn't documented, it didn't happen" means managers must document their



(amended 1978)

Occupational Safety and Health Act of 1970	Workplace safety	Occupational Safety and Health Administration
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CHECK IT OUT ONLINE

The US Department of Labor has a practical online resource for employment laws (www.dol.gov/elaws/). It explains many laws and regulations affecting small businesses and workers. The guide is especially useful to people who need hands-on information on topics such as wages, benefits, safety, health, and nondiscrimination. This valuable resource can help you learn more about staffing laws now and during your career. Check it out online and see what you discover.



PLANNING FOR STAFF

Now we begin studying in depth the seven staffing processes identified earlier in this chapter. The first is planning for staff. In [chapter 3](#), we learned that during strategic planning, HCOs create a mission and goals along with implementation plans to achieve them. "A critical need exists to elevate the discussion about workforce planning and development to ensure it becomes a standing, rather than crisis-driven, component of comprehensive strategic planning for hospitals and health systems" (McNally 2018). We will examine two broad activities managers use to plan for staffing:

1. Forecasting the organization's future required staff (workforce)
2. Planning how to obtain and retain the forecasted required staff (workforce)

To forecast the HCO's required staff (workforce), managers must forecast several factors based on input from supervisors, managers, and others:

- Expected turnover, retirements, resignations, and other departures, as well as promotions, transfers, and other transitions—all based on historical data, future plans, and good judgment
- Numbers and types of positions and workers—and their required qualifications and competencies—needed to achieve the organization's mission and goals for the coming years

To plan how to obtain and retain the required staff (workforce), managers must analyze internal and external factors, perhaps using a SWOT (strengths, weaknesses, opportunities, and threats) analysis that has been customized for staffing:

- The HCO's internal factors, strengths, and weaknesses pertaining to staff, such as funds to pay competitive wages, support for a diverse workforce, and working conditions that are attractive to Generation Z employees
- The HCO's external forces, threats, and opportunities pertaining to staff, such as changes in labor laws and regulations; changing availability of workers from four or five generations; customers' demands for empathetic staff; plans of nearby vocational schools; diversity of the local labor supply; and developments in artificial intelligence, robots, chatbots, and virtual assistants

Given these factors, managers can anticipate staffing needs and plan accordingly. How many retirees must be replaced next year, and in which positions? How many mental health counselors will be needed to staff the new primary care clinics? Given the nursing shortage in our area, should we contract with a nursing agency and freelance workers? Which changes in hiring could improve the diversity of our workforce? Which compensation and benefits would help retain millennials and Generation Z workers? Which changes in staffing processes are needed to improve employees' engagement in their work and jobs?

As a result of the staff planning process, an HCO might determine it needs to hire three nurse practitioners, two data analysts, and one compliance officer, and eliminate two supply clerks. The HCO will probably change some staffing programs, policies, systems, methods, and tools so that it can obtain and retain the required workers. To accomplish this, the organization might plan the following types of changes to the other six staffing processes during the coming year:

- *Job designing.* Centralize the final approval of new job descriptions by the vice president of human resources.
- *Hiring.* Decentralize hiring decisions to department managers, and revise the policy for hiring military veterans.
- *Developing.* Develop workers' competencies for interacting with disabled clients.
- *Appraising.* Revise performance appraisal methods to require each employee to do a self-evaluation.
- *Compensating.* Revise the policy for using paid days off to better meet the needs of employees with young



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- *Appraising.* Revise performance appraisal methods to require each employee to do a self-evaluation.
- *Compensating.* Revise the policy for using paid days off to better meet the needs of employees with young children.
- *Protecting.* Create a workforce diversity celebration to recognize and celebrate the diversity of the staff. Staffing involves much work, especially in large businesses and HCOs. Performance management systems

and other technology are available to help manage the hiring, developing, appraising, and other staffing activities for hundreds, thousands, or many more employees.

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DESIGNING JOBS AND WORK

Recall from [chapter 4](#) that the terms *job* and *position* are similar but not the same. "A *job* consists of a group of activities and duties that entail natural units of work that are similar and related" (Fottler 2015a, 143). Some jobs, such as president, are performed by just one person. Other jobs, such as nurse, are performed by more than one person if the amount of work is too much for one person. There are multiple nurse positions, and each is filled by a person who performs the nurse job. "A *position* consists of certain duties and responsibilities that are performed by only one employee" (Fottler 2015a, 144). Thus, five people may fill five nurse positions that all perform one nurse job.

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JOB ANALYSIS

In [chapter 4](#), we studied how work and jobs are designed as part of organizing work in an HCO. This task is also linked to staffing. Job and work design involves determining which tasks and activities must be done and how they should be organized into jobs, positions, teams, and work units. Workers in the healthcare industry perform hundreds of distinct jobs. For example, in the Here's What Happened at the beginning of this chapter, Partners HealthCare designed the telemonitoring nurse job to include monitoring patients' vital signs along with other tasks. Job analysis dissects jobs to identify the specific tasks, activities, and behaviors of each job and their relative frequencies.

Historically, job analysis assumed jobs were stable and constant. The analysis simply defined the tasks and activities of a job. Today, however, managers view jobs as more flexible and even adaptable to fit particular people and situations (Fottler 2015a; Noe et al. 2016). Many HCOs now use competency-based job analysis. A competency is a set of related knowledge, skills, and attitudes (e.g., interpersonal) associated with job performance (Fottler 2015a). Jobs also are being redesigned for team-based work and performance. HCOs have adopted these newer, flexible approaches to job analysis because internal and external factors (e.g., the trends described in [chapter 1](#)) cause continual change in HCOs. Because flexibility is needed, many job descriptions include the statement "Other duties as assigned."

Managers and HR staff analyze jobs using several methods, including observation, written surveys, and interviews. This information is used to create [job descriptions](#) (also called *position descriptions*). Although HCOs use different formats and content, all job descriptions state the job title and (in varying detail) the work to be done. Many job descriptions describe minimum qualifications, such as traits, education, skills, competencies, and

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WORK RULES AND SCHEDULES

Besides job descriptions (written from job analyses), designing jobs and work involves creating work rules, schedules, and standards of behavior. Managers are responsible for this, and sometimes workers participate in the process. Although people may feel that rules are confining, most employees desire the structure, predictability, and civility in their workplace that rules can provide. When creating rules, managers must balance the needs of the HCO with the needs of employees. For example, rules may limit socializing at work to ensure patient care is not delayed while employees discuss sports scores or weekend parties. Rules continually evolve to address issues, such as what employees may view online during work or tweet on Twitter after work. If two employees do not like each other, can one bully the other on Instagram? Managers may have to create work rules for such situations.

As a manager, you will have to create work schedules as part of job design. Scheduling can be challenging for any organization, especially for HCOs that operate 24/7. Is it Jose's turn to work weekends? Did Zainab work nights last month? Can Brittany work on New Year's Day? Managers must balance the needs of the HCO and patients with employees' schedules. Scheduling often permits some flexibility to let employees arrive (and depart) at different times. Some staff members may work five 8-hour days per week, whereas others may work four 10-hour days. HCOs may allow telecommuting and working from home or other remote sites. However, some organizations have reduced this option in favor of actual (not just virtual) human interaction among workers, which millennials and Generation Z may prefer (Schawbel 2017). Scheduling must consider full-time and part-time jobs and how they fit into a schedule. Contingent, temporary, gig, per diem, contract, and on-call workers may be assigned part of the schedule. Complications arise and must be addressed when an employee is on vacation or out sick. Managers should work closely with the HR department to ensure their department schedules adhere to labor

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HIRING STAFF

After designing jobs and work, managers must obtain people to perform those jobs. For this task, HCO managers usually hire people as employees on the HCO's payroll. These employees may be full-time, part-time, on-call, per diem, permanent, temporary, seasonal, or some other status. Alternatively, some HCO managers contract with a healthcare staffing company (e.g., HealthCare Support), a temporary ("temp") staffing agency (e.g., Kelly Services), or some other outside business (e.g., Aramark) that assigns its own employees to the HCO, as we saw in [chapter 5](#). In this chapter, we will focus on how an HCO's managers hire employees on the HCO's payroll, which is the most common approach to staffing HCOs. Even when putting people onto its payroll, the HCO might outsource some work to a recruiting company, a staffing search firm, or external consultant. Managers must continually decide how much staffing work to do internally and how much to outsource to specialists.

Hiring staff involves recruiting and selecting people for jobs, which may include reassigning existing workers by promotion or transfer. Some HCOs refer to this as *talent acquisition*. Perhaps you have been a job applicant and participated in this process. It includes

- recruiting applicants,
- selecting from among applicants,
- making a job offer, and
- sometimes reassigning a worker (e.g., promotion, transfer).

To begin recruitment, managers and HR staff should ensure that a current, accurate job description is available to guide recruitment and later selection. Then, upper management must authorize filling a vacant position

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RECRUITING

HR staff (or contracted recruitment firms) perform most of the recruiting process. Larger HCOs with larger HR staffs may have one or more specialized recruiters. Smaller HCOs may handle recruiting or perhaps outsource this work to a recruiting company. Can you suggest ways to recruit people? How did you find out about jobs you have applied for? *Internal recruitment* seeks applicants from inside the HCO for promotion or transfer (Fried and Gates 2015). This approach uses the HCO's printed and electronic job boards and newsletters, networking among staff, and managers' conversations with current employees about open jobs.

Managers also use *external recruitment*, which seeks applicants from outside the HCO. This involves going to job fairs and professional conferences, networking beyond the HCO, and posting job openings on the HCO's website and job search websites. Additional methods for external recruitment include talking with representatives of schools and colleges, contacting former employees, using search firms and employment agencies, and placing ads in newspapers, professional newsletters, and trade magazines. Social media (e.g., Facebook, LinkedIn) and job websites (e.g., CareerBuilder, Glassdoor, Monster, TweetMyJobs, JobsInHealthcare, Health eCareers) are also useful and enable an HCO to "e-cruit" externally and easily reach many potential applicants. This approach creates a connection that goes beyond one-way methods. Many applicants respond well to recruiting via social media and mobile devices when these media and devices are optimized and designed for easy use. Such recruiting efforts may include virtual-reality previews of the job and organization that also are used at job fairs and professional conferences.

Managers will have to decide how extensively to recruit—internally, externally, or both? Locally, regionally, nationally, or globally? They must use appropriate recruitment processes and methods to obtain a strong applicant pool and achieve the HCO's diversity requirements and goals. According to Schawbel (2016), some businesses are trying to improve the recruiting and hiring experience because applicants who have had a bad experience share their stories on Glassdoor and other employer review websites.

What are the pros and cons of internal and external recruiting? Take a minute to jot down some ideas, and then read [exhibit 7.3](#).

Internal Recruiting		EXHIBIT 7.3 Advantages and Disadvantages of Internal and External Recruiting
Advantages	Disadvantages	
Applicant already familiar with HCO and thus more likely to fit in	Employee may apply for promotion and then be upset if not promoted	
Applicant already known by the HCO	Employee may become boss of former coworkers, which can create problems	
Employees see opportunities to grow, which strengthens employee morale and retention	Fewer new ideas, methods, innovations brought into the HCO from outside; inbreeding	
Inexpensive	Small pool of potential applicants	
Helps retain good employees	Creates a new vacancy	
Fast	Employee may require extra coaching and mentoring to be fully prepared	
External Recruiting		
Advantages	Disadvantages	
New ideas, methods, innovations brought into the HCO	Can be expensive for some methods	
Large pool of potential applicants	HCO may be viewed as not supporting current employees, lowering morale	

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External Recruiting		
Advantages	Disadvantages	
New ideas, methods, innovations brought into the HCO	Can be expensive for some methods	
Large pool of potential applicants	HCO may be viewed as not supporting current employees, lowering morale	
Applicant comes without awkward political relationships or problems with coworkers	Time and effort required to onboard and acculturate new employee	
Can find applicants with all required competencies	Applicant not known by HCO, so more time and effort needed to select and hire	
Creates awareness of the HCO		

Sources: Adapted from Fried and Gates (2015) and Noe et al. (2016).

Managers and HR recruiters must prepare job announcements carefully when recruiting—especially for external applicants. The announcement should include a clear, realistic, and thorough description of the job and HCO so job seekers can properly decide whether or not to apply. Fried and Gates (2015) suggest giving potential applicants the following information:

- Required qualifications, such as education, experience, and preferences (that are legal)
- Job information, such as job title, department and company name, work to be done, work location and schedule, and compensation
- How to apply, such as whom to contact, what information to provide, and the deadline for applications

This information may be provided in different ways, including online, in print, via multimedia, in person, in meetings, and in phone calls. Many companies offer this information in preapplication job previews for potential applicants before they apply. Doing so can save everyone time in the hiring process.

Here are several other ideas to keep in mind when recruiting:

- Offer incentives to applicants and to current employees who refer applicants.
- Focus the recruiting process on applicants and design the application process from their perspective; respect them by making it easy to apply for the job and by not contacting them at their current place of employment.
- While recruiting, subtly sell the HCO as a place to work by honestly identifying things an applicant might appreciate.

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Managers should evaluate how effective their recruiting effort is. For example, they can measure the

quantities and qualities of applicants overall (including specific types of diversity), for each job opening, and for internal and external recruiting. Recruitment time and cost per job opening also should be tracked.

**TRY IT, APPLY IT**

Suppose you work at a small, suburban hospital near a big city such as Orlando, Detroit, or Las Vegas. The hospital's director of marketing will retire in six months, and a replacement must be hired. How could you recruit diverse applicants for this job? Use what you have learned in this chapter to outline a recruitment plan.

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SELECTING

Managers select the applicant to whom they will offer a job. A hiring decision has important short- and long-term consequences for the HCO, so managers should invest time and effort to make a wise selection. An unwise selection may lead to voluntary or forced turnover followed by repeating the costly, time-consuming hiring process. Other consequences may include tension and stress among coworkers, lost revenue, and delayed service for patients. The rest of this section describes a general approach to selection; many variations exist and depend on the organization's size.

The manager of the department with the job vacancy, plus the immediate supervisor for the vacant job, confer with HR staff. They must all agree on selection methods that comply with laws and the HCO's policies and that are appropriate for the particular staffing situation. Methods vary depending on the organization and the job. More time and assessment are needed to fill higher-level jobs. Some situations are more urgent than others. The immediate supervisor for the job must be involved in the selection, and commonly a team also participates (Fottler 2015b). This team might include future coworkers of the person to be hired, from both inside and outside the department. HR staff is responsible for ensuring compliance with laws, organization policies, and the job description (White and Griffith 2019).

Selection criteria help determine which applicant to hire. At first, a supervisor might say the person who can best perform the job should be hired. Someone else might suggest hiring a person who can perform the job well *and* is likely to stay with the organization for many years. Which criteria in the job description absolutely must be met (e.g., licensure)? Which criteria are important yet could be modified (e.g., two rather than three years of prior experience)?

The criteria almost always include fit. What is *fit*? Traditionally, organizations hired based on *applicant–job fit*, emphasizing how well someone could perform the job. Now managers also take into account *applicant–organization fit*, which considers an applicant's values, behaviors, attitudes, and overall work style (Fried and Gates 2015). For example, to what extent is an applicant competitive or cooperative? How well a new employee will fit into the organization and with other workers is more important now than it was in the past. Some companies hire applicants for fit and develop their skills afterward. However, research does not strongly show that better fit is related to better job performance (Fried and Gates 2015). Managers must also be careful that hiring for fit does not deter hiring for diversity or violate labor laws.

The rest of this section explains a general approach to selection that may be used with both internal applicants (for promotion or transfer) and external applicants (for new hires). This approach includes HR staff. If they are not available, then the manager and support staff would do the HR work. Of course, each company develops its own approach depending on the job to be filled.

After the HCO receives applications in response to its recruiting, HR screens them using preset criteria to select applications for further consideration. Pop quiz: What did we learn in the second staffing process that would provide useful standards for screening applications? Did you say *job descriptions*? These indicate basic qualifications, skills, and competencies applicants should have. Job descriptions can be used to eliminate unqualified applicants and identify qualified applicants for further consideration. HR staff or electronic scanners read each application (or resume) and compare it against criteria in the job description. Applicants who do not meet an essential requirement (e.g., having a nursing license) can be eliminated.

The hiring company and the applicant continue assessing each other. Many companies enable applicants to use electronic assessments, realistic job previews, and “tryouts” for the job (Fried and Gates 2015). These may be done online or in multimedia meetings with current employees. Applicants can learn more about the job and organization and what it would be like to actually work in that job and organization. The company presents the good and the bad about the job. Current employees may say what they like and dislike. Then applicants can better decide if they are still interested. They can answer their own questions: Would I fit well with that job in that HCO? Do I want to work there? Meanwhile, the hiring company further evaluates applicants by asking them legal job-related questions to more fully understand their skills, attitudes, behaviors, and fit with the job and the organization. After this interactive question and answer part of the job preview, the organization should have a

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The hiring manager (or team) selects applicants who possess the required qualifications and seem to fit

with the organization. In some cases, managers may choose someone who does not currently have all the required skills yet seems to fit the HCO well and could be trained to do the job tasks. This is the “hire for fit, train for skills” approach. In some cases, managers might give preference to internal candidates, which could strengthen overall employee retention in the HCO.

The HR staff may next arrange tests of applicants. One-third of organizations in the United States test for personality traits such as flexibility (Noe et al. 2016). A hiring manager might also test applicants to measure and learn about their knowledge, aptitude, skills, mental ability, and physical ability. Other tests may be used for drug screens, job-related medical problems, past criminal records, and fluency in English (Fried and Gates 2015). Managers should use tests that are valid, reliable, and not culturally biased.

Managers then interview candidates—perhaps three to five—selected from among the top candidates who also passed any necessary tests. The first interview may be done by telephone, teleconference, or videoconference, especially if the applicant lives far away. If that interview goes well, an on-site, face-to-face interview, which is more expensive and time-consuming, is arranged. Guidance from the HR staff is essential to help all interviewers understand how to conduct a fair, effective interview. For example, they must know which questions they may (and may not) ask during interviews. **Laws generally forbid questions about applicants’ race, religion, age, country of origin, gender, marital status, family, health, disabilities, and personal lives.** The few exceptions (e.g., asking whether the applicant is legally old enough to work or legally eligible to work based on citizenship or work visa) must be narrowly and carefully worded (Fried and Gates 2015; McConnell 2018).

Interviews help the selection team understand applicants well enough to select someone. HCOs often hire based on applicants’ traits (e.g., flexibility, initiative) rather than only technical skills (e.g., taking blood samples, writing code). Interviews, more than applications and resumes, enable managers to judge an applicant’s fit. However, interviews are neither highly reliable nor highly valid (Fried and Gates 2015). Interviewers do not always ask all applicants the same questions in the same manner, which may lead to different responses. Interviewers also interpret applicants’ answers and emotions differently. Some applicants look online to find and then rehearse recommended answers to common interview questions.

Managers in many HCOs use behavioral interviewing (also called *competency-based interviewing*) to predict how an applicant might fit in the organization and perform in a certain situation or role. This approach can help managers judge who has the required competencies. For example, during an interview, an HCO manager in Hattiesburg might say, “Conor, describe a situation in which you had to work on a team with people you did not know” or “Debbie, please tell me about a time when you helped a confused client.” The manager judges the applicant based on the applicant’s reported behavior in the job-related situations.

Effective interviews take much time and effort. The following tips can improve interviews and help managers make good choices (Dunn 2016; Fried and Gates 2015; McConnell 2018; Noe et al. 2016):

- Decide who (e.g., the manager, immediate supervisor, coworkers in the department) will participate in

Effective interviews take much time and effort. The following tips can improve interviews and help managers make good choices (Dunn 2016; Fried and Gates 2015; McConnell 2018; Noe et al. 2016):

- Decide who (e.g., the manager, immediate supervisor, coworkers in the department) will participate in the interview and if they will meet with the applicant together or separately.
- Prepare by reviewing a current job description, the applicant's file, and other information.
- Contact applicants via their personal phone number or e-mail address; do not contact them at their current job.
- Give applicants sufficient advance notice to arrange time off from their current job and to prepare.
- Arrange a suitable time (without interruptions) and a comfortable place for everyone involved.
- Ensure the work site will leave a good impression on the applicant.
- Begin with brief chitchat to help the applicant relax.
- Ask questions that require more than a few words to answer.
- Ask questions that require answers that reflect how well the applicant *could* do the job (is capable), *would* do the job (is willing), and would fit in the job and organization.
- Ask situational questions for which the applicant must explain how she would handle a job-related situation.
- Avoid questions that are inappropriate, illegal, biased, or culturally insensitive.
- Allow time for the applicant to think before speaking, and wait for the applicant to answer.
- Listen closely for content and feeling; pay attention to the applicant's body language, voice, emotions,

and responses.

- Be respectful, friendly, genuine, and professional toward the applicant.
- Gather information about the applicant's abilities, personality traits, and expectations.
- If an applicant gives only vague, safe, or socially acceptable answers, ask probing follow-up questions.
- Softly sell the job and the HCO, but do not overdo it or misrepresent anything.
- Be sure the applicant understands the job, expectations, schedule, pay and benefits, and what working at the HCO will be like.
- Ask for and fully answer the applicant's questions.
- Avoid taking many notes during the interview, but do write detailed notes soon afterward.

As a manager, you might interview applicants whose native language and culture differ from yours. You might participate in selection decisions that consider culturally diverse applicants. Such situations require careful communication, sensitivity, and emotional intelligence. The preceding guidelines can help ensure a fair, useful interview. [Chapter 15](#), on professionalism, gives more advice on how to handle potential language and cultural barriers when interviewing and selecting people for jobs.

Promptly after each interview, the manager should gather feedback from everyone who interacted with (or even observed) the interviewee. Include HR staff, everyone who interviewed the applicant, and even a receptionist who observed how the applicant behaved while waiting outside the manager's office. These people should not let biases influence them. They should make thoughtful judgments based on evidence and avoid premature assumptions and safe political choices.

In most cases, the final selection decision is made by the immediate supervisor of the new employee (Dunn 2016; McConnell 2018). That person's decision should be based on extensive input from other selection team members, future coworkers, the direct supervisor's own boss, HR staff, and others who participated in the selection. Depending on the HCO's hiring process, a committee might make the final decision. Sometimes the choice is difficult; all candidates may have strengths and weaknesses and perhaps no candidate stands out as the best. Some people might look qualified in an application but not perform well in a live interview. Managers should openly involve others in the selection process to obtain different perspectives.

If necessary, another interview can be arranged to further evaluate an applicant. Although a second inter-

should openly involve others in the selection process to obtain different perspectives.

If necessary, another interview can be arranged to further evaluate an applicant. Although a second interview requires more time, it can lead to better hiring decisions. Managers must strive to avoid poor decisions by being thorough. A bad choice will haunt the manager and hurt the HCO. [Chapter 13](#) offers good advice on making decisions. As we will see, some managers use intuition in making decisions—including hiring decisions—and may rethink a preliminary decision if it does not feel right the next day.

At some point during the selection process, HR staff will perform reference checks to confirm information the application provided (e.g., college degree) and try to obtain new information (e.g., work ethic). The timing of reference checks varies depending on the situation. Confirmation of a college degree may be done early in the process by contacting the applicant's college. Talking to an applicant's current boss by phone may be done after obtaining the applicant's permission. If the applicant does not want her boss to know she is looking for a new job, this reference check might be done after the job offer has been made subject to satisfactory reference checks.

While it seems prudent to check references (and most managers do), this step is not a strong predictor of how well someone will perform in a new job (Fried and Gates 2015; Noe et al. 2016). Why is that? When asked to provide a list of references, applicants list people who will speak favorably. Also, references often are vague and rarely identify an applicant's weaknesses or past problems. In many businesses, HR policies do not allow much information to be shared about former employees (other than dates of employment and job title) for fear of being sued (McConnell 2018).

Because official references often are too vague or minimal to be useful, some hiring managers search online and look at social media to learn about applicants. Managers might do this during the initial screening process to verify applicants' prior employment and to gather information that may help them decide which applicants to interview. Later, a manager might informally contact someone on LinkedIn whom the applicant and manager both know. That approach may yield more information than an official reference. Members of a search committee might look for applicants on Facebook. Conceivably, a manager might not hire someone because of information obtained from social media. This raises ethical and legal issues related to privacy,

justice, validity, and the employer's obligation to avoid hiring incompetent or dangerous workers. Arguably, only HR staff (not hiring managers) should conduct reference checks and obtain only references that the applicant has given written permission for (McConnell 2018).

Once the supervisor, manager, or team decides which applicant to hire, HR staff extends a firm job offer to the individual with a starting date and salary. The offer may be made subject to reference checks and background checks (e.g., for drug abuse or criminal conviction) if those were not already done. After the candidate accepts the job offer and clears all background verifications, the HR staff should ensure the HCO has documented the specific reasons each other applicant was not hired. This documentation is essential because, months or years later, the HCO might have to legally justify its hiring decision. However, if applicants call and ask why they were not hired, the HR staff should simply say that a more appropriate candidate was chosen, without going into detail (McConnell 2018). Giving reasons for rejection may be neither helpful nor needed, and it could lead to problems (Dunn 2016, 452). HR staff may just say the applicant's qualifications did not sufficiently match the job requirements.



TRY IT, APPLY IT

The recruitment plan you prepared for the Try It, Apply It earlier in this chapter was a huge success. Many applicants applied for the director of marketing job. Three diverse applicants have been chosen for in-depth interviews. Use what you learned in this chapter to plan how you will conduct the three interviews. Write an interview plan outlining (1) who will be involved, (2) where and when interviews will be held, (3) what will be

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ONE MORE TIME

The management function of staffing involves obtaining and retaining employees to do the work required to achieve the HCO's goals and mission. Staffing may be understood by studying seven interrelated processes. This chapter explained the first three processes ([chapter 8](#) will explain the other four). While performing all staffing processes, managers should be attentive to three special concerns: staff diversity and inclusion; centralized, decentralized, and outsourced staffing; and laws and regulations.

First, managers plan for staff—forecasting the staff (workforce) the organization will require in the future and planning how to effectively obtain and retain that future staff. This work involves planning new approaches to the other staffing processes, such as new job design and job descriptions, new methods for hiring workers, new development of staff, new compensation methods, new ways to evaluate workers' performance, and new approaches for protecting employees.

Second, managers design jobs and work—determining the work tasks to be done by a job, along with qualifications, supervision, working conditions, rules, and schedules. HCOs have been shifting to more flexible job design to adapt to frequent changes in healthcare and external environments.

Third, managers hire staff—recruiting and selecting workers for jobs, which may include reassigning existing workers by promotion or transfer. Managers can recruit internally, externally, or both, using informative job announcements. When hiring for a job, managers use the current job description to evaluate applicants' qualifications and fit with the job and organization. Tests are also used to judge applicants. Several applicants are chosen for interviews with the job's immediate supervisor, a higher manager, future coworkers, and others. Based on candid input from interviewers, a final selection is made, usually by the person who will supervise the new employee. A job offer is then made by HR staff, subject to reference checks.

HR specialists, departments, or consultants often assist managers with the staffing function. The HR experts are usually responsible for creating programs, policies, procedures, methods, and tools that managers and supervisors throughout the HCO use to staff their individual departments. This approach creates consistency and fairness throughout the organization. It also helps managers comply with the many laws, court decisions,

and regulations that affect how managers staff their HCOs.

**FOR YOUR TOOLBOX**

- Seven staffing processes
- Job analysis
- Job description
- Internal and external recruiting
- Job interview methods

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FOR YOUR TOOLBOX

- Seven staffing processes
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FOR DISCUSSION

1. Briefly describe the seven processes that managers use to staff an HCO. Discuss how each process is necessary for an HCO to succeed.
2. Which information is typically included in a job description? How are job descriptions used with other staffing processes?
3. Discuss the advantages and disadvantages of internal recruiting for different jobs in HCOs. Then do the same for external recruiting.
4. Give examples of questions that are appropriate and not appropriate for a manager to ask an applicant during a job interview. Why are some questions inappropriate?
5. Reflect on the list of tips for effective job interviews (near the end of the chapter). Which of these tips do you feel are most important? Why?

CASE STUDY QUESTIONS

These questions refer to the Integrative Case Studies at the back of this book.

1. "I Can't Do It All!" case: Mr. Brice realizes he must make "serious changes" so that his vice presidents will make decisions. Explain how he could use staffing processes to increase and improve decision making by his vice presidents.
2. Increasing the Focus on Patient Safety at First Medical Center case: How could job design, job analysis, and job descriptions support the focus on patient safety at First Medical Center?
3. Managing the Patient Experience case: Consider the pros and cons of internal and external recruitment. How might Mr. Jackson's prior jobs and work experience affect his success as chief experience officer at Academic Medical Center?
4. Rocky Road to Patient Satisfaction at Leonard-Griggs case: How could Ms. Ratcliff and the manager of human resources use job design, job analysis, and job descriptions to implement the patient satisfaction surveys at the physician practices?



RIVERBEND ORTHOPEDICS MINI CASE STUDY

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RIVERBEND ORTHOPEDICS MINI CASE STUDY

Riverbend Orthopedics is a busy group practice with expanded services for orthopedic care. It has seven physicians and a podiatrist, plus about 70 other employees. At its big, new clinic building, Riverbend provides extensive orthopedic care. Several technicians provide diagnostic medical imaging, from basic X-rays to

magnetic resonance images. The physicians perform surgery in their own outpatient surgery center with Riverbend's own operating nurses and technicians. Therapy is provided by three physical therapists and one part-time contracted occupational therapist. In addition to staff providing actual patient care, the clinic has staff for financial management, medical records, human resources, information systems/technology, building maintenance, and other administrative matters. Occasional marketing work is done by an advertising company. Legal work is outsourced to a law firm. Riverbend is managed by a new president, Ms. Garcia. She and Riverbend have set a goal of achieving "Excellent" ratings for patient experience from at least 90 percent of Riverbend's patients this year.

Riverbend currently has one HR manager with expertise in all aspects of HR and one compensation specialist. Ms. Garcia wants to obtain more HR support for staffing, but she is unsure whether to hire more HR specialists (full-time or part-time) or contract with an HR consulting firm for expertise when needed. Also, Ms. Garcia and Dr. Chen want to strengthen workforce diversity and inclusion at Riverbend.

MINI CASE STUDY QUESTIONS

1. Which factors and information should Ms. Garcia consider when deciding how to increase HR support for staffing Riverbend Orthopedics?
2. Suggest how Ms. Garcia and Dr. Chen could strengthen workforce diversity and inclusion at Riverbend Orthopedics. You may make reasonable assumptions and inferences.

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