

# Envisioning Tomorrow's Healthcare Workplace

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 **ASHHRA**  
THE HUMAN SIDE OF HEALTHCARE

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**F**ounded in 1964, ASHHRA is the leading voice for HR professionals in health care - linking people and organizations to leadership practices, best practices to patient outcomes, and outcomes to business results. Headquartered in Chicago, Ill., the society has more than 3,500 members and services the needs of over 50 chapters throughout the United States. For more information about ASHHRA, visit [www.ashhra.org](http://www.ashhra.org).

### Vision

By joining together, by raising our skills and by speaking with one voice, we, as ASHHRA members will enhance the well-being of our employees, our health care organizations, and the communities we serve.

- ◆ ***Our purpose:*** To establish the expertise of health care HR through our ability to learn and share knowledge, build relationships, and exemplify excellence.
- ◆ ***Our power:*** To influence and impact the future of the health care workforce and those they serve.
- ◆ ***Our promise:*** To keep in our minds and hearts the passion and commitment we have for our profession.

### Mission

ASHHRA leads the way for members to become more effective, valued, and credible leaders in health care human resources administration.

### Guiding Principles

Collaboration \* Service Excellence  
Integrity \* Innovation \* Passion

### Value Proposition

We offer high quality and effective resources, educational programs, and networking opportunities to human resources professionals in the health care industry.

**T**he American Society for Healthcare Human Resources Administration (ASHHRA), a personal membership group of the American Hospital Association (AHA), held its eighth Thought Leader Forum on Thursday, July 25, 2013, in San Diego, California.

Kevin Nazworth, vice president, health care market, TIAA-CREF, welcomed thought leader participants to the Forum, which was chaired by Irma Babiak Pye. The discussion was moderated by Cindy Fineran, senior consultant with The Walker Company Healthcare Consulting.

A select group of health care executives participated in the Forum, a two-hour session titled, "Envisioning Tomorrow's Healthcare Workplace."

During the September 2012 ASHHRA/TIAA-CREF Thought Leader Forum, "The Future of the Healthcare Workforce," health care executives explored the critical role of the health care workforce in the future of health care. The executives recommended that human resources (HR) leaders need to proactively brainstorm what the future of health care may look like and use those projections to identify future workforce needs and the training and tools human resource executives should be prepared to offer to ensure workforce success in new and evolving roles.

To explore this topic in greater depth, participants in this Thought Leader Forum looked ahead to forecast the potential changes they see developing in the workplace as a result of increased focus on performance, technological advances, shifting workforce demographics, projected workforce shortages, delayed or premature retirement scenarios, and hospital and health system consolidations.

This Thought Leader Forum executive summary is a strategic overview of the dialogue, discussion, and projections for the future of the health care workplace in America.

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**A**s health care leaders prepare for, plan, and adapt to health care transformation, one of the greatest challenges their organizations are confronting is the uncertainty that accompanies great change and the challenge of predicting what lies ahead for the health care workforce of the future. A panel of eight health care executives was asked to look into the years ahead and forecast the potential changes they see developing in the workplace as a result of the increased focus on performance improvement, shifting workforce demographics, projected labor shortages, delayed or premature retirements, technology advances, and hospital and health system consolidations. They also discussed how they believe these changes might impact health care organizations and what actions human resources executives should consider to prepare for these eventualities.

### Health Care Transformation Is About Performance

Health care transformation is about performance. It's rooted in developing and delivering high-quality care in ways that will cost-effectively support the best outcomes. Today's health care terms, acronyms, and catchphrases are indications of a workplace that is increasingly focused on promoting and measuring outcomes and paying accordingly, including terms like "accountable care," "risk assumption," "alignment," "efficiency and effectiveness," "evidence-based," and "transparency."

***Performance improvement is not optional and average will not get us where we need to be.*** Hospitals and health systems must be able to achieve high performance standards and quality outcomes to earn the reimbursements needed to sustain and advance their organizations. The performance of an organization is largely dependent on the performance of its workforce. Average performance will not get hospitals and health systems where they need to be and is no longer acceptable. Employee performance will receive closer scrutiny, with an eye to moving lower performing employees out of the organization. The high performers will enable hospitals and health systems to achieve the performance standards they will be reimbursed for, and everyone will have to "pull together."

Striving for efficiency, effectiveness, and delivery of high quality care at a controlled cost, (delivering value) organizations will

seek employees who are open-minded, flexible, and willing to work outside of tight job descriptions, and who are ready collaborators in order to best meet the needs of patients. Hospitals and health systems will seek to hire people who are attentive to patient care, patient outcomes, and best practices. Licensed staff should expect to work the top of their license. Thought leaders expect that some changes will require resolution with regulating entities and licensing boards.

Many organizations are working ahead of reimbursement changes and are focusing human resources and staffing changes on results-based care. As examples, some are investing in new types of team models and embedding care managers into primary care medical homes with physicians.

***Compensation will change.*** Like other aspects of health care transformation, compensation too must cross the chasm, with compensation linked to performance. Many organizations are moving away from productivity-based incentives, which have been based on relative value unit (RVU) measures and achieving budget and other financial targets. Paying for better clinical outcomes and incentivizing a focus on patient needs, which might require different service levels than reimbursed for today, will be a key means for changing performance behaviors. Coupled with transitioning compensation to performance-based pay is the means by which performance is evaluated. Thought leaders are questioning traditional performance evaluations and are seeking better ways to ensure competence.

Crossing the chasm will not be easy, however. Thought leaders questioned how organizations will be able to afford future incentives in face of challenging sequester and Medicare and Medicaid reimbursement cuts. They also predict that the



**IRMA BABIAK PYE**

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workforce shortage will put additional pressure on wage increases and create competition for limited dollars that might otherwise be used for incentives. Increases in compensation may be realized through promotion or advancements within a health system vs. simple wage increases.

One way to view the compensation challenge is as a two-dimensional chess set. One dimension is allocating dollars based on days worked, call, travel, etc., and shifting or sizing payments to meet market demands, and to be competitive in the workforce. The second dimension is moving chess pieces in response to the reimbursement received and how reimbursement incentives can be moved downward. Correctly and appropriately setting the first dimension, ensuring the organization is not over or underpaying will be critical to success. If the first dimension is not well-balanced, organizations will struggle to implement the second dimension. Contractual obligations that have locked in wages, call reimbursement, and other compensation add further challenges.

Human resource executives must look far enough ahead to structure an incentive-based program from what happens and/or exists today. Called into question is an organization's willingness to be the "pioneer," to eliminate existing incentives in favor of performance-based incentives.



***Transparency is a critical component to success.*** Thought leaders observed that employees, regardless of their discipline, will work together and get through tough times if organizations are transparent and have a good flow of communication of what they're going through as a business. They emphasized that people must have a good understanding of why the organization is moving from one structure to another and what the long-term benefit will be for them. The organization must be transparent with employees about the challenges ahead and what the implications would be if the organization did not take the actions it has planned. Including and investing employees in the process of change, or "building in" their support, was identified as more effective than soliciting employee "buy in" once the course of action has been determined.

***Performance is a result of skilled leadership.*** Critical to an organization's success is establishing a singular purpose and ensuring that everyone in the organization is pulling together in the same direction. Achieving this is the result of skilled leadership. Thought leaders identified health care transformation as a "leadership moment" and observed that talent management can no longer be episodic performance management. Talent management must develop people to a higher level of performance, starting first with finding the right

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personalities and then training them to develop the skills they will need.

Leaders noted that succession planning must be more than promoting individuals who are technically good. High-potential employees must be identified and given the tools and opportunities to develop the "soft skills" needed to be good leaders. Organizations must take steps to ensure individuals are ready to step up as leaders in coming years. They observed that just as organizations will look different in five years, they cannot base succession plans on the assumption that future leaders will mirror the image of a leader today. Organizations of the future will need leaders with new and different skills and competencies.

Thought leaders also commented on the importance of physician leadership. They cited the vital role some of their physicians have already assumed as partners and advocates in restructuring benefit programs and work schedules in response to health care transformation.

***Culture is a crucial component.*** Like leadership, an organization's culture is a crucial component to achieving performance success. HR plays a key role in ensuring a strong performance-based organizational culture, one which permeates the entire organization. HR leaders must take steps to ensure individuals who are hired are a good "fit" with the culture and values of the organization.

Thought Leader Forum Chair Irma Babiak Pye observed that "*we think of ourselves in terms of buildings and everyone in one place, and that's not going to be our future.*" As a result, organizations will be challenged to overcome the physical and cultural disparities and disconnects that can result when not everyone is located in one building or on one campus. HR leaders must continually assess their processes and systems to ensure a culture that supports and helps drive performance results and organizational success. With individuals working in different buildings, on different campuses, and in different locales, the ability to trust employees will be more important than ever. Organizations must be able to trust that employees will do their utmost to provide high quality care that meets patients' needs and fulfills the organization's mission.



### Consolidation

Hospital and health system mergers and acquisitions frequently top the headlines, and the number has been noted to have spiked in recent months.

***The need for trust.*** Thought leaders observed that hospitals are now a concept comprised of multiple providers, locations, and services. Given that all employees are no longer in proximity, building high performance will require trust and a focus on the steps and processes that will ensure staff competency and an assurance of quality.

From a human resource perspective, a key benefit of multi-hospital, multi-health care providers is the opportunity individuals have for professional growth and development without needing to leave the organization or their community.

### Workforce Shortages

Experts have predicted a shortage of nurses, pharmacists, primary care physicians, and allied health professionals for years. The economic recession alleviated workforce challenges in part because demand for services has been down in some areas.

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Cuts to government reimbursement programs have contributed to layoffs by some organizations. Still others predict that technology will change the demand for certain workforce expertise, with emphasis in new areas of skills and ability.

***Education is locked in a different paradigm.*** Thought leaders were in agreement that many educational institutions are locked in a different paradigm, which will contribute to a shortage of individuals with the right skill sets and knowledge. Educational institutions' lack of agility, lack of funding for new programs, and inability to be responsive is a critical concern for health care organizations now, and will be into the future. Thought leaders expressed concern that curriculum being taught is not adequately preparing students for the future health care environment. As a result, hospitals and health systems will be increasingly forced to provide "post-education orientation" programs to equip the graduates they hire with much of the vital knowledge they will need on the job.

Further underscoring education concerns is the difficulty organizations have in meeting the Institute of Medicine (IOM) recommendation for 80 percent of nursing staff to hold a Bachelor of Science in Nursing (BSN) degree. One thought leader noted that in their region, six Advanced Degree in Nursing programs are offered, but only one BSN program, with waiting lists for all of the programs, and an expectation that local hospitals will be competing heavily for graduates from the single BSN program.



Also lacking is the career guidance to steer students in the direction of available health care opportunities. For example, biology and chemistry graduates, frustrated by failure to find research positions, are often not directed toward laboratory science, where a shortage of qualified individuals exists.

Thought leaders recognize the education conundrum created by the fact that nurses earn more working in hospitals and health systems than they can working as educators.

***Competing for new employees in an era of shortage.*** As organizations seek to fill future workforce gaps, thought leaders were asked to consider what prospective employees will be looking for in their organizations of choice. Leaders observed that most people work in health care for the "noble reason," and an organization must "catch them by the heart" if they hope to hire them. Thought leaders believe that future employees will be looking for a leader to follow, one who is inspirational, innovative, and able to articulate a vision for them to pursue, a leader who cares about the employees and the organization. Future employees will also be seeking organizations that offer flexibility and adaptability. The ability to maintain relevancy and attract and retain an engaged workforce are important leadership skills in responding to workforce shortages.

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Organizations with a strong sense of purpose and a clear vision may engender greater loyalty from their employees. Thought Leader John Ostrom advocates the perspective that even when an employee may leave for another organization, they've *"had a great employee for a period of time and health care is a partnership. Developing employees is helping the profession of health care wherever they work."* Leaders also observed that developing great employees who are sought after by other organizations only enhances the reputation and image of the organization.

As they discussed the issues of employee retirement and the role of financial management and retirement planning, thought leaders questioned if the hospitals' or health systems' role is to act paternalistically. In response, it was observed that many employees are living paycheck-to-paycheck, and their ability to manage their finances and retirement planning affects their productivity as well as their ability to retire at a time they want or need to retire. The benefit of financial counseling contributes to employee loyalty and commitment, something hospitals will need to retain their workforce.

**Changing job roles.** The projected workforce shortage, coupled with a driving need for cost-efficiency, will increase the use and reliance on mid-level providers or advanced-practice

clinicians. These individuals can expect to expand their scope to be working at the top of their license. Additionally, thought leaders project increasing the use of scribes to perform medical record documentation and other administrative tasks for physicians.

**The role of the patient.** Thought leaders observed that the patient, too, has a role in responding to projected workforce shortages, and that is to learn from health care organizations how to use health care resources most efficiently.

### Workforce Demographics

The demographics of the United States population is shifting:

- By 2050, it's estimated that one in three Americans will be African-American, Hispanic, Native American or Asian/Pacific Islander<sup>1</sup>
- Sexual orientation and gender identity are increasingly accepted in the workplace, and a majority of Americans (58%) say homosexuality should be accepted by society<sup>2</sup>
- Better health, longer life expectancy, economic concerns, and financial incentives are contributing to individuals working into the later years of age.

**Achieving cultural competency.** Thought leaders observed that hospitals and health systems must understand their multi-cultural patient population and create a multi-cultural staff that mirrors the organization's patient populations. Rapid population growth and increasing diversity in some regions may lead organizations to look internationally for qualified staff, particularly when coupled with the projected workforce shortage.

Diversity and the cross-section of generations now being employed requires organizations' leadership and human resources staff to more deeply understand cultural differences and what motivates or drives different employees. Creativity and flexibility is needed to not just recognize, but support an organization's various employee populations. Thought leaders no longer talk about work/life balance, they now seek to set accurate expectations and assist employees with work/life "fit." Achieving "fit" requires good leaders prepared to manage a department with flexibility and adaptability.

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HR leaders are finding themselves more frequently in partnership with high schools and senior organizations to keep both ends of the workforce "pipeline" moving.

As their workforce has diversified in multiple ways, hospital and health system benefits administrators have been at the forefront of population health management and the development of value-based benefit designs. Human resource leaders are ready to share their experiences and expertise with other community organizations, whose employee health the hospital or health system will increasingly be responsible for.

### Retirement

While previous generations were focused on obtaining a good job with good benefits and a retirement plan, with little thought of leaving an organization once employed, thought leaders characterized today's younger employees as more focused on how benefits will advantage them today. For example, how much vacation is offered, rate of pay, hours worked (no 12 hour days), etc. HR leaders are challenged to engage younger employees in retirement planning.

***Reasons for postponing retirement.*** In general, older employees are postponing retirement as the result of lost confidence in their ability to afford comfortable retirement, longer life expectancy, and better health and altruism (boomers are a 1960's generation).

While many older workers closely watch the performance of their investments, many are also enjoying the vitality of working later into life. With some flexibility in their work schedule and a longer life span, older employees have less need and/or desire to retire as early as prior generations. Despite this, leaders find increasingly that other older employees are delaying retirement plans because they hold the insurance for their spouse and/or younger dependents.

Although workers in general (and employees 55 years and older in particular) are postponing retirement, the hospital workforce is somewhat more confident in a financially secure retirement (66 percent vs. 49 percent) than the general public. Hospital employees are also more likely to be saving for retirement (88 percent vs. 59 percent).<sup>4</sup>

The challenge for HR leaders and their financial benefit partners is engaging the interest of younger employees in planning for a future that seems very distant. It was suggested that an

effective way to engage them is by focusing on dollars vs. retirement. One thought leader has found success in transparency and the willingness of a few older employees who have shared how much savings they have accumulated. The dollars accumulated have impressed and motivated younger employees to put money into their 401K accounts.

Noting that most U.S. employees have not projected the resources they will need for retirement, and/or misjudge that amount, thought leaders also recommended changing the traditional investment message from one that advises, "*if you're contributing this much money, here's how much you will accumulate if you retire at 65 years of age*" to "*if you're contributing this much money, here's how much you'll be short if you want to retire at 65 years of age.*"

### Technology

Although health care has generally lagged behind other fields in adopting, adapting to and leveraging information technology, new laws, regulations, payment incentives, and penalties are driving health care organizations to utilize technology to improve efficiency, integration, and delivery of high quality care.

***Job obsolescence balanced in part by new opportunities.*** Thought leaders observed that technology will impact certain tasks and positions more than others and will mean obsolescence for some jobs. In particular, they project that manually intensive, entry-level positions are likely to be replaced. However, growth in technology is also expected to create new opportunities. For example, the adoption of



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electronic medical records is displacing the need for transcriptionists. Many transcriptionists, however, are transitioning as opportunities are created by the need for scribes, ICD-10 implementation, etc.

Advances are also creating a new market for biomedical technology, people with the skills to maintain and repair high-tech equipment and keep it running, a critical role given health care's intense technology dependency. Despite new opportunities, leaders predict a net loss in jobs as the result of health care technology.

Leaders also predict that the implementation of technology, job obsolescence, and creation of new opportunities will drive a need to push people to positions requiring higher-education and greater skills. The challenges ahead will lie in organizations' ability to invest financially in training and education programs, which are being impacted by reimbursement and sequester cuts.

**Technology enables distributed work locations.** Advances in technology will enable and enhance a workforce that is distributed across various locations, including "virtual work stations." Thought leaders identified the need for many individuals working in health care to embrace the potential of technology and overcome stereotypes regarding which jobs must be physically located within a building vs. working virtual or remote workplaces.

**Enabling communication that can influence culture and wellness.** Technology is a critical leadership and communication tool for a dispersed workforce. CEO blogs are already in use by some organizations as a means for executive leadership to communicate in first person with a large number of employees who may be dispersed across a region.

Technology is also being implemented as a key tool in population health management. Hospitals are employing technology to send personalized wellness messages to employees participating in the organization's employee wellness program. The wellness challenge however will be overcoming the sedentary nature of technology-related work.

**The HR impact, new skills needed.** Thought leaders readily identified that they, as HR leaders, must fully embrace technology, gather the data, establish benchmarks, and develop the analytics needed to support critical initiatives and decision-



making. HR leaders must parallel their work with that of clinicians, engaging in well-thought out courses of action and evidence-based decisions. Shared knowledge from health information networks and data from the insurance exchanges will be critical sources of intelligence, but data alone will not be enough. Thought leaders observed that with greater technology and more robust data, there will be a greater need for "translators," analysts who can evaluate and convert raw data into sets of robust information that can be used for decision-making in strategic areas. Individuals with critical thinking skills and the ability to "connect the dots" and find answers in the data will be invaluable to an organization's success. For example, an individual with an economics background working with a hospital's quality department is able to examine quality initiatives and pull data, matching it with financial data to demonstrate evidence-based results.

**The leadership responsibility of HR.** Thought leaders advised that HR executives must assume responsibility for equipping employees and preparing them to embrace technology. Oftentimes, implementation of a new technology doesn't just start with the product. Organizations shouldn't be surprised to find that some employees don't have computers at home and may not know how to use them. Implementations may need to start with the "mouse."

Thought leaders often discover that many employees are resistant to technology, voicing the feelings that they pursued nursing or other provider role in order to be with patients and not in front of a computer. HR executives must support and

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help supervisors to ensure that all staff understand the end-goal of technology, which is to provide high-value care to patients.

Although technology will increasingly provide invaluable tools and opportunities to achieve greater efficiency and effectiveness, thought leaders advise that the critical thinking and oversight of humans cannot be replaced, nor can the human touch, noting that *"we're here to care for the patient, and the outcome for that patient is what's important."*

### Other Areas of Change

Access to capital remains difficult to source at a favorable rate, and as the delivery of care shifts from acute care to ambulatory settings, building new facilities to accommodate ambulatory services will not always be a feasible solution. Alternatively, physician groups and others are considering changes to their hours of operation and shift differentials, practices familiar to

hospitals, but new to group practices. Tomorrow's solutions may include 24/7 insta-care/urgent care centers, new and different models of care, and sharing of practices.

### Conclusion

As they prepare, plan and adapt to the uncertainty of tomorrow's health care workplace, thought leaders believe HR executives must be ready to embrace change, and demonstrate creative problem solving and innovation. Along the way, they must be prepared to take calculated risks and embrace a certain level of chaos and unpredictability.

Looking five years into the future, thought leaders believe that transformation will continue to be full of bumps and uncertainty, but in ten years, organizations should be on the other side of transformation, where thought leaders expect a more stable health care environment.

### Sources:

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# Thought Leaders' Projections

### *Envisioning and Preparing for Tomorrow's Healthcare Workplace*

#### *The vision of performance in tomorrow's workplace*

- Average performance will not achieve the standards and quality outcomes needed to earn sustainable reimbursements for the organization.
  - Hospitals and health systems will seek to hire and retain individuals with personalities that are the “right fit” with the organization, then train for skills, seeking individuals who are flexible, open-minded, collaborative, and willing to embrace change.
  - Talent management will no longer be episodic performance management. Traditional performance evaluations will be re-evaluated to incorporate new ways of ensuring competence and quality.
  - Low performing employees will be “managed out” of organizations.
- New staffing models will be implemented to better deliver results-based care (e.g., team models, embedding care managers with primary-care medical homes with physicians).
- Compensation structures will be redesigned to pay-for-performance (e.g., the focus on patient needs and achievement of better clinical outcomes).
  - Automatic pay increases will no longer be granted.
  - Organizations will move away from productivity-based incentives based on RVU measures and achieving budget and other financial targets.
- Hospitals and health systems will confront additional pressure placed on wages resulting from workforce shortages, which are expected to drive up wage demands and create competition for limited dollars that might also be used for incentive programs.
- Contractual obligations will challenge design of new performance and compensation programs.



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- Successful organizations will embrace transparency in their communication with employees, including:
  - Outlining the challenges of transformation confronting the organization;
  - Identifying the implications of failing to act or failing to change; and
  - Seeking employee investment in the process of change, “building in” support vs. soliciting “buy-in” later.
- Health care transformation is a “leadership moment.” In tomorrow’s workforce environment:
  - Succession plans will already have been developed and enacted. High-potential employees will have been identified and given the leadership tools and opportunities to be leaders in tomorrow’s workplace;
  - Successful organizations will not have assumed that future leaders can mirror the image of leaders today. They will have identified the emerging characteristics, skills, and competencies needed by leaders of tomorrow and acted accordingly; and
  - Physicians will be fully integrated into vital leadership roles.

### *The implications of consolidation for tomorrow’s workplace*

- People will develop perceptions that hospitals are an aggregation of health care programs and services that span the continuum of care needs.
- HR leaders will have played a vital role to ensure strong performance and trust-based organizational cultures that support dispersed and virtual workplace success.
- Greater opportunities for professional growth and development within an organization’s expanded system of care have contributed to stronger retention in face of workforce shortages.

### *Expectations of workforce shortages in tomorrow’s workplace*

- Education institutions’ lack of funding, agility, and responsiveness today will contribute to a shortage of

individuals with the right skill sets and knowledge for tomorrow’s transformed health care environment.

- Hospitals and health systems will need to provide “post-education orientation” to adequately equip the graduates they hire.
- The ratio of Advanced Nursing Degree (AND) vs. Bachelor of Science in Nursing (BSN) programs may challenge some hospitals and health systems in meeting the Institute of Medicine’s (IOM’s) BSN staffing recommendation.
- Educational career guidance that is not aligned with health care opportunities will contribute toward tomorrow’s workforce shortages.
- Regulatory and political issues will be addressed, allowing licensed staff to work at the top of their license.
- To strengthen employee retention, organizations will offer unique benefits that meet employee needs, such as financial counseling.
- Organizations successful in filling tomorrow’s workforce gaps will:
  - Demonstrate leadership that is inspirational, innovative, and caring;
  - Offer a measure of flexibility, adaptability, and relevance to tomorrow’s workforce;
  - Have a strong sense of purpose and a clear vision for employees to pursue; and
  - Will catch employees by the heart.
- Organizations will seek to educate patients about efficient use of health care resources.

### *Envisioning tomorrow’s practices in response to changing workforce demographic*

- Rapid population growth and increased diversity may require international recruitment to find qualified staff to mirror patient populations.
- HR leadership will seek deeper understanding of cultural differences, including what motivates or drives different employees.
- Flexibility will be required to support an organization’s various employee populations. Leaders will seek to set

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accurate employee expectations and assist with “work/life fit,” not “work/life balance.” “Fit” will require tomorrow’s leaders to be flexible and adaptable.

- Having been at the forefront of implementing new value-based benefit designs with hospital employees, tomorrow’s HR leaders will share lessons learned about population health management with other community employers, for whose employees the hospital/health system will be responsible.

### *Retirement planning for tomorrow's workforce*

- HR leaders will continue to be challenged to engage younger employees, who are focused on the benefits that advantage them today, to plan for their financial future. To engage them, leaders will need to try new messages:
  - Change the focus from “retirement,” a distant concept, to a focus on the amount of money that could be available to them, engaging older employees willing to disclose the amount of savings they have successfully accumulated;
  - Illustrate the shortfall in savings by desired retirement age if they don’t act.
- Older employees will continue to postpone retirement for reasons that include:
  - Lack of financial resources to retire;
  - Enjoyment and vitality found in working;
  - They hold the insurance for their spouse and/or dependents.

### *The implications of technology for tomorrow's workplace*

- Advances in technology will likely drive the obsolescence of some manually intensive, entry-level jobs (e.g., the impact of electronic medical records or the need for transcriptionists).
- Technology will also create new jobs, such as biomedical technologists—individuals with the skills to maintain and repair high-tech equipment.
- Technology will drive a need to push employees to higher-education, and positions requiring advanced skills. Organizations will be challenged to invest resources in training and education programs.
- As organizations consolidate and establish new partnerships across the continuum of care, technology will enable and encourage a distributed workforce, including “virtual workplaces.” Individuals must overcome stereotypes and preconceptions of which jobs must be physically located within a building.
- Technology will increasingly be used as a communication tool that can influence culture and employee health management.
- Successful HR leaders of tomorrow will have embraced technology and will gather data, establish benchmarks, and develop the analytics to support critical initiatives and decision-making, aligning their work with clinicians.
- HR leaders will have ensured their organizations have employed individuals with critical thinking and analytical skills to translate data into useful information.
- HR leaders will also ensure that care for the patient and the outcomes for that patient are paramount.

*“You can look to the future and be afraid, or you can look forward optimistically and say change brings opportunity. I think great leaders look at that and say, here’s opportunity to shape something. We don’t know how it’s going to look, but we have some of the elements. We have commitment. We have passion about what we do, and that’s what makes it exciting. That’s what’s going to keep us engaged in our work.”*

John Ostrom

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